

Application for Employment

Need copy of Driver's license along with

Social Security Card

Or Last 4 numbers

Medical Card

Twic Card

H2S Safety Card

Drug and Alcohol Screening

Charge is \$87.50

*THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE
BY ALL ACCOUNT HOLDERS*

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.
LAST UPDATED 12/22/2015



LLC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.	Telephone #	
Emergency contact		Telephone#	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EXPERIENCE AND QUALIFICATIONS			
Drivers Licenses #	STATE	CDL(Y/N)	CLASS (A/B/C)
ENDORSEMENTS	EXPIRATION DATE		

DRIVING			
CLASS OF EQUIPMENT	DATE (FROM-TO)		
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-MULTIPLE TRLR			
OTHER			
ACCIDENTS	NATURE OF ACCIDENT	FATALITIES	INJURIES
TRAFFIC CONVICTIONS & FORFETTURES	LOCATION	DATE	CHARGES
			PENALTY

Previous Employment			
Company		Phone ()	
Address		Supervisor	
Job Held	Salary	\$	% Per load
Subject to FMCSRs ?		Subject to DOT Alcohol and Drug testing?	
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Held	Starting	\$	% per load
Subject to FMCSRs ?		Subject to DOT Alcohol and Drug testing?	
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Held	Starting	\$	% per load
Subject to FMCSRs ?		Subject to DOT Alcohol and Drug testing ?	
From	To	Reason for Leaving	

Disclaimer and Signature	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

Texas DPS Application for Copy of Driving Record

DR-1 (Rev. 9/09)

TEXAS DPS



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CASHIER'S CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired	FEE
<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____	\$.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____

Your Title or Affiliation with above _____

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____

Information Requested On:

Texas Driver License Number _____ Date of Birth _____ Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.