

ELITE



TRANSPORTATION

**ELITE TRANSPORTATION, LLC
200 W DOUGLAS, SUITE 520
WICHITA, KS 67202**

DRIVER APPLICATION FOR EMPLOYMENT

Applicant (Print) Name: _____ Date: _____

TO BE READ AND SIGNED BY APPLICANT

I understand the information I 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 attachment to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Date of Birth: _____

List residency for the past 3 years
Current Address

_____	_____	_____	_____
Street		City	
_____	_____	How Long?	Phone # _____
State	Zip Code	Yr./Mo	

Previous Address

_____	_____	_____	How Long?
1. Street	City	State & Zip Code	Yr/mo
_____	_____	_____	How Long?
2. Street	City	State & Zip Code	Yr/mo
_____	_____	_____	How Long?
3. Street	City	State & Zip Code	Yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____

Social Security Number: _____

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 leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been convicted of a felony? YES NO

If so, what is the date and nature of the conviction? _____

Can you perform, with or without reasonable accommodation, the essential functions of the job (as described in the attached job description)? _____

EMPLOYMENT HISTORY

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

CDL 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 in accordance to section §391.21(b) (11)

Was your job designated as a safety-sensitive function in any DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTIN 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 (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulation (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passenger or property when the vehicle: (1) weighs or has a GVWR of 10,001 pound 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.

EMPLOYER			DATE	
Name			From MO YR	To MO YR
Address			Position Held	
City	STATE	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
Name			From MO YR	To MO YR
Address			Position Held	
City	STATE	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
Were you subject to the FMCSR's 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 AND ALCOHOL TESTIN REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From MO YR	To MO YR
Address		Position Held	
City	STATE ZIP	Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACHED SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE No.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APROX. No. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMO, REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMO, REFER			
TRACTOR-2 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMO, REFER			
TRACTOR-3 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMO, REFER			
MOTORCOACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>MORE THAN 8 PASSENGERS</small>	_____			
MOTORCOACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>MORE THAN 15 PASSENGERS</small>	_____			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

TO BE READ AND SIGNED BY APPLICANT

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 _____

**Motor Carrier's
MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION**

MOTOR CARRIER INSTRUCTIONS: For each Medical Examiner's Certification issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§ 391.51 General requirements for driver qualification files. (b)(9)(i) For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

RETENTION: This form is to be kept in the driver's qualification file for 3 years.

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Driver's Identification Number: _____
(e.g., driver's license, employee ID)

Expiration Date of Medical Certificate: _____

Medical Examiner's Name: _____

National Registry Number: _____

NRCME Certification Date: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____
Motor Carrier Representative Signature

Motor Vehicle Driver's

**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 or rated at 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver requirements that you as a driver must comply with, including the following:

- 1) **POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess 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, suspension, cancellation or disqualification of your driver's license or driving privilege, in addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification 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 you a new domicile in another state, you must apply to transfer you CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

Driver Pre-Employment Verification of Testing Results 40.25(j)

DRIVER NAME:

Identification Number:

In the past 2 years have you:

YES

NO

Tested positive for any controlled substances pre-employment test for any other company.

Refused to be tested for any Controlled Substances pre-employment test for any other company?

Tested above .04 on any Alcohol pre-employment test for any other company?

If you answer yes to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted.

Name of SAP:

Address:

City, ST Zip:

Telephone Number:

SIGNED:

DATE:

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to obtain Consumer Reports and/or Investigate Consumer reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). This "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employments to me. If you contemplate making an adverse employment-related decision that will affect me base, in whole or in part, upon a "Report" obtain, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Elite Transportation, LLC, or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above references knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputed arising from this "Report" shall be brought only in state or deferral court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants living in CA, OK, or MN:

By checking this box, I request to receive a free copy of any consumer report ordered on me

Email address: _____

**By entering my email address, I authorized Elite Transportation, LLC to deliver my report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Elite Transportation, LLC during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of supplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Elite Transportation, LLC to determine with reasonable certainty that you are the subject of the report. Elite Transportation is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

Driver/Applicant Authorization to Release Drug and Alcohol Test Information

In conformity with sections 382.405(f), 382.401(b) of Title 49 of the Code of Federal Regulations, I hereby authorize the companies listed below to furnish Elite Transportation, LLC the following information concerning drug and alcohol test, including pre-employment test: all company test conducted during the past 2 years: (i) the dates on which I had a confirmed positive test for drugs, and the drug(s) involved: (ii) the dates on which I had a confirmed alcohol test result of 0.04 or greater, and the blood alcohol content (BAC) recorded: (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I understand that I am authorizing each company listed below to furnish the results from all test each company was required to conduct by DOT and, except as I may otherwise direct a company in writing, to furnish results from all (non-DOT test) which the company conducted under its own authority. Additionally, in the event any company listed below furnish Elite Transportation, LLC with information concerning the above referenced items, (i), (ii) or (iii), I also authorize that company to release and furnish: (iv) the dates of my negative drug and/or alcohol test during the past two year; and (v) the name and phone number of any substance abuse professional (SAP) who evaluated me during the past two years, in accordance with section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit the company to which I have applied to obtain from Elite Transportation, LLC all, or any of the information that I have authorize to be released.

Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____

(Attach additional forms if needed)

By signing below, I certify that I have read and fully understand this release form. I also certify that all of the information I have furnished on this form is true and complete. I also certify I have listed every company I worked for as a driver during the past two years, every company I took a pre-employment drug test for during the past two years, and every company I took a pre-employment alcohol test for during the past two years.

Print Name _____ Applicant Signature _____

Social Security Number _____ Today's Date _____

For Employer Use Only

Administrator _____	Company Name _____
Address _____	City/State/Zip _____
Phone Number _____	Fax Number _____