



## Application for Employment

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide your addresses for the previous three (3) years, if different from above.

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Street City State Zip Code

1. How many years have you had a CDL? \_\_\_\_\_

2. Do you have a Doubles or Triples endorsement? \_\_\_\_\_

3. Have you had any moving or non-moving violation in the previous 3 years? \_\_\_\_\_

If yes, please explain below

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had any license, permit or privilege suspended or revoked? \_\_\_\_\_

If yes, please explain below

\_\_\_\_\_  
\_\_\_\_\_

5. Have you had any accidents in the previous 3 years? \_\_\_\_\_  
If yes, please explain below

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Include ALL employment history for the last three (3) years

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Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

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Rate of Pay \_\_\_\_\_

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Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

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Rate of Pay \_\_\_\_\_

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Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

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Rate of Pay \_\_\_\_\_

Would you like to tell us anything else about yourself? \_\_\_\_\_

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Previous Work History Verification Release

To Be Completed by Candidate:

I, (print full name) \_\_\_\_\_, date of birth \_\_\_/\_\_\_/\_\_\_\_\_, having xxx-xx \_\_\_\_\_, as the last four digits of my social security number hereby authorize all companies and/or vendors listed below to release records of employment, inclusive of accident history and drug and/or alcohol testing records to Capstone Trucking, Inc. Drug and/or alcohol records include:

1. Information as to whether, within the previous three (3) years, the driver had violated the alcohol and controlled substances prohibitions under 49 CFR Part 382 or 49 CFR Part 40;
2. Information as to whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 49 CFR §382.605 or 49 CFR Part 40, Subpart O
3. For a driver who had successfully completed an SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to the completion of a referral:
  - (i) Alcohol tests with a result of .04 or higher alcohol concentration
  - (ii) Verified positive drug tests
  - (iii) Refusals to be tested (including verified adulterated or substituted drug test results)

I hereby release all companies/vendors listed below for any and all liability of any type as a result of providing information requested by Capstone Trucking, Inc. List all companies in the spaces provided below. For more than six companies, please use an additional page.

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Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to 49 CFR section 391 23(i), you have the following rights with respect to the investigative information that Capstone Trucking, Inc. receives from your previous DOT regulated employers.

1. You have the right to review the information provided to Capstone Trucking, Inc.
2. You have the right to have errors in the information provided to Capstone Trucking, Inc. corrected by that previous employer and for that previous employer to resend the correct information to Capstone Trucking, Inc.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information provided by your previous employer if you and your previous employer cannot agree on the accuracy of the information.
4. You must submit a request in writing to Capstone Trucking, Inc., 385 2<sup>nd</sup> Avenue, Ste. 1, Dayton, TN 37321, to review this information within thirty (30) days from the date of the signing of this form.

**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*



Motor Vehicle Records Verification Release

To Be Completed by Candidate:

I, (print full name) \_\_\_\_\_, date of birth \_\_\_/\_\_\_/\_\_\_\_\_, having driver's license number \_\_\_\_\_, issued by \_\_\_\_\_, consent to the release of my Motor Vehicle Records (MVR) to Capstone Trucking, Inc. I understand that Capstone Trucking, Inc. will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the Capstone Trucking, Inc.

This consent is given in satisfaction of Public Law 18 USC 2721 et seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_