



Adams Transit, Inc.

111 W. Winnebago Street, PO Box 338, Friesland, WI 53935
920-348-5202

Application for Employment – Truck Drivers

Thank you for your interest in driving for Adams Transit. Please print legibly.

Date: _____

Personal Information	
Name	
Current Address	
City, State, Zip Code	
Phone	Home or cell?
Email	Good way to contact?
License #	
Date of Birth	
Do you have the legal right to work in the US?	
Have you ever worked for Adams Transit or Cupery & DeYoung Storage before? If so, when?	
Have you served in the Armed Forces? What branch?	
Education	
List highest grade completed	
List last school attended (name, city, state)	
List other education or certifications	

Driving Experience

Class of Equipment	Type (van, tank, flat, etc.)	Dates		Approximate # of miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor – 2 Trailers				
Other _____				
List states operated in for the last 5 years				
List any special courses or training that will help you as a driver				
List any safe driving awards you have received and from whom				

Driver Qualifications

Driver licenses or permits held in the past 3 years	State	License #	Class	Endorsement(s)	Expiration Date

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, veteran status, non-job related disability, or any other protected group status.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	
Has any license, permit or privilege ever been suspended or revoked?	
If you answered yes to either question, please give details.	

Accident record for past 3 years or more (attach a sheet if more space is needed – if none write NONE)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations- attach a sheet if more space is needed – if none write NONE)

Location	Date	Charge	Penalty

Employment History- provide complete information for at least the past 10 years, starting with the current or most recent. Attach a sheet if more space is needed.

Company Name			
Address, City, State & Zip Code			
Phone Number			
Contact Person			
Start Date		End Date	
Position Held			
Reason for Leaving			
Were you subject to the FMCSRs while employed?			
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR part 40?			

Company Name			
Address, City, State & Zip Code			
Phone Number			
Contact Person			
Start Date		End Date	
Position Held			
Reason for Leaving			
Were you subject to the FMCSRs while employed?			
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR part 40?			

Company Name			
Address, City, State & Zip Code			
Phone Number			
Contact Person			
Start Date		End Date	
Position Held			
Reason for Leaving			
Were you subject to the FMCSRs while employed?			
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR part 40?			

Company Name			
Address, City, State & Zip Code			
Phone Number			
Contact Person			
Start Date		End Date	
Position Held			
Reason for Leaving			
Were you subject to the FMCSRs while employed?			
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR part 40?			

Company Name			
Address, City, State & Zip Code			
Phone Number			
Contact Person			
Start Date		End Date	
Position Held			
Reason for Leaving			
Were you subject to the FMCSRs while employed?			
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR part 40?			

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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of 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 you for employment purposes. These reports are required by Section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.
_____ Initial that you have read this statement and are aware.

Federal Motor Carrier Safety Regulations Statement

The requirements in Part 383 of the FMCSR apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 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.

These requirements that you as a commercial vehicle driver must comply with include the following:

1. You may not possess more than one motor vehicle operator’s license.
2. If you are convicted of violating a state or local traffic law (other than parking) you must report it in writing within 30 days to your employer and the state that issued the license.
3. The commercial license must be issued by the state in which you live. If you move to another state you must transfer your CDL within 30 days.

_____ Initial that you have read this statement and are aware.

Request for Check of Driving Record

I hereby authorize the release of information to Adams Transit, Inc. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations, and release the provider from any and all liability which may result from furnishing such information.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), Adams Transit, Inc. certifies the following:

- The applicant has authorized in writing the procurement of this report.
- The applicant has been informed that a consumer report may be obtained for employment purposes.
- The information requested will be used for a “permissible purpose,” (i.e. employment) and no other.
- The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.
- Before taking an adverse action based in whole or in part on the report, the applicant will receive a copy of the report and the summary of consumer rights a provided with the report by the consumer reporting agency.

_____ Initial that you have read this statement and are aware.

How did you hear about us?	
Is there any reason you might be unable to perform the functions of the job for which you have applied?	

This certifies 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 knowledge; likewise with any resume attached. I authorize Adams Transit to make such investigations and inquiries of my persona, 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 Adams Transit.

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 the information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information; and
- 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.

Applicant Signature

Date

FOR OFFICE USE

Status: _____

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 Adams Transit, 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.

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 Adams Transit, 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 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.

Applicant Signature

Date

Printed Name

