

REN POTTERFIELD TRUCKING, INC.

404 US Hwy 24 p 36 East

Mourne City, MO 63456

Position(s) Applied for: **Over the Road Driver** **Regional Driver** **Local Driver**

Name: _____ **SSN:** _____
 Last First Middle

Date of application _____

List your addresses of residency for the past 3 years.

Current Address _____
 Street City

Phone _____ **How Long?** _____

Previous Addresses

_____ **How Long?** _____
 Street City State & Zip Code

_____ **How Long?** _____
 Street City State & Zip Code

_____ **How Long?** _____
 Street City State & Zip Code

_____ **How Long?** _____
 Street City State & Zip Code

_____ **How Long?** _____
 Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____ / ____ / ____ **Can you provide proof of age?** _____

(Required for CDL Drivers)

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes please explain.

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, or non-job related disability.

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.

**PLEASE INCLUDE ALL EMPLOYMENT HISTORY FROM THE SPECIFIED TIME PERIOD,
NOT JUST THAT RELEVANT TO THE TRANSPORTATION INDUSTRY.**

Present or Last Employer	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

Previous Employer	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

Previous Employer	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

Previous Employer	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

Previous Employer	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
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Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

	Date-	
Name-	From Mo. Yr.	To Mo. Yr.
Address-	Position Held-	
City- State- Zip-	Salary/Wage	
Contact Person-	Phone-	Reason for leaving:

Formal Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School : 9 10 11 12 College: 1 2 3 4
 Last School Attended: _____

Name _____ City _____

Experience and Qualifications – Driver

Driver Licenses	State	License No.	Class	Endorsements	Expiration Date

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom?

Driving Experience (If none, write none)

Class Equipment	Type Equipment (Van, Tank, Flat, etc)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Twin-Triple				
Other Equipment				

Have you driven in the following regions in the past 5 years?

- Western States West of I-25? No Yes
 Mid-America West of I-55 to I-25? No Yes
 Eastern US East of I-55? No Yes
 Local ___ No ___ Yes

Are there any states you cannot or will not travel in and explain: _____

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-			
Previous-			
Next-			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge	Penalty

Have you ever been convicted of a crime or have any charges currently pending? No Yes

Felony? No Yes Misdemeanor? No Yes

Have you ever refused or failed a drug test? No Yes

Have you had a DWI/DUI within the last seven years? No Yes

Has your license ever been suspended/revoked? No Yes

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
___ Yes ___ No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS ARE YES, ATTACH STATEMENT GIVING DETAILS.

Who referred you to us? _____

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 Ren Potterfield Trucking, Inc. ("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 Ren Potterfield Trucking, Inc. ("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.

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 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.

REN POTTERFIELD TRUCKING, INC.

404 US Hwy 24 p 36 East
Warne City, MO 63456

Employment, Motor Vehicle, Criminal Record Release

I, _____ hereby authorize without liability, any organization or person including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom they may have been previously employed, to furnish Ren Potterfield Trucking, Inc. (Company) any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore there may be entities that the Company does business with may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the Customers' premises and to handle its products and other security concerns of the customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court or record to furnish Ren Potterfield Trucking, Inc. information concerning Motor Vehicle Record, or any felony or misdemeanor or which I have been convicted.

Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application to release the date, type of test and result of all drug and alcohol test taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test, to the President , Executive Vice President, Vice President of Operations Director of Human Resources or the Employment Placement Agents assigned to process my application at Ren Potterfield Trucking, Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment if so required. I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I have applied to with as well as their employees. Agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Name Printed:

Social Security Number:

Signature :

Date:

Agent:

CDL State

CDL Number

Name _____

CDL # _____

CDL State: _____

CDL Haz-Mat: yes _____ no _____

CDL Expiration Date _____