



DRIVER EMPLOYMENT APPLICATION

Applicant Name: _____ Date: _____
Company: DYNAMIC FREIGHT CARRIERS INC.
Address: 11127 County Road 490 Suite 100
City: Tyler State: TX Zip: 75706

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

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 matter 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 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.

I understand that 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 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 employers and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department released from _____
Dismissed _____ Voluntarily Quit _____ Other _____
Termination Report Placed in File _____ Supervisor _____

APPLICANT TO COMPLETE
(Answer All Questions - Please Print)

Position(s) Applied For _____

Name: _____ Social Security Number: _____

Last First Middle

List your addresses of residency for the past 3 years:

Current Address _____
Street City

State Zip Phone How long?

Street City State Zip How long?

Street City State Zip How long?

Street City State Zip How long?

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

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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 bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Convictions of a crime is not an automatic bar to employment, all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please provide complete mailing addresses for all prior jobs listed. Applicants to drive a CMV in interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER	DATE
Company Name:	When:
Address:	Position Held
City State Zip	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving
Were you subject to the FMCSRs while employed?	
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?	

EMPLOYER	DATE
Company Name:	When:
Address:	Position Held
City State Zip	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving
Were you subject to the FMCSRs while employed?	
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?	

EMPLOYER	DATE
Company Name:	When:
Address:	Position Held
City State Zip	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving
Were you subject to the FMCSRs while employed?	
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?	

EMPLOYER	DATE
Company Name:	When:
Address:	Position Held
City State Zip	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving
Were you subject to the FMCSRs while employed?	
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?	

EMPLOYER	DATE
Company Name:	When:
Address:	Position Held
City State Zip	Salary/Wage:
Contact Person: Phone #:	Reason for Leaving
Were you subject to the FMCSRs while employed?	
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?	

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

The FMCSRs apply to everyone 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 8 or more passengers (including driver) OR (3) is of any size and is used to transport hazardous materials

ACCIDENT RECORD: For past 3 years or more (Attach sheet if more space is needed) If none, write NONE.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT 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

EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YRS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If the answer to either question is yes, please give details: _____

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES: FROM- TO	APPROX NO OF MILES (TTL)
STRAIGHT TRUCK	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR AND SEMI TRAILER	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR TWO TRAILERS	VAN, TANK, FLAT, DUMP, REFER		
TRACTOR THREE TRAILERS	VAN, TANK, FLAT, DUMP, REFER		
MOTORCOACH SCHOOL BUS	MORE THAN 16 PASSENGERS		
MOTORCOACH SHOOOL BUS	MORE THAN 8 PASSENGERS		
OTHER			

Other states operated in for the last 5 years: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

Do you have any trucking, transportation or other experience that may help in your work for this company? _____

What courses and training other than shown elsewhere in this application? _____

Special equipment or technical materials you can work with (other than those already shown) _____

EDUCATION

Level highest grade completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Name of School Attended: _____

Name

City, State

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.

Applicant Signature _____

Date of Application _____



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, 391.23, and 391.215 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Printed Name

Social Security Number

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____ DOB _____

hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax #: _____ to

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

TO:

Prospective Employer: Dynamic Freight Carriers Inc.

Attention: Miguel Bustos – Operations Manager Telephone: 903-787-8885 Extension 2

Street: 111127 CR 490

City, State, Zip: Tyler, TX 75706

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 a fax, email or letter.

Prospective employer's confidential fax number: 903-405-3051 Email Address: operations@dynamic-tx.com

Applicant's Signature _____ Date _____

This information is being requested in compliance with 40.25 and 391.23

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. _____

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

1. Did he/she drive a motor vehicle for you? _____ What type? Straight Truck; Tractor Trailer Combination; Bus; Tank; Doubles-Triples; Other (Please Specify) _____

If there is no safety performance history to report sign below and 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.

DATE	LOCATION	# OF INJURIES	# OF FATALITIES	HAZMAT
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 Department of Transportation testing requirements while employed by this employer, please fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to DOT testing from _____ to _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances ? YES NO
3. Has this person refused to submit to a post-accident , random, reasonable suspicion or follow up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a substance Abuse Professional (SAP) in your employ? Please send documentation with this form. YES NO
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? YES NO

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.

Name: _____

Company: _____

Address: _____

City, State, Zip: _____ Phone: _____

Section 3 Completed by: _____

Signature

Date

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was FAXED MAILED EMAILED OTHER _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Method: fax mail email phone

Date: _____ Other

**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 26,001 lbs. 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 lbs. or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the FMCSR contain some requirements that you as a driver must comply with.

1) POSSESS ONLY ONE LICENSE: You, as a CMV driver, may not possess more than one motor vehicle operator's license.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Sections 391.15(b)(2) and 383.33 of the FMCSR 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 within 30 days to 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License # _____ State _____ Expire Date _____

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

Driver's Name (Printed)

Driver's Signature

Date



MOTOR VEHICLE RECORDS CHECK (MVR)

Disclosure and Authorization for Motor Vehicle Records Check

Name _____

Last

First

MI

Address _____ City/State _____

County _____ Zip Code _____

Social Security # _____ Date of Birth _____

Driver License# _____ Issued State of Driver License _____

Phone Number _____ Prospective Employer _____

Signature _____ Date _____

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY THIS EMPLOYER TO FURNISH THE ABOVE-MENTIONED INFORMATION.

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 _____ (“Prospective Employer”), 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 _____ (“Prospective Employer”) 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