

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company Bulk Transit Corporation

Address 7177 Industrial Parkway

City Plain City State Ohio Zip 43064

(Answer all question-please print)

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, and non-job related disability.

Date of application: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Email Address: \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone How long? \_\_\_\_\_

Previous Addresses

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 now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

May we contact your current employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have reliable transportation to get you to and from work? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid Passport? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you use tobacco products? YES \_\_\_\_\_ NO \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

\_\_\_\_\_  
If yes, explain if you wish \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 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.

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. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary. There should not be gaps in dates of employment. If unemployed, list dates and reason.

<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
<b>EMPLOYER</b>		<b>DATE</b>	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
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)

### EDUCATION

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

LAST SCHOOL ATTENDED \_\_\_\_\_  
 NAME CITY

### EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES	STATE	LICENSE NO	TYPE	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 \_\_\_\_\_

C. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER TO EITHER A, B or C IS YES, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH- SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

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

WHICH SAFE DRIVING AWARDS 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

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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**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.

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 inquires 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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE.)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from HireRight (previously known as DAC) in Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records: as well as information from HireRight concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HireRight TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HireRight has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains, and my employment history with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Bulk Transit Corporation , (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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Bulk Transit Corporation (“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 consenting to 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.**

3. 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report

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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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

## **Prospective Driver Rights regarding Bulk Transit Corporation's pre-employment investigative information received from previous employers:**

1. The prospective employee has the following rights regarding the investigative information that will be provided to the prospective employer.
2. The right to review information provided by previous employers;
3. 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;
4. 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.
5. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
6. Drivers wishing to request correction of erroneous information in records received pursuant to paragraph 2 of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
7. 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
8. Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
9. After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
  - (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
  - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
10. The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
11. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at § [386.12](#).
12. The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver. The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
13. No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against a motor carrier investigating the information of an individual under consideration for employment as a commercial motor vehicle driver, a person who has provided such information; or the agents or insurers of a person described in paragraph of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information. The protections in the paragraphs of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

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Signature

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Date

**PRE-EMPLOYMENT DRUG TESTING  
NOTIFICATON AND CONSENT**

I understand as required by the Federal Motor Carrier Safety Regulations 49 C.F.R. 382.301 and company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances: Marijuana, Cocaine, Opiates, Amphetamines and Phencyclidine (PCP).

I understand if I test positive for use of drugs, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The results of the drug test will be maintained by the Medical Review Officer. He/she will report the results of the tests to Bulk Transit Corporation. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



**NOTIFICATION OF POSITIVE DRUG TEST**

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Please furnish the following information pursuant to 49 CFR 382.413:

Have you ever tested positive on any pre-employment DOT drug screen (even those where you were not hired) during the previous three (3) years?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you ever refused to submit to any pre-employment DOT drug test during the previous three (3) years?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If YES to either of the above questions, please give SAP's name, address, phone number, and date of occurrence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: Bulk Transit Corporation  
7177 Industrial Parkway  
Plain City, OH 43064  
Fax (614) 873-3393  
Phone (614) 873-4632

Previous Employment Inquiry

I hereby authorize you to release any and all information concerning my employment, including oral assessment of my job, alcohol and controlled substances testing, performance, ability to fitness, to each and every company which my request such information in connection with my application with said company. I hereby release you from any and all liability of any type as a result of providing the information below to the mentioned company.

**ONLY SSN, Date, Name and Signature to be COMPLETED BY DRIVER:**

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Please furnish the following information pursuant to 49 CFR 382.405 (t), and FMCSR 391.23. THIS REQUEST IS BEING MADE IN ACCORDANCE WITH FEDERAL LAW. FAILURE TO PROVIDE THIS INFORMATION MAY BE CONSIDERED A VIOLATION OF FEDERAL LAW.

Has the above named individual had an alcohol concentration of 0.04 or greater in the past three (3) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Has the above named individual had a controlled substance test with a positive result in the past three (3) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Has the above named individual refused a controlled substance test or alcohol test within the past three (3) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES to any of the above questions, please give SAP's name, address, phone number, and date of occurrence.

\_\_\_\_\_  
\_\_\_\_\_

This applicant lists dates of employment with your firm from: \_\_\_\_\_ to \_\_\_\_\_.

Is this correct? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please provide correct dates. \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Was he/she a safe and efficient driver? \_\_\_\_\_ Yes \_\_\_\_\_ No...If not, please indicate reason \_\_\_\_\_

Number of accidents: \_\_\_\_\_ Number Preventable: \_\_\_\_\_ Number Non-Preventable: \_\_\_\_\_

Reason applicant left your employ?

\_\_\_\_\_ Resignation \_\_\_\_\_ Discharged \_\_\_\_\_ Other, please specify.

Would you re-employ this person?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review

Person providing information: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_