

**READ AND SIGN BEFORE SUBMITTING APPLICATION FOR QUALIFICATION**

**I understand that the information in the Application for Qualification will be used and that prior employers will be contracted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.**

DATE:		
SOCIAL SECURITY NUMBER		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>PERSONAL INFORMATION</b>				
NAME:	(Last)	(First)	(Middle)	TELEPHONE:
ADDRESS:	(Street)	(City)	(State)	(Zip)
ALL OTHER ADDRESSES IN THE LAST 3 YEARS	(Street)	(City)	(State)	(Zip)
	(Street)	(City)	(State)	(Zip)

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

<b>DRIVERS LICENSE INFORMATION</b>				
STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE	DATE OF BIRTH

Please initial to certify you currently one have one valid drivers license in the state stated above \_\_\_\_\_

Are you eligible to work in the United States  Yes  No

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

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

Have you held a license in any other state in the last five years? \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_

<b>DRIVING EXPERIENCE</b>			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM	DATES TO TOTAL MILES (APPROXIMATELY)
Straight Truck			
Tractor/Semi Trailer			
Tractor / 2 Trailers			
Other			

<b>MOTOR VEHICLE ACCIDENTS.</b> List ALL accidents and incidents from the past <u>3 years</u> regardless of where they may have occurred, what was the damaged or to what extent and regardless of who was at fault.				
DATE	VEHICLE DRIVEN	PROPERTY DAMAGE (YES OR NO)	DESCRIPTION	AT FAULT (YES OR NO)

<b>TRAFFIC VIOLATIONS.</b> List ALL violations in the past <u>3 years</u> (excluding parking violations)			
DATE	LOCATION	CHARGE	PENALTY

<b>CRIMINAL BACKGROUND.</b> List ALL convictions	
MISDEMEANORS	
FELONIES	

<b>REFERENCES.</b> List the names of five (5) persons who are not related to you. They must be people who have known you well at least three (3) of the past five (5) years. (Do not list former employees)			
NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

**PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING CERTIFICATION**

The Code of Federal Regulations Part 40.25 requires an employer to ask a prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not work for during the past two years.

Please place an **X** in the appropriate box below next to the statement that applies.

- No**, I have not tested positive or refused to test, on any pre-employment drug or alcohol test for an employer that I did not work for during the past two years.
- Yes**, I have tested positive, or refused to test, on any pre-employment drug or alcohol test for an employer that I did not work for during the past two years.

**WORK HISTORY.** Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your most present or most recent employer, list your work experience for at least the last ten years. Include periods of self-employment, military service, and explain any gaps in employment. Attach separate sheets if needed. Failure to complete this page may result in disqualification.

<b>PREVIOUS EMPLOYER NAME AND ADDRESS:</b>		Telephone:
DUTIES: _____ _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
		Salary
<b>DATES OF EMPLOYMENT:</b> To:                      From:	<b>REASON FOR LEAVING:</b>	
<b>PREVIOUS EMPLOYER NAME AND ADDRESS:</b>		Telephone:
DUTIES: _____ _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
		Salary
<b>DATES OF EMPLOYMENT:</b> To:                      From:	<b>REASON FOR LEAVING:</b>	
<b>PREVIOUS EMPLOYER NAME AND ADDRESS:</b>		Telephone:
DUTIES: _____ _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
		Salary
<b>DATES OF EMPLOYMENT:</b> To:                      From:	<b>REASON FOR LEAVING:</b>	

**SIGNATURE OF CERTIFICATION.** Application must be signed upon completion

*I hereby certify, under penalty of perjury in the State of Iowa, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of the application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions that I have attended to furnish WestWind Logistics or any outside agent my record, reason for leaving, and all information they may have concerning my employment with them. I hereby release any such current or former employers or institutions, their agents or employees, and WestWind Logistics or any other outside agent from all liability for any damage or what so ever arising there from. I authorize an investigation of all statements in this application.*

DATE	SIGNATURE OF DRIVER
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# WestWind Logistics, LLC

