



RELIABLE DRIVER SOLUTIONS

197 Route 18 South, Suite 3000, East Brunswick NJ 08816

(973)295-2275 - (732)757-7783 - Fax-(732)723-1514

APPLICATION

The Company does not discriminate on the basis of race, color, religion, creed, national origin, sex or ancestry. This application will give every consideration, but its receipt does not imply that the applicant will be accepted.

GENERAL

All questions must be answered. Please print plainly.

E-MAIL ADDRESS _____

CELL# _____

Date _____	Position Applied for: _____
Name: _____	Home Phone #: () _____
Social Security No.: _____ - _____ - _____	Date of Birth: _____
Current Address: _____	How Long? _____
Street City State & Zip Code	
Other Address (Past 5 Years):	
_____	_____ How Long? _____
Street City State & Zip Code	
_____	_____ How Long? _____
Street City State & Zip Code	
_____	_____ How Long? _____
Street City State & Zip Code	

In case you cannot be located at your current address, whom may we contact?

Name: _____ Relationship: _____

Address: _____ Phone #: () _____

 Street City State & Zip Code

Do you have friends and / or relatives employed by or affiliated with this company? Yes No

Have you worked here before? Yes No When? _____

How did you hear about this company? Advertisement Friend Relative Other _____

Referred by: Company employee / Owner Operator _____

How many years of verifiable tractor semi-trailer experience do you have? _____ years

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? Yes No

When? _____

CONVICTION INVOLVING USE OF MOTOR VEHICLE

Have you ever been convicted of, or forfeited bond or collateral, for any of the following charges?

1) A felony committed after December 31, 1970 and involving the use of a motor vehicle?	Yes	No
2) A crime, committed after December 31, 1970 involving the manufacturing, knowing transportation, Knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, Or a derivative of a narcotic drug.	Yes	No
3) Operating a motor vehicle, after December 31, 1970 under the influence of alcohol, an amphetamine, a narcotic Drug, a formulation of an amphetamine or a derivative of a narcotic drug?	Yes	No
4) Leaving the scene of an accident after December 31, 1970 if the accident resulted in personal injury or death?	Yes	No
5) Any other motor vehicle law violations?		

If answer to any of the above is YES, explain in detail, giving dates, etc.

DRIVER RECORD / EXPERIENCE

LICENSE:

DOT regulations specifies that it should be illegal for a commercial motor vehicle operator to have more than one driver license. (You must list ALL LICENSES hold by within the past 3 years.)

Is your current license a CDL? (Class A) _____ (Class B) _____

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Endorsements:	1)	Combination Vehicles over 26,001 lbs	YES	NO
	2)	Air Brakes	YES	NO
	3)	Tanker	YES	NO
	4)	Hazardous Materials	YES	NO

NATURE AND EXTENT OF EXPERIENCE:

DATES

TYPE	TRAILER LENGTH	FROM	TO	APROX. # OF MILES	STATE OPERATED
Tractor with Tank					
Tractor with Reefer					
Tractor with Van					
Tractor with Flatbed					
Straight truck					
Other (Specify)					
Other (Specify)					

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

ACCIDENT RECORD:

List ALL accidents with truck or auto for past three years, including preventable and non-preventable, whether or not on MVR (IF NONE, WRITE NONE)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES		INJURIES		AMT. OF PROP. DAMAGE
				Y	N	Y	N	

TRAFFIC CONVICTIONS / FORFEITURES:

List ALL truck and auto moving convictions and forfeitures for the past three years. (IF NONE, WRITE NONE)

DATE	LOCATION (STATE)	CHARGE	PENALTY

EDUCATION BACKGROUND:

TYPE OF SCHOOL	NAME AND CITY / STATE	GRADUATED		YEARS ATTENDED	MAJOR
		YES	NO		
GRADE					
HIGH SCHOOL					
COLLEGE					
DRIVING SCHOOL					

ACKNOWLEDGEMENT, AUTHORIZATION AND SIGNATURE

FAIR CREDIT REPORTING ACT AND CSA - PRENOTIFICATION

As part of Reliable Driver Solutions standard application review process, Reliable Driver Solutions may obtain an investigation report regarding my background by contacting third parties, such as family members, business associates, financial sources, friends, neighbors of others. Without in any way limiting the generality of the foregoing, I hereby specifically authorize Reliable Driver Solutions to contact the Federal Motor Carrier Administration Department of Transportation, and/or any other regulatory body governing transportation, to obtain available information on my driving record and/or history, to include any information available through the Compliance, Safety and Accountability (CSA) Initiative. The aforementioned inquiries may involve questions as to my character, general reputation, personal characteristics and mode of living as applicable. Upon my written request, within a reasonable period of time, Reliable Driver Solutions will furnish me with complete disclosure concerning the nature and scope of the investigation.

AUTHORIZATION

I hereby authorize Reliable Driver Solutions and/or its agent to investigate my background as noted above to ascertain any and all relevant information, whether same is of record or not. I hereby authorize any individual and entity contacted by Reliable Driver Solutions to provide such information and I further release such individuals and entities from any liability arising from the provision of such information. I agree to furnish such additional information and complete such examinations a may be required to qualify for the position applied. I understand that any lease agreement or employment is for no definite period and is terminable at will by myself or the Company.

CERTIFICATION

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. Any false statement or intentional omission shall be cause for disqualification of my application or if discovered after my affiliation with the Company is established, immediate termination of my lease/employment.

DATE: _____ APPLICANT’S SIGNATURE _____

WITNESS SIGNATURE _____

APPLICANT ---- DO NOT WRITE BELOW THE ABOVE LINE

FOR RELIABLE DRIVER SOLUTIONS USE ONLY

- | | | |
|-------------------------|-----|----|
| 1) Application | YES | NO |
| 2) Interview | YES | NO |
| 3) Past Employment | YES | NO |
| 4) Motor Vehicle Record | YES | NO |
| 5) Road Test | YES | NO |
| 6) Physical Exam | YES | NO |

Interview Notes:



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COMERCIAL VEHICLE DRIVER APPLICANT

Controlled Substance And Alcohol Questionnaire
Pursuant to 49 CFR part 40.25 (J)

Application Date _____

Name _____

Address _____ Home Telephone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25 (J)

Have you ever tested positive, or refused to test, on any pre-employment drug, post-accident, random testing or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety – sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past 3 years?		YES	NO
If YES	Have you successfully completed the return – to – duty process	YES	NO
If YES	Documentation MUST BE PROVIDED before any safety – sensitive Transportation function is performed		

Applicant's Signature

Date Signed

TO BE COMPLETED BY

Received by:

Received by:

Title:

Date:

Title:

Date:

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 which you may be prosecuted.

TO: _____ Date: _____
Former Employer's Name

Mailing Address

City / State / Zip

Telephone # _____ Fax Number _____

I, _____, hereby authorize **Reliable Driver Solutions** to release to all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drugs test, with confirmed results, and/ or my refusal to submit to any alcohol and drug test and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/ or medical record officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby, release the above named company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/ or company.

Applicant's Signature _____ Date _____
Witness's Signature _____ Date _____

REQUEST FORM: Company: **Reliable Driver Solutions**
Address / City / State / Zip: **197 Route 18 South, Suite 3000, East Brunswick, NJ 08816**
Telephone Number: **973-295-2275/732-757-7783** Fax Number: **732-723-1514**
Contact Person & Title: _____
NAME OF APPLICANT: _____ SSN _____
JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as _____ from ___ / ___ / ___ to ___ / ___ / ___ YES or NO if NO, Please Explain: _____
- If employed as driver, please answer the following:
Company Driver ? ___ Owner / Operator ? ___ Other ? ___
Type of truck(s) and/ or truck / tractor (s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO if YES, please give date(s) and brief description of each accident:

- Why did this employee leave your company?

- Would you re-employ this person? YES or NO if NO, please explain:

- Additional comments:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION, PRECEDING 3 YEARS

- Alcohol test with a result of 0.04 or greater?..... YES or NO If yes, give Date(s): _____
- Verified positive controlled substances test results?..... YES or NO if yes, give Date(s): _____
- Refusals to be tested?..... YES or NO if yes, give Dates(s): _____
- Was rehabilitation completed as required?..... YES or NO if yes, give Date(s): _____

Person providing the above information:
Name: _____ Title: _____
Company: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with **Reliable Driver Solutions** ("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. In I authorize Reliable Driver Solutions ("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 in 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 NJCF 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant'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. LAST UPDATED 1/31/2015

Every driver is reminded that under U.S. DOT requirements you are required to furnish Reliable Driver Solutions with a list **of all motor vehicle laws and ordinances** (other than parking offenses) of which you have been convicted or an account of which you have forfeited bond or collateral during the previous 12 months in all states you may have travel in. Kindly fill out and sign the form below, if you have no violations check off the box **NONE** below and return the completed form to the safety Department.

If you have provided the violations information **TIMELY**, as required by the Federal Motor Carrier Regulations (Sec. 383.31), to the State Jurisdiction and your current motor carrier employer you need not repeat the information here, just check off the box printed below.

MOTOR VEHICLE DRIVER'S CERTIFICATION

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

- NONE Previously submitted as per Federal Motor Carrier Safety regulations (Sec. 383.31)

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ **Date** _____ **Driver's Name (Print)** _____ **Driver's Signature**

_____ **Reliable Driver Solutions**
Company Name

_____ **197 Route 18 South, Suite 3000, East Brunswick, NJ 08816**
Company Address

_____ Reviewed by (Signature)

_____ Reviewer's Title