



Trucking, Inc.
750 Joe Daniel Road
Bradyville, TN 37026

1-800-965-5033
Fax 615-765-7933

Employment Application
Please PRINT and answer all questions

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion, or non-job related disability.

Date: _____ Social Security No. : _____

Name: _____ Date of Birth: _____
First middle last

Address: _____
street city state zip

Home Phone: _____ Cell Phone: _____

Addresses for Previous Three Years:

_____ How Long? _____
street city state zip

_____ How Long? _____
street city state zip

Can you legally be employed in the United States? _____

Can you provide documentation to show proof of citizenship or legal residency? _____

Have you ever been employed by this company before? _____ If so, when? _____

Reason for leaving: _____

Currently employed? _____ Position held? _____

If not, how long since you were last employed? _____ May we contact your present employer? _____

What pay rate are you expecting? _____

Do you have reliable transportation to and from work? _____ Marital status _____

Do you have at least one year of verifiable experience operating with a class A CDL? _____

How did you hear about this company? _____

Employment History:

Please list the following employment information for ALL jobs during the past ten years. List complete mailing address, contact names, years of service, and phone numbers. (Add another sheet if necessary)

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor	Phone		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer ? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor	Phone		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer ? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor	Phone		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer ? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Please provide three personal references. These should not be people related to you, nor former supervisors.

Name	Relationship	Years known	Phone Number

PLEASE CONTINUE EMPLOYMENT HISTORY ON NEXT PAGE IF NECESSARY

Employment History (Cont.)

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor		Phone	Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer ? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor		Phone	Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer ? Yes No

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Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
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Supervisor		Phone	Reason for Leaving:	

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Employer/Driving School			Date	
Name			From	To
Address			Position Held:	
City	State	Zip	Salary/wage:	
Supervisor		Phone	Reason for Leaving:	

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Driver's License Information:

Driver's License	State	License No.	Type	Expiration Date

Driving Experience:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident:			
Next previous:			
Next previous:			

All Traffic Offenses, Convictions, and Fines for the past 3 years (other than parking violations):

Location	Date	Charge	Penalty

Driving Experience:

Class of equipment	Type of equipment	Dates		Approx. No. of Miles
		To	From	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Motor coach - School Bus				
Other				

Please list states in which you have operated during the past 5 years: _____

List any special courses or training you've had that will help you as a driver: _____

Education:

School or University	Years Completed	Field of Study	Graduate?(yes/no)	When?

Have you ever served in the military? _____ If so, when and what branch? _____

Federal Motor Carrier Safety Regulations section 391-41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of an over-the-road driver to satisfy the DOT qualifications. Please answer YES or NO to the following questions:

Heart disease or heart attack/other cardiovascular condition	Y	N
Spinal injury/chronic low back pain	Y	N
Nervous or psychiatric disorders	Y	N
Diabetes or elevated blood sugar	Y	N
High blood pressure	Y	N
Seizures or epilepsy	Y	N
Sleep Disorders	Y	N

If the answer to any question is YES, please explain in detail: _____

Vision – Do you have at least 20/40 with or without corrective lenses?	Y	N
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List all current medication being taken _____

Time lost from work in the past three years due to injury or sickness _____

Can you perform the following essential job functions with or without reasonable accommodation?

Pull 5 th wheel pin with an average of 200 lbs. force?	Y	N
Pull yourself into a tractor at 60% of your body weight?	Y	N
Tarp loads at heights of 13’ 6”?	Y	N
Lift 80 lbs. tarps over your head?	Y	N

Have you ever been convicted of, or are charges currently pending for any of the following:

Felony	Y	N
Misdemeanor	Y	N
DUI, DWI, or open container	Y	N
Careless or reckless driving	Y	N
Has your license ever been suspended	Y	N
Possession, sale, or use of controlled substance, including marijuana	Y	N
Leaving the scene of an accident	Y	N

If the answer is YES to any of the above, please explain in detail: _____

Do you use or have you ever used amphetamines, narcotics, marijuana, or any other habit forming drug or controlled substance? Y N

If yes, when _____

Have you ever been told you tested positive for drugs or alcohol? Y N

If yes, when _____

Have you ever violated any DOT prohibitions on drugs or alcohol use? (Refused to take a test, used drugs/alcohol during or before work, worked while impaired by drugs or alcohol) Y N

If yes, when _____

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test given by an employer or contracting company to which you applied for, but did not obtain, work? Y N

If yes, when _____

Essential Job Functions

Job Position:

Over the road, commercial class A vehicle driver.