3068 380<sup>th</sup> Street, Story City, IA 50248

(866) 455-1082

## REQUEST FOR PREVIOUS EMPLOYMENT, ACCIDENT, AND DRUG VERIFICATION

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

APPLICANTS NAME: _____ DATE: _____ APPLICANTS SIGNATURE: _____	SOCIAL SECURITY NUMBER: ___XXX___ - ___XX___ - _____ *YOU ARE HEREBY AUTHORIZED TO GIVE THE ABOVE COMPANY ALL INFORMATION REGARDING MY SERVICES AND CONDUCT WHILE AT YOUR ORGANIZATION AND TO RELEASE ALL CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 382.405 & 382.413. YOU ARE RELEASED FROM ALL LIABILITY, WHICH MAY RESULT FROM GIVING SUCH INFORMATION*
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### TO BE COMPLETED BY FORMER EMPLOYER

NAME: _____ ADDRESS: _____ CITY/STATE: _____	PHONE: _____ FAX: _____
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### INFORMATION ON EMPLOYMENT

DATES OF EMPLOYMENT: _____ TO _____ REASON FOR LEAVING <input type="checkbox"/> VOL. QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER: _____ ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REVIEW AREA DRIVEN <input type="checkbox"/> OTR <input type="checkbox"/> REGIONAL <input type="checkbox"/> OTHER: _____	DRIVER CLASS: <input type="checkbox"/> COMPANY <input type="checkbox"/> O/O <input type="checkbox"/> LEASED DRIVER TYPE: <input type="checkbox"/> SOLO <input type="checkbox"/> TEAM <input type="checkbox"/> STUDENT TRUCK: <input type="checkbox"/> TRACTOR-TRAILER <input type="checkbox"/> STRAIGHT TRUCK TRAILER HAULED <input type="checkbox"/> FLATBED <input type="checkbox"/> REEFER <input type="checkbox"/> VAN <input type="checkbox"/> TANKER
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### ACCIDENT/DRUG INFORMATION

DATE	CITY, STATE	DESCRIPTION	# FATALITIES	# INJURIES	RECORDABLE?	PREVENTABLE?

PLEASE LIST ALL ACCIDENTS WITHIN LAST 5 YEARS. (IF MORE SPACE NEEDED, PLEASE ATTACH ADDITIONAL SHEET)

#### IN THE THREE YEARS PRIOR TO THE DATE OF THE EMPLOYEES SIGNATURE, FOR DOT REGULATED TESTING:

- DID THE EMPLOYEE HAVE ALCOHOL TESTS WITH A RESULT OF 0.04 OR HIGHER?  YES  NO
- DID THE EMPLOYEE HAVE VERIFIED POSITIVE DRUG TESTS?  YES  NO
- DID THE EMPLOYEE REFUSE TO BE TESTED?  YES  NO
- DID A PREVIOUS EMPLOYER REPORT A DRUG AND ALCOHOL RULE VIOLATION TO YOU?  YES  NO
- IF YOU ANSWERED "YES" TO ANY OF THE ABOVE ITEMS, DID THE EMPLOYEE COMPLETE THE RETURN-TO-DUTY PROCESS?  YES  NO

\* NOTE: IF YOU ANSWERED, "YES" TO ITEM 4, YOU MUST PROVIDE THE PREVIOUS EMPLOYER'S REPORT. IF YOU ANSWERED "YES" TO ITEM 5, YOU MUST ALSO TRANSMIT THE APPROPRIATE RETURN-TO-DUTY DOCUMENTATION (SAP REPORTS, FOLLOW-UP TESTING)\*

**PLEASE SIGN AFTER COMPLETION OF FORM AND FAX BACK TO LAWRENCE RISK MANAGEMENT SERVICES: (507) 287-1215**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to **WestWind Logistics and Lawrence Risk Management Services** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**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 the 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 your for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**MOTOR VEHICLE DRIVER'S CERTIFICATION  
OF COMPLIANCE WITH DRIVERS 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 26,000 pounds 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 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1.) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license.

2.) If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them.

DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

3.) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations 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 to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. In connection with your application for employment with WestWind Logistics, LLC, it 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 WestWind Logistics, LLC 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 WestWind Logistics, LLC 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 Data 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.



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) \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.