

DRIVER PROFILE
COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Insured name: **STATUS TRANSPORTATION CORP.,**

Driver name: _____

Driver Date of Birth: _____ Driver Social Security number: _____

Driver CDL Number and State: _____ Years Continuous CDL Operator: _____

Address: _____ E-mail: _____

Phone #: _____ Emergency Phone #: _____

Position Applying for: _____ Temporary: _____ Part time _____ Full time: _____

List Any Accidents Driver Has Been Involved In Over the last Five Years:

List Any Violations Driver Has Been Involved In Over the Last Five Years:

Provide (5) Five Year Employment History For Driver (Be Certain Not To Leave Any Time Gaps):

Employer: _____ Supervisor's Name: _____

Address: _____ Phone# _____

Position held: _____ From _____ To _____ Salary _____

If Driver, Radius Operated: _____ Types of Commodities Hauled: _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Phone# _____

Position held: _____ From _____ To _____ Salary _____

If Driver, Radius Operated: _____ Types of Commodities Hauled: _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Phone# _____

Position held: _____ From _____ To _____ Salary _____

If Driver, Radius Operated: _____ Types of Commodities Hauled: _____

Reason for Leaving: _____

By my signature below I certify that all entries and information above are true and complete to the best of my knowledge. *I authorize you and/or your agents to obtain my motor vehicle and driving records, documents relating to my employment history with other companies as well as any other document which may be classified as a consumer report as that term is defined by the Fair Credit Reporting Act.* I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing any information.

Drivers Printed Name

Signature

Date

REQUEST FOR EMPLOYMENT HISTORY VERIFICATION

From:
 STATUS TRANSPORTATION CORP.
 13206 Suburban Ter.
 Winter Garden, FL 34787
Phone# 407-574-7990
 Fax# 407-358-5491

To:
 Name: _____
 Address: _____
 City: _____
 Phone: _____

DRIVER'S AUTHORIZATION TO RELEASE INFORMATION

I authorize you to release the following information to the above listed company and Safety Support Services, Inc. for the purpose of verifying work history, including dates, medical and safety information and references. You may release all drug test results, alcohol test results, refusals to test, SAP referrals, evaluation and treatment information, and all return to duty and follow up testing information. Medical information is limited to the prior three years from the date below.

_____ Date

_____ Signature

Print Driver Name _____ Social Security # _____ has applied for a driving position with the above listed company and states that he/she was employed by you as a _____ (position held) from _____ (start date) to _____ (end date).

1. Are employment dates accurate as stated? _____
2. Did the applicant drive a motor vehicle for you? Yes? No? Type? _____
3. What type of trailing equipment was hauled? _____
4. List **ALL** accidents involving applicant that occurred in the prior three years:

DATE	CITY/STATE OF ACCIDENT	# OF INJURIES	# OF FATALITIES	HM	DESCRIPTION OF ACCIDENT

5. Were any of these accidents DOT Recordable accidents? YES NO
6. Was this applicant discharged? Lay Off? Resigned? Presently Employed?
7. Is this driver eligible for re-hire? YES NO Against Co. Policy Upon re-evaluation

Verification of Driver Participation in a Drug Testing Program

1. Did this driver participate in a drug testing program that complies with the DOT drug testing requirements within the previous 30 days? (Please Circle One) YES NO
 - A. Was the driver actually tested within the past six months? YES NO or
 - B. Was the driver actively enrolled in a drug-testing program for the past twelve months? YES NO
2. NAME AND ADDRESS OF THE DRUG TESTING PROGRAM.

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3. Does this program conform to 49 CFR Part 40? YES NO
 4. Is this driver qualified under 49 CFR Part 40? YES NO
 - 5.4. Did this driver refuse to take a drug test? YES NO
 6. Please complete the following for all drug and alcohol tests taken in the previous six months.

DATE	TYPE OF TEST	RESULT

7. Please complete the following for any violation of subpart B of Part 40.

DATE	VIOLATION	DISCIPLINARY ACTION

Person Supplying Information: _____
 Phone #: _____

_____ Date

_____ Signature

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with Status Transportation Corp (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Status Transportation Corp (“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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**