General Requirements for employment consideration:

1. Social Security Card (and green card, if applicable).
2. Valid Class A Commercial Drivers License.
3. Long form Physical and Physical Card.
4. Five year work history with correct phone numbers.
5. 2-3 personal references with valid phone numbers.

Specifications:

1. Must have an acceptable motor vehicle record and possess verifiable experience or acceptable training.
2. Must meet all Federal and State requirements for certification including a pre-employment alcohol and controlled substances screen and meet the medical standards of the US Dept. of Transportation.
3. Must possess the ability to read, write in English, perform mathematical calculations to accurately and legibly complete required paperwork to include: freight bills, receipts, maintain logs, read maps, and road signs.
4. Must possess good oral communication skills, be able to follow instructions, and take direction by various means of communication such as phone, tow way radio and computer.

Physical Requirements:

1. Must be able to perform duties that require bending at the wrist, neck, waist and shoulders; twisting and rotating hands, elbows, and forearms; frequent squatting and crouching.
2. Must have the ability to grip and grasp to shift manual transmission and operate foot pedals.
3. Must be able to sit and remain alert while driving for up to 10 hours, including night driving and be able to spend time standing and walking on surfaces such as concrete, wood, metal, and sometimes on slippery and wet surfaces.
4. Must be able to properly load, unload and secure cargo included all related duties. Must be able to lift up to 100 lbs. containers, over four feet high. Must be able to stow cartons or maneuver tarps over head that weigh as much as 75 lbs.
5. Must be able to climb to height of 4-10 feet. Driver may enter and exit vehicle's cab and/or trailer 8-10 times a day. Cab level is generally 36" to 66" from ground level, with entry and exit achieved by the assistance of one or two steps or hand-holds.

Duties:

1. Must be able to operate a commercial vehicle safely and legally, transport freight timely, safely hook and unhook trailers from tractors, inspect truck for defects, secure all shipments by tying down or bracing cargo on or within trailer as required, perform frequent lifting, pulling, pushing and carrying of varying weight, load and unload to assure without causing damage to cargo, and danger to persons, properly handle and complete all necessary paperwork, maintain effective relations between company and customers in a professional manner.
2. Must be able to work irregular schedules, in temperature & weather extremes, exposed to noise and vibration as well as stress and fatigue related to the job.
3. Must be able to meet all company requirements and agree to all requirements and policies as outlines in the Driver's Guide.

After reviewing the essential job functions, is there any reason you feel that you would not meet the employment requirements, would not be able to perform the functions of the job, or would not be qualified to operate a commercial vehicle? Y N

If the answer is YES to any of the above, please explain in detail: _____

Background check

I authorize Huff and Puff Trucking, Inc. to conduct a background check on me. I understand that such an investigation may include information as to my character, credit records, criminal history, education, experience, and personal characteristics.

Upon written request from me, this company will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act.

I agree to hold harmless and release all parties from liability for any damages that may result from furnishing same.

Name

Social Security Number

Date

If you have **ever** had a felony, misdemeanor, or DUI, please give the date, city, state, and county where it occurred and what you were charged with.

Name: _____ Social Security Number: _____

	Date:	City:	State:	County:
Felony:	_____	_____	_____	_____
	_____	_____	_____	_____
Misdemeanor:	_____	_____	_____	_____
	_____	_____	_____	_____
DUI:	_____	_____	_____	_____
	_____	_____	_____	_____

To be read and signed by the applicant:

I certify that this application was completed by me, and that all entries and information on it are true, complete, and accurate to the best of my knowledge. I authorize Huff and Puff Trucking, Inc. to make any inquiries of my personal, employment, financial or medical (including my drug/alcohol tests conducted under 49 CFR, Parts 382 or 391), driving records concerning traffic offenses, accidents, etc., and other related matters as may be necessary in arriving at an employment decision. 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Applicant's Name

Applicant's signature

Date

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 Huff & Puff Trucking, Inc. 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 Huff & Puff Trucking, Inc. 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