COMMERCIAL DRIVER'S APPLICATION FOR QUALIFICATION

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job-related disability.

ELECTRONIC SIGNATURE. This Acknowledgement and Certification of Understanding ("Acknowledgement") is to let you know that by submitting an electronic signature on any document requiring a signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you. For purposes of the acknowledgement, a digital mark is considered a typed legal First and Last name (legal name may include middle name, initial or suffix) associated with the typed date.

Date: _____ / _____ / _____

Position(s) Applied For: _____

Name: _____ _____ _____ DOB _____ / _____ / _____ SSN _____ - _____ - _____
LAST FIRST MIDDLE

Address: _____ _____ _____ _____ How Long _____
STREET CITY STATE ZIP CODE

Phone #: (_____) - _____ - _____ Cell Phone #: (_____) - _____ - _____

Previous Address
(Go Back 3 years)

Address: _____ _____ _____ _____ How Long _____
STREET CITY STATE ZIP CODE

Address: _____ _____ _____ _____ How Long _____
STREET CITY STATE ZIP CODE

Can you legally be employed in the ☐ ☐ United States? Yes No ☐ ☐

Can you provide proof of age? Yes No (Required for Commercial Drivers)

Have you ever been employed by this company before? ☐ Yes ☐ No If so, When? _____

What was your rate of Pay? _____ Position Held: _____

Reason for Leaving:

_____ Are you Currently

Employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No If not, how long since

leaving your last employment? _____ Rate of Pay Expected: _____

How did you hear about this company? _____

Who referred you? _____

Is there any reason you might not be unable to perform the functions of the job you have applied for?

☐ Yes ☐ No If yes, please explain:

_____

_____

_____

_____

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact: Tel #: ( ) -	Reason for Leaving:
Were you subject to the FMCSRs while employed? ☐ Yes ☐ No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No	

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact: Tel #: ( ) -	Reason for Leaving:
Were you subject to the FMCSRs while employed? ☐ Yes ☐ No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No	

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact: Tel #: ( ) -	Reason for Leaving:
Were you subject to the FMCSRs while employed? ☐ Yes ☐ No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No	

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact: Tel #: ( ) -	Reason for Leaving:
Were you subject to the FMCSRs while employed? ☐ Yes ☐ No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No	

Please use this space for comments, additional information, or to explain periods of time between employers.

____

____

DRIVING EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS. (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	INJURIES/ FATALITIES	VEHICLE TYPE	NATURE OF ACCIDENT
/ /			
/ /			
/ /			

TRAFFIC CONVICTIONS IN THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	LOCATION	VIOLATION	PENALTY
/ /			
/ /			
/ /			

LICENSES HELD

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
				/ /
				/ /
				/ /

EQUIPMENT EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES FROM	TO	APPROX # OF MILES (Total)
Tractor & Semi-Trailer		/ /	/ /	
Tractor – Two Trailers		/ /	/ /	
Straight Truck		/ /	/ /	
Other		/ /	/ /	

In what states have you operated in the past three years? _____

_____

Have you ever had your license revoked or suspended? ☐ Yes ☐ No If so, when and where? _____

Why? (Please Explain) _____ Have you ever been convicted of a felony? ☐ Yes ☐ No If so, when and where? _____ Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? ☐ Yes ☐ No

Show Special Courses or Training Taken That Will Help You as A Driver: _____

_____

Which Safe Driving Awards Do You Hold and From Whom? _____

_____

EDUCATION AND TRAINING

Select the Highest Grade Completed: High School: College:

LAST SCHOOL ATTENDED: _____ _____ NAME CITY

Have you ever served in the military? _____ If so, when and what branch? _____

Please provide three personal references.

Name	Years Known	Phone Number
		( ) -
		( ) -
		( ) -

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

_____

_____

_____

_____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

_____

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MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1) Possess only one license: You, as a CMV driver, may not possess more than one motor vehicle operator's license.

2) Notification of license suspension, revocation or cancellation: Section 391.15 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier; 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

3) CDL domicile requirement: Section 383.23 (a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____ / _____ / _____

DRIVER CERTIFICATION:

I certify that I have read and understood the above requirements

Driver's Name (Printed): _____

Driver's Signature: _____

Date: _____ / _____ / _____

Notes: _____

MOTOR VEHICLE DRIVER'S
Certification of Violations/ Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Name of Driver (Print)	Social Security Number - -	Date of Employment / /
Home Terminal (City and State) ,	Driver's License Number State /	Expiration Date / /

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - ☐ None.)

Date	Offense	Location	Type of vehicle operated
____ / ____ / _____	_____	_____	_____
____ / ____ / _____	_____	_____	_____
____ / ____ / _____	_____	_____	_____
____ / ____ / _____	_____	_____	_____
____ / ____ / _____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ / _____ / _____ Driver's signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the certificate of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the Information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25. and find that he/she: (check one):

☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

_____

Reviewed by: _____ Signature _____

Date _____ Printed Name Title _____

NGA Express LLC - USDOT: 3764435

Motor Carrier Name Motor Carrier Address

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

In connection with your application for employment with NGA Express LLC. ("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 NGA Express LLC ("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 Employers 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 2/11/2016*

DRIVER'S APPLICATION FOR QUALIFICATION

Applicant Name _____ Date of Application _____ / _____ / _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or other protected group status.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and enquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended).

I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and / or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have a right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant's Signature: _____ Date: _____ / _____ / _____

(Do not write below this line - Office use only)
PROCESS RECORD

Hired or Rejected? _____ Hire Date: _____ Position: _____

If Rejected, Why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc: _____

_____

TERMINATION OF EMPLOYMENT

Termination Date: _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed In File _____ Supervisor _____

Interviewing Officer: _____ Signature_____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations (Section 391.103 – Pre-Employment Testing Requirements)

391.103 Pre-Employment Testing Requirements:

a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.

c) Prior to collection of a urine sample under this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer maintains the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name: _____ Date: _____ / _____ / _____

Signature: _____

Representative: _____ Date: _____ / _____ / _____

Signature: _____

ORIENTATION MANUAL

I _____ have reviewed the Orientation Manual with _____ a representative of the company. And understand that if I violate any of the policies set forth in this manual I will be subject to immediate termination.

Applicant's Name: _____ Date: _____

Signature: _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to NGA Express LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I agree that NGA Express LLC conducts the Limited Query today/within two days from ___/___/_____ and repeats the process every 12 months throughout my uninterrupted intercourse with NGA Express LLC. I understand that if the Limited Query conducted by NGA Express LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to NGA Express LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for NGA Express LLC to conduct a Limited Query of the Clearinghouse, NGA Express LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Name: _____ Date: _____

Signature: _____