

Pg. # Instructions

Note All areas must be completed. If section doesn't apply then mark as "None"

- 1 **Applicant Information** - Complete all information
- 2 **Tickets, Accidents & Employment Record** - Complete all information
Show all employment for last 3 years & 7 additional driving (if applicable)
Make sure to mark yes or no on questions below each previous employer
- 3 **Supplemental Employment** - Extra page if needed for past employment
- 4 **Declaration of employment Status**
To be used to explain gaps in employment (if applicable)
Read, Sign & Date Bottom
- 5 **Fair Credit Reporting Act** - Sign, Date, Print Name & SS #
- 6 **Alcohol & Controlled Substance Release** - Answer Questions
Sign, Date, Print Name & Social Security #
- 7 **Certification of Compliance** - Complete all information
- 8 **Certification of Violations**
Note all violations for last 12 months, if none mark as such
Fill in license info, & Sign. Carrier will complete the rest
- 9 **Safety Performance History Records Request - Section 1 & 2**
Sign & Date Only in section #1. Carrier will complete #1 & send to previous employers
- 10 **Safety Performance History Records Request - Section 3 & 4**
#3 will be completed by previous employer, #4 will be completed by carrier
- 11 **Hour of Service Record**
Complete all information, this form to be filled in day starting job
- 12 **Brake Inspector Certification or Road Test**
Check lines that apply, sign & date
- 13 **MVR Authorization Form**
Complete middle section, Carrier will complete the rest & fax to TransWide

APPLICATION FOR EMPLOYMENT

Luv God Transport
12336 US Route 150
Oakwood, IL 61858
Phone (217) 442-9832
Fax (217)213-5885

APPLICANT INFORMATION

Name: _____			
(First)	(Middle)	(Last)	
Current Address: _____			
(Street)	(City)	(State, Zip)	How Long?
Previous Address(es): _____			
(Street)	(City)	(State, Zip)	How Long?

(Street)	(City)	(State, Zip)	How Long?
Phone #: (____) _____ Date of Birth: _____ Social Security #: _____			
Emergency Contact Name: _____		Relation: _____	
Contact Address: _____		Phone #: (____) _____	

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____ / ____ / ____	_____ / _____	_____	____ / ____ / ____
____ / ____ / ____	_____ / _____	_____	____ / ____ / ____

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

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 you answered yes to either of the above 2 questions, attach a statement of explanation		

TICKETS / ACCIDENTS / ETC.

	Date	Description	# of Injuries / Fatalities
Accident Record for Past 3 Yrs.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Traffic Convictions & Forfeitures for Past 3 Yrs.			
	Location	Date	Charge
	Penalty	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (_____) _____ **Supervisor:** _____

Position: _____ **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 the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (_____) _____ **Supervisor:** _____

Position: _____ **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 the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (_____) _____ **Supervisor:** _____

Position: _____ **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 the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (_____) _____ **Supervisor:** _____

Position: _____ **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 the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (_____) _____ **Supervisor:** _____

Position: _____ **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 the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

If more space is needed please request another sheet to complete history.

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ **To:** _____

During this time, I was engaged in the following activity:

In addition:

_____ **I was not employed by any company or individual**

_____ **I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle**

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be 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 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 interviews may result in discharge. I understand, also, 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 employers 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 the 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.

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.

Signature: _____

Date: _____

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 I, 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 Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

**ALCOHOL AND CONTROLLED SUBSTANCE
CONSENT AND RELEASE**

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	Yes	No
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	Yes	No
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- **Pre-Employment, to determine employment eligibility**
- **Random**
- **Reasonable Suspicion**
- **Post Accident**

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

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 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 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 violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License #: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, 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 for parking only) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information.

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 shall so certify. (Section 391.27)

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.

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's license #: _____ State: _____ Exp. Date: _____

Date of Certification Driver's Signature

Motor Carrier's Name Motor Carrier's Address

Reviewed By: **Signature**

Title

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____
(date of employment application)

To:
Attn Keith Hoskins Phone: (217) 442-9832
Prospective Employer: Luv God Transport
Street: 109 Grant St.
City, State, Zip: Tilton, IL 61833
Fax: (217) 442-9832

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature

Date

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

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

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor Trailer
 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 , sign below & 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	No of Injuries	No of 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: _____

Signature: _____ Title: _____ Date: _____

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.

Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<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 in Section 1.

Name: _____ Telephone: _____
Company: _____
Street: _____ City: _____ State: _____ Zip: _____

Section 3 completed by (Signature) _____ Date: _____

Section 4 TO BE COMPLETED BY Luv God Transport

1st Attempt

This form was (check one) Phone Faxed Mailed Other _____

By: _____ Date: _____

2nd Attempt

This form was (check one) Phone Faxed Mailed Other _____

By: _____ Date: _____

3rd Attempt

This form was (check one) Phone Faxed Mailed Other _____

By: _____ Date: _____

Information was received by: Phone Faxed Mailed Other_____

Date received: _____

**HOURS OF SERVICE RECORD
FOR FIRST-TIME OR INTERMITTENT DRIVERS**

Name: _____, S. S. # _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature

Date

This form is to be completed on the day before or day of driver's first dispatch.

BRAKE INSPECTOR'S CERTIFICATION

I hereby certify I am a qualified Brake Inspector by the following criteria set forth under 396.25.

- _____ I understand the brake service or inspection task to be accomplished and can perform that task; and...
- _____ I am knowledgeable of and have mastered the methods, procedures, tools and equipment used when performing as assigned brake service or inspection task; and...
- _____ I have successfully completed an apprenticeship program sponsored by a state, Canadian province, Federal agency or Labor Union, or a training program approved by a state or Canadian province which qualifies me to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection. Or...
- _____ I have brake related training or experience or a combination thereof totaling at least one year. The training consists of:
 - _____ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection task; or...
 - _____ I have experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company or similar facility.

Signature of Brake Inspector _____ Date _____

I, _____, understand, under FMCSR 396.25, that no carrier shall
(Carrier official)

employ any person as a brake inspector unless evidence of the inspector's qualifications, required under this section, is maintained by the motor carrier's principal place of business, or at the location at which the brake inspector is employed. The evidence must be maintained for the period during which the brake inspector is employed in the capacity and for one year thereafter. However, motor carriers do not have to maintain evidence of qualifications to inspect air brake systems for such inspections performed by persons who have passed the air brake knowledge and skills test for a commercial driver's license.

Motor Carrier Name _____ Date _____

Carrier Official _____ Title _____

CERTIFICATE OF RECEIPT

ALCOHOL & CONTROLLED SUBSTANCES POLICY

I, _____, hereby certify that I have received a copy of Luv God Transport's Alcohol & Controlled Substance Abuse Policy and educational materials about alcohol & substance abuse. All information required by FMCSR 382.601 is included in this material.

Driver Name: (Print) _____

(Sign) _____

(Date) _____

Witness: (Print) _____

(Sign) _____

(Date) _____

**Authorization For Driving Record To Be Obtained
Fair Credit Reporting Act Compliance Guidelines**

To: TransWide Consultants, Inc.
P. O. Box 291
Remington, IN 47977
Phone: (219) 261-3283
Fax: (219) 261-2356

(Please Check One)

_____ The named person below has made application with our company for the position of Driver. In accordance with Section 391.25, Federal Dept. of Transportation Regulations, please furnish our company with the applicant's driving record for the past three years. (Pre employment MVR)

_____ The named person below is employed with our company in the position of Driver. In accordance with Section 391.25, Federal Dept. of Transportation Regulations, please furnish our company with the applicant's driving record for the past year. (Annual Review)

I hereby authorize you to release the following information to _____
(Employer)

for the purposes of investigation as required by Sections 391.23 & 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 / Employee Signature) (Date)

Name of Applicant / Driver: _____

Applicant Address: _____

DOB: _____ SSN: _____ License No.: _____ State: _____

In accordance with the provisions of Sections 604 & 607 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), I hereby certify the following:

1. The Consumer (applicant) has authorized in writing the procurement of this report;
2. The Consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of the state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002 (a)).

(Employer Signature) (Date)

Employer Name: _____

Employer Address: _____