

Sojourner Trucking, Inc.
26113 Hwy. 27 S
Crystal Springs, MS 39059
Phone 601-892-4456
Fax 601-892-0558

Driver Application for Employment

Applicant Information

Print all information in blue or black ink only. All sections of application must be completed. If information is not applicable to you, please write none. Only completed applications will be accepted.

Position(s) applied for _____ Today's Date _____

Applicants Full Name _____
Last First MI

Social Security Number _____

Phone number(s) _____ Date of birth _____
Home Mobile Other (specify) (required for commercial drivers)

List your address(es) of residency for the past three years:

Current _____
Address Street Address (no po boxes) City State Zip Length of residency

Previous _____
Address Street Address (no po boxes) City State Zip Length of residency

Do you have the legal right to work in the United States? _____ (please be prepared to supply supporting documentation)

Are you currently employed? _____ May we contact your present employer? _____

If not currently employed, how long since leaving last employment? _____

Who referred you to our company? _____

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? Yes No

If yes, please explain _____

Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
Elementary High School College

Last school attended: _____ Course of study _____
Name City State

Employment History

Instructions

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. The employers' name, complete mailing addresses, phone number, dates of employment and reason for leaving. Applicants that will be operating a *Commercial Motor Vehicle (CMV) that requires a CDL must give the same information for all employers the applicant operated a *CMV for in the seven years prior to the initial three years (total of ten years employment history). Print all information and complete all sections. List previous employers in reverse order starting with the most recent, or current, employer. Make copies of this sheet if necessary.

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name Mailing Address City State Zip

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

*includes vehicles having a GVWR or GCWR of 10,001 pounds or more, vehicles designed to transport nine (9) or more passengers for compensation, vehicles designed to transport sixteen (16) or more passengers not for compensation, or any vehicle used to transport hazardous materials in a quantity requiring placarding.

Qualifications

Driver's License(s) – list each license held in the previous three (3) years

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

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

If yes, please explain _____

Driver Experience

List information regarding your driving experience for the last three years. If no driving experience, write none.

Class of Equipment	Years of Driving Experience	Approximate Number of Miles
Straight Truck		
Tractor and Semi-Trailer		
Motorcoach/Bus		
Other		

Traffic Convictions and Forfeitures

List all traffic convictions and forfeitures for the previous three (3) years. Do not include parking violations.

Location	Date	Charge	Penalty

Accident History

List all motor vehicle accidents the applicant was involved in during the previous three (3) years

Date of accident	Nature of accident	Fatalities	Injuries

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 inquiries 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.

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 that I have the right to:

- Review information provided by current/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
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE



Request for Check of Driving Record

To be completed by Applicant

Name of applicant	Date of Birth	Social Security Number		
Current Address		City	State	Zip
Type of License	License Number	State of issuance	Expiration Date	

I, _____, hereby authorize the above company to release the requested information to the following company:

Sojourner Trucking, Inc.
26113 Hwy. 27 S
Crystal Springs, MS 39059
Phone 601-892-4456
Fax 601-892-0558

This information will be used for the purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

To be completed by Authorized Personnel

To (company providing information)	Address	City	State	Zip
Contact Name(s)	Phone	Fax		
Requested by (Authorized Personnel)	Title	Phone/Fax		

The above named person has made application with our company for the position of _____. In accordance with Section 391.23 of the U.S. Department of Transportation Regulations, please furnish the above company with the applicants driving record for the past three (3) years.

The above named person is employed with our company in the position of _____. In accordance with Section 391.25 of the U.S. Department of Transportation Regulations, please furnish the above company with the applicants driving record for the past year.

Request for Information from Previous Employer

Name of applicant _____ Social Security Number _____

To Previous Employer _____ Date of Request _____

The above applicant is attempting to qualify under D.O.T. regulations, and states that he/she was an employee with your company from _____ to _____ and held the position of _____.

Please complete the following information and return as soon as possible to the address below:

**Sojourner Trucking, Inc.
26113 Hwy. 27 S
Crystal Springs, MS 39059
Phone 601-892-4456
Fax 601-892-0558**

1. Are the dates of employment correct as stated above? Yes ___ No ___
If no, please provide the correct dates of employment: _____
2. Did he/she drive a commercial motor vehicle for you? Yes ___ No ___
3. Was he/she an efficient driver? Yes ___ No ___
4. Reason for leaving your employ: Discharged ___ Resignation ___ Lay Off ___ Other _____
5. Was he/she involved in a DOT recordable accident while employed with your company?
Yes ___ No ___ If yes, please explain: _____
6. Has this person tested positive for a controlled substance in the last three years? Yes ___ No ___ N/A _____
7. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes ___ No ___ N/A _____
8. Has this person refused a required test for drugs or alcohol in the last three years? Yes ___ No ___ N/A _____
9. Did the applicant complete a substance abuse rehabilitation program, if required? Yes ___ No ___ N/A _____
If yes, provide documentation of the employee's successful completion of DOT return-to-duty requirements.
10. Has this person ever violated any other DOT drug and alcohol testing regulations? Yes ___ No ___ N/A _____

Comments: _____

Name of person providing information (please print) _____

Signature _____ Date _____

I hereby authorize you to release the following information to the above listed company for the purposes of investigation as required by section 391.23 and 382.413, and allowed by Section 383.35 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 _____

**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

[] REQUEST FOR CHECK OF DRIVING RECORD

- > MOTOR VEHICLE REPORT SEARCH
- > PSP DETAILED REPORT (FMCSA)

[] REQUEST FOR PRE-EMPLOYMENT DRUG TEST

- > FEDERAL DRUG TESTING

I hereby certify that I have authorized Sojourner Trucking, Inc. to run the requests checked above, required for the hiring process, which will remain valid for 30 days.

Should the 30 days expire before completing the hiring process, requiring duplicates, or should I leave Sojourner Trucking before the 90 full days of employment, I agree to reimbursement, in the amount of \$125.00.

Signed: _____

Date: _____