



COMMERCIAL DRIVER APPLICATION
APPLICANT INFORMATION

DATE _____ Position applying for: Driver Desired Pay: _____
NAME _____
PHONE _____ EMERGENCY PHONE _____
AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

How did you hear about us? _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes _____ No _____ If yes, give dates:
From _____ To _____ Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2
3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY: MUST
INCLUDE ADDRESS OF PREVIOUS
EMPLOYERS

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years. Use a separate sheet if needed

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____ Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____ Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____ Reason for

leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____ Reason for

leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Starting Pay:\$ _____ Ending Pay:\$ _____

Address _____ Reason for

leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semitrailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Nature of Conviction	Location of	Penalty	

Driver's License (list each driver's license held in the past three(3) years:

License #	Address	State	Type and Endorments	Expiration

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. I also agree that if hired, NG Turf will obtain copies of my Motor Vehicle Report on an as needed basis.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

On the next 4 pages, only print your name and sign the PSP sheet and ONLY sign the history request where it says applicants signature

REMARKS (OFFICE USE ONLY IN THIS BOX)

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 NG Turf (“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 NGTurf (“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.

LAST UPDATED 12/22/2015

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1

TO BE COMPLETED BY PROSPECTIVE CANDIDATE – This information is being requested in compliance with §40.25(b) and 391.23(a).

I, (Print Name) _____
Last, First, Middle Initial Last four digits of Social Security number

RELEASE – I hereby authorize all companies/vendors listed below to release records of employment, including accident history and drug/alcohol testing records, to NGTurf. "Drug/alcohol testing records" include:

(1) Information as to whether, within the previous three 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 completion of a referral:

- (i) Alcohol tests with a result of 0.04 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 NG Turf. List all companies in the spaces provide below:

Table with 3 columns: COMPANY NAME, ADDRESS, PHONE NUMBER. Three rows of blank lines for entry.

Candidate's Signature: _____ Date: _____

Pursuant to 49 C.F.R. section 391.23(i), you have the following rights with respect to the investigative information that NG Turf receives from your previous DOT-regulated employers:

- (1) You have the right to review the information provided to NGTurf by your previous DOT-regulated employers.
(2) You have the right to have errors in the information provided to NGTurf by your previous DOT-regulated employers corrected by that previous employer and for that previous employer to re-send the corrected information to NGTurf.
(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.

To review the information provided to NGTurf by your previous DOT-regulated employers, you must contact NGTurf by phone or in writing:

NGTurf
1487 Black Dirt Rd
Whitesburg, GA 30185
770-832-8606

The request may be submitted at any time until as late as 30 days after being qualified or being informed of a denial of qualification by NG Turf. NGTurf, will provide this information to you within five days of receiving your request. If NGTurf has not yet received the information from your previous employer at the time of your request, then NGTurf will make this information available to you within five days after it is received by NGTurf. If you fail to arrange to pick up or receive these records within 30 days after NGTurf makes them available, NG Turf may consider you to have waived your request to review the records.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
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ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer D
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here D, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks:

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here D, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone Date: _____	
<input type="checkbox"/> Other	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
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| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
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| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|---|