

Commercial driver application 391.21

Date: _____

Name (print): First: _____ Middle: _____ Last: _____

Home address: _____ Home phone: _____

City: _____ State: _____ Zip code: _____ Cell phone: _____

Date of birth: _____ Social Security number: _____ - _____ - _____

Please list all addresses from the past three years.

1. Address: _____

City: _____ State: _____ Zip code: _____

Dates from: _____ to: _____

2. Address: _____

City: _____ State: _____ Zip code: _____

Dates from: _____ to: _____

3. Address: _____

City: _____ State: _____ Zip code: _____

Dates from: _____ to: _____

Please provide driver's license information for all licenses held in the past three years.

State: _____ Number: _____ Expiration date: _____

State: _____ Number: _____ Expiration date: _____

State: _____ Number: _____ Expiration date: _____

Experience:

Type of vehicle driven: _____ Date: _____ to _____ Approximate miles driven: _____

Type of vehicle driven: _____ Date: _____ to _____ Approximate miles driven: _____

Type of vehicle driven: _____ Date: _____ to _____ Approximate miles driven: _____



Please list all accidents in the past three years. If none, write NONE.

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Please list all traffic violation convictions in the past three years. If none, write NONE.

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Date: _____ Violation: _____ State: _____ CMV: Yes / No

Have you ever had a driver's license denied, suspended, revoked, or canceled by any issuing agency?

_____ Yes _____ No If yes, list state of issuance and explanation: _____

Have you ever been convicted of a felony?

_____ Yes _____ No If yes, date and nature of offense: _____

Have you ever served in the Armed Forces?

_____ Yes _____ No If yes, did you receive an honorable discharge? _____

Are you a U.S. citizen?

_____ Yes _____ No If foreign national, do you have a green card? _____

List states operated in for at least the past three years: _____

Please list your employment history for last 10 years. Account for gaps in employment.

1. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ ZIP: _____ Telephone: _____

Were you subject to FMCSA Regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? ____ Yes ____ No

Reason for leaving: _____

2. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ ZIP: _____ Telephone: _____

Were you subject to FMCSA regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? ____ Yes ____ No

Reason for leaving: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ ZIP: _____ Telephone: _____

Were you subject to FMCSA regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? ____ Yes ____ No

Reason for leaving: _____

4. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ ZIP: _____ Telephone: _____

Were you subject to FMCSA regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? ____ Yes ____ No

Reason for leaving: _____

USE BACK OF SHEET FOR ADDITIONAL EMPLOYERS

For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL), the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.



As a prospective driver, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for previous employer(s) to re-send the information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation (DOT)-regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at any time, including when applying for the position, up to 30 days after being employed or when 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 prospective employer has not yet received the requested information from the previous employer(s), then the five business day deadlines 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 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

CERTIFICATION

I certify 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 signature

Date signed

THIS SECTION TO BE COMPLETED BY THE EMPLOYER

Application received by: _____

Title: _____ Date: _____

Application reviewed for completeness by: _____

Title: _____ Date: _____

FOR OFFICE USE

Date of hire: _____

Time and date of pre-employment drug screen: _____

Time and date of pre-employment drug screen results received: _____

Date first used in safety-sensitive position: _____

Date of termination: _____

Prior employer check 49 CFR 382.413/40.25 good faith effort

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____

Step 1: Call the company and record the date, name and phone number who you contacted.
Fax the required Release with the driver's signature. Wait 3 days, then go to step 2.

Step 2: Call the company and record the date, name and phone number who you contacted.
Ask if they received the fax. If they say "YES" ask for the information that is required.
If they say "NO", then complete step 1 again. Wait 3 days, then go to step 3.

Step 3: Send a certified letter containing the required Release with the driver's signature asking
for the information that is required. Wait 10 days and then complete the form.

ATTEMPT #1

Date: _____

Telephone number: _____ Fax number: _____

Person contacted: _____

Notes:

ATTEMPT #2

Date: _____

Telephone number: _____ Fax number: _____

Person contacted: _____

Notes:

ATTEMPT #3

Date: _____

Telephone number: _____ Fax number: _____

Person contacted: _____

Notes:

Completed by: _____

Date: _____

U.S. Department of Transportation Motor Carrier Safety Program—Inquiry to state agency for driver's record 391.23

Driver's name: _____
Last First Middle initial

Social Security number: _____ - _____ - _____

Driver's operator's license number: _____

Dear _____ ,

The above listed individual has applied for employment with us as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state to applicant, and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully,

Signature of inquirer: _____

Print name of inquirer: T. Byron Shumate

Title of inquirer: Director of Safety/Operations

Motor carrier name: ADS TRANSPORT, INC.

Street: 2809 EVA ROAD

City: Falkville

State: Alabama Zip code: 35622



Alabama Law Enforcement Agency

Print and Return Completed Form To: Alabama Law Enforcement Agency
Driver License Division
P.O. Box 1471
Montgomery, AL 36102-1472

TO WHOM IT MAY CONCERN:

The fee for searching the files for the Driver License Division and certifying information is \$5.75 per request. If the information you have provided is incorrect or if we are unable to locate the record, a new request must be submitted with the accompanying \$5.75 fee.

In order to purchase a copy of a driving record, please complete the following information and return this letter with \$5.75 in the form of a cashier's check, certified check, or money order made payable to the Alabama Law Enforcement Agency. **NO PERSONAL CHECKS WILL BE ACCEPTED. DO NOT SEND CASH.** Please allow one week to 10 days for processing requests. Return request with self-addressed, stamped envelope.

Information Needed to Request your Driving Record

Name: Last*		Name: First*		Middle*	
Driver License Number*		Social Security Number**		Date of Birth*	
Current Address		City		State	Zip Code
Race		Sex		Daytime Telephone Number	

* - Indicates a Required Field

** - Social Security is required if Driver License Number is unavailable

Signature _____

Date _____

**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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Inquiry to Previous Employers 391.23

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, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Federal Motor Carrier Safety Administration at 800-832-5660 during business hours.

To: Former employer's name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____
Fax number: _____

I, _____, hereby authorize _____
to release all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of a substance abuse professional (SAP) and/or medical review 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 from: Company: ADS TRANSPORT, INC.
Address: 2809 EVA ROAD
City: Falkville State: Alabama Zip code: 35622
Telephone number: (256)482-2154 Cell number: operations.adstransportinc@outlook.com
Contact person: T. Byron Shumate Title: Director of Safety/Operations
Name of applicant: _____
Social Security number: _____ - _____ - _____

TO BE COMPLETED BY PREVIOUS EMPLOYER**Section 1: Driver Identification**

The applicant named above was employed by us. ☐ Yes ☐ No

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

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

Section 2: Safety Performance History

1. Did he/she drive motor vehicle for you? ☐ Yes ☐ No

If yes, what type? ☐ Straight Truck ☐ Tractor-Semi Trailer ☐ Bus ☐ Cargo Tank

☐ Doubles/Triples ☐ Other (specify): _____

2. Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Layoff ☐ Military Duty

If there is no safety performance history to report, check here ☐, 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, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

3. Please provide information concerning any other accidents that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

Signature: _____ Date: _____

Title: _____

Previous Employer: Keep a record of this request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Alcohol and Controlled Substances 382.413

INFORMATION RELEASE AUTHORIZATION

Date sent/faxed: _____

To: Anti-drug program manager, _____
Previous motor carrier/employer or drug/alcohol testing program

From: T. BYRON SHUMATE, ADS TRANSPORT, INC.
Anti-drug program manager *Prospective motor carrier/employer*

Per Federal Highway Administration (FHWA) regulations (49 CFR 382.413), information concerning a driver's participation in an alcohol and/or controlled substances testing program must be released when the driver gives specific written authorization for this release. Under these regulations, I must obtain this information from you no later than _____
14 calendar days from date sent/faxed

The following is the required written release from the driver.

I, _____, authorize _____
Driver/applicant signature *Previous motor carrier or drug/alcohol testing program*

to release information as specifically requested below and in accordance with 49 CFR 382.413. I will hold the specified anti-drug program/program manager harmless from any liability associated with disclosure of this information.

Driver/applicant signature: _____ Date: _____

By his/her signature above, _____ authorizes you to release:

1. The name and address of the testing program in which he/she participated.

Please indicate whether this program complies with 49 CFR part 40.

Testing program/Company name: _____

Testing program/Company street address: _____

City: _____ State: _____ Zip code: _____ Telephone: _____

Program complies with 49 CFR Part 40?

☐ Yes ☐ No

Driver/applicant participated in program within the past 30 days?

☐ Yes ☐ No

2. The date(s) the driver was last tested for alcohol and/or controlled substances, and whether the test result indicated prohibited conduct:

Date of last alcohol test: _____ Alcohol result less than 0.04

☐ Yes ☐ No

Date of last drug test: _____ Drug test result verified as "negative?"

☐ Yes ☐ No

3. Has the driver/applicant been subject to random testing during the past 12 months?

☐ Yes ☐ No

4. To the best of your knowledge, has the driver/applicant had any positive test results, refused to take a required drug or alcohol test, or otherwise violated FHWA alcohol/controlled substance prohibitions during the past two years?

☐ Yes ☐ No

If "YES", the driver/applicant will be asked to provide documentation of evaluation by a substance abuse professional and/or treatment as required by 49 CFR 382.413(g).

Name of person completing form (please print)

Signature

Date



TO: _____
Company name

ATTN: Safety Director/Human Resources

FROM: ADS TRANSPORT, INC.
Company name
T. Byron Shumate Director Safety/Operations
Person/Title

RE: Alcohol and Controlled Substance Information Release Authorization

If you have any questions regarding this fax/letter, please contact us at (256) 482-2154 .
Phone number

Thank you.

Annual motor vehicle driver's certificate of violations 391.27/391.53

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.

Date	Offense	Location (City/State)	Type of vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver signature: _____ Date: _____