

Employment History

Give a complete record of **all** employment for the past 3 years, including any unemployment or self employment, and all commercial driving experience for the past **TEN** years. **We can not process your application if there are gaps in your employment history.**

PLEASE START WITH YOUR MOST RECENT EMPLOYMENT

Date	EMPLOYER
From: To:	Name
Position:	Address
Rate of pay:	City State Zip
Reason for Leaving:	Contact Person Phone #

- Yes NO Was this job subject to Alcohol and Controlled Substance testing under 382 FMCRS?
 Yes NO Were you subject to the Federal Motor Carrier Safety Regulations during this period?

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There is an extra sheet for more past employment inserted with this application on Page 10.

Driving Experience

Class of Equipment	Type of Equipment (Van, Reefer, Tanker, Etc.)	Dates		Approximate # of total miles
		From	To	
Tractor / Trailer				
Doubles				
Straight Truck				
Other				

List states operated in during the last 5 years:

List any recent special courses or training: _____

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

Accident Record for past 3 years

Date of Accident	Nature of Accident (Head on, rear end, roll over, etc.)	Location of Accident (City and State)	# of Injuries	# of Fatalities

Traffic convictions and forfeitures for the last 3 years: (other than parking)

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privileged 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 answer to any of these questions is "YES", please give details

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 Smith Trucking, Inc. may investigate the applicant's background to ascertain 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.

It is 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 for Qualification 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's Name (printed): _____ **Date** _____

By typing my full name (above) and checking this box (left), I agree that this represents my signature and signifies my agreement to be held to the terms of this document.

Remarks

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquires with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquires to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigate information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document.

Driver's Name (printed): _____ Date: _____

By typing my full name (above) and checking this box (left), I agree that this represents my signature and signifies my agreement to be held to the terms of this document.

Smith Trucking Inc.
1451 Joosten Road * PO Box 249 Worthington, MN 56187
800-378-5196 FAX 507-372-4872

Previous Employment / Work History

Information Release authorization

The undersigned has applied for a driving position with **Smith Trucking Inc. of Worthington, MN**. I hereby authorize you to release the information requested, including assessments of my past performance and information concerning the results of any controlled substance or alcohol testing, or any refusal to test, pursuant to FCSR, 49 CFR, Part 382.403 and 382.413 while in your service. You are released from any and all liability which may result from the release of this information.

Date: _____ Drivers Name (printed): _____

SSN: _____

By typing my full name (above) and checking this box (left), I agree that this represents my signature and signifies my agreement to be held to the terms of this document.

To be filled out by Office Personnel

Company Name _____ Attn: _____ Phone: _____

Drivers Name _____ SSN: _____ - _____ - _____ Fax: _____

Dates of Employment _____ to _____ Company Owner Operator Other

Tractor/Trailer OTR Regional Local Van Reefer Flat Tank 48' 53'

Reason for Separation: Quit Dischrg Other Rehire? Yes No W/Review # Accidents: P _____ NP _____

Comments: _____

Drug & Alcohol Information:

During the past two years, has this individual been subject to FMCSR, Part 382? Yes No, if yes, has he/she ever:

Tested positive for controlled substances _____ Yes _____ No

Had an alcohol test w/results greater than .04 _____ Yes _____ No

Ever refused a test required under FMCSR, Part 382 _____ Yes _____ No

Violated any part of the FMCSR, Part 382 regulations _____ Yes _____ No

Characteristics

Customer Service Excellent Good Fair Poor

On-time delivery & Pick up Excellent Good Fair Poor

Cooperative with Dispatch Excellent Good Fair Poor

Drivers Logs Excellent Good Fair Poor

Timely paperwork Excellent Good Fair Poor

Safe / Efficient Driver Excellent Good Fair Poor

Prepared by: _____ Title: _____ Date: _____

Telephone Fax 1st Request 2nd Request Date: _____ By: _____



Pre-Employment Drug Testing Consent Form

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company’s medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in subchapter 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

Date: _____

Print applicant’s name

By typing my full name (above) and checking this box (left), I agree that this represents my signature and signifies my agreement to be held to the terms of this document.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with Smith Trucking Inc, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 will notify you that the action has been taken and the action was taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective may obtain such background reports, please read the following and sign below:

I authorize Smith Trucking Inc to access the FMCSA Pre-Employment Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous (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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

By typing my full name (below) and checking this box (left), I agree that this represents my signature and signifies my agreement to be held to the terms of this document.

Date

Name (Please Print)

Employment History (continued)

If you ran out of space on the previous sheet, please continue your complete record of **all** employment for the past 3 years, including any unemployment or self employment, and all commercial driving experience for the past **TEN** years. **We can not process your application if there are gaps in your employment history.**

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Driver Application

PO Box 249 * Worthington, MN 56187

800-378-5196

(Fax) 507-372-4872

mike.smith@smithtruckinginc.com

Submit Your Completed Application

Congratulations, you have completed the application! Before submitting your application to Smith Trucking, Inc., we strongly suggest you **review your application** to ensure all information has been entered accurately.

Submission Options

Submit by Email

Click the button below to submit your Driver Application to Smith Trucking, Inc. via email. Submissions will be sent to mike.smith@smithtruckinginc.com.

Submit by Fax or Postal Mail

Click the button below to print your completed Driver Application, then Fax or Mail your printed application to Smith Trucking, Inc. using the information provided below.

You may also use this to print a copy of this application for your records.

Fax

(507) 376-4641

Postal Mail

Smith Trucking Inc.

ATTN: Mike Smith

PO Box 249

Worthington MN 56187