**DRIVER APPLICATION**

**FOR EMPLOYMENT**

**Standard Enterprises LLC**

**1007 E. Elkhart St.**

**Bristol, IN 46507**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, martial status, veteran status, non-job-related disability, or any other protected group status.**

|  |
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| **To Be Read and Signed by Applicant**  **I authorize you make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries end releasing information in connection with my application,**  **In the event of employment, 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 that I have the 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 cannot agree on the accuracy of the information.**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For Company Use**

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| --- |
| **Process Record**  **Applicant Hire Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(If rejected, summary report of reasons in file)**  **Signature of Interviewing officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Termination of Employment**  **Date terminated/ quit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for termination/ quitting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Application to COMPLETE- please print**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Zip**

**Must answer all questions- please print**

**Position(s) applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of address of residency for the past 3 years**

**Current Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip How long?**

**Previous Addresses**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip How long?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip How long?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip How long?**

**Do you have legal right to work in the United States? \_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you worked for this company before? \_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you employed now? \_\_\_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**

**Who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay expected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever bonded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of bonding company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances with be considered.**

**Is there any reason you might be unable to perform the functions of the job for which you are applying? Explain**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Record for the past 3 years. If none, write none.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Nature of accident**  **(head on, rear end, etc.)** | **Fatalities** | **Injuries** | **Hazardous Material Spill?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Charge** | **Penalty** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Traffic Convictions for past 3 years. If none, write none.**

**Experience and Qualifications- List all driver’s licenses or permits held in the past 3 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driver’s**  **Licenses** | **State** | **License #** | **Type** | **Exp. Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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**

**If answer to either is yes, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT HISTORY**

**All driver applicants to drive in interstate commerce must provide the following information an all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.**

**Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.**

**(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |
|  | **EMPLOYER** | **DATE** | |
| **Name** |  | **MO. YR** | **TO**  **MO YR** |
| **ADDRESS** |  | **POSITION HELD** | |
| **City** | **STATE ZIP** | **SALARY WAGE** | |
| **CONTACT PERSON** | **PHONE NUMBER** | **REASON FOR LEAVING** | |
| **WHERE 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO** | | | |

**\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (includes the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class of Equipment** | **Circle Type of Equipment** | **Dates: (Mon/Yr)** | **Approx # of Miles (total)** |
| **Straight truck** | **Van, tank, fleet, dump, refer** |  |  |
| **Tractor and semi-trailers** | **Van, tank, fleet, dump, refer** |  |  |
| **Tractor- two trailers** | **Van, tank, fleet, dump, refer** |  |  |
| **Tractor- three trailers** | **Van, tank, fleet, dump, refer** |  |  |
| **Motor coach- School bus- 8+ passengers** |  |  |  |
| **Motor coach- School bus- +16 passengers** |  |  |  |
| **Other** |  |  |  |

**List of states operated in for the last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Show special courses or training that will help you as a driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which safe driving awards do you hold and from whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any courses and trailing other than what is listed elsewhere in this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List special equipment or technical materials you can work with (other than those already listed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education**

**Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4**

**Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name City, State**

**To be reviewed and signed by applicant**

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

**Signature Date**

**Certification of Compliance with Driver’s license requirements**

**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 commercial vehicle driver, may not posses 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 or suspension of your driver’s license. In addition, Section 383.31 requires that any time you are convicted of a violating a state or local traffic law (other than parking), you must report it within 30 days to 1) your employer, and 2) the state that issued your license (if the violation occurs in a state other than the state that 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 myst apply to transfer your CDL within 30 days.**

**The following license is the only one I possess:**

**Driver’s license #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver certification: I Certify that I have read and understood the above requirements.**

**Driver’s name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Standard Enterprises LLC**

**1007 E. Elkhart Street**

**Bristol, IN 46507**

**Fair Credit Reporting Act Disclosure Statement**

**In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name**

****

**Standard Enterprises LLC**

**1007 E. Elkhart St.**

**Bristol, IN 46507**

**574.848.1181**

**Request for check of Driving record**

**I hereby authorize you to release the following information to Standard Enterprise for the purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.**

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To whom it may concern:**

**The following named person has applied for employment with our company. In accordance with Section 391.23, Federal Department of Transportation regulations, please furnish the undersigned with the applicant’s driving record for the past three years.**

**Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip**

**Former Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State & Zip**

**Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_**

**Requested By: Standard Enterprises, LLC**

**1007 E. Elkhart St.**

**Bristol, IN 46507**

**Signature of Company Personnel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing, I hereby authorize the company to procure such reports and additional reports regarding me from time to time, as it deems appropriate. To evaluate my insurability or for the permissible purposes.**

**Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vehicle information: Year\_\_\_\_\_\_\_\_\_ Make\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ton\_\_\_\_\_\_\_\_\_ Dually/ Single\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certifications of violations/ Annual review of Driving Record**

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| **Certification of Violations**  **Name of Driver (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I certify that the following is a true and complete list of traffic violations required to be listed (other than those provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.**  **(If you have no violations, please write 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.**  **Driver signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Completed by Standard Enterprises LLC only**  **Annual review of Driving Record**  **I have hereby reviewed the driving record of the above named driver:**   * **Meets minimum requirements for safe driving** * **Does not adequately meet satisfactory safe driving performance** * **Is disqualified to drive a motor vehicle pursuant to Section 391.15**   **Action taken with Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed name Title** |

**Pre- Employment Urinalysis**

**Consent Agreement**

**The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement apply to driver- applicant for the company.**

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| **391.107 Pre-employment testing requirements.**   1. **A motor carrier shall require a driver applicant who the motor carrier intends or use to be tested for the use of controlled substances as a prequalification condition.** 2. **A driver- applicant shall submit to controlled substance testing as a prequalification condition.** 3. **Prior to collection of the urine sample under Section 391.107 of 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 Application, I consent to the urine sample collection controlled substance testing.**

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

**The medical Review Officer will maintain the results of the Urinalysis Test. Negative or Positive results will be reported to the company.**

**My written authorization is required for the Urinalysis Test result to be to other parties.**

**I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Name (print)**

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**Applicant’s Signature Date**

**Company Rep Date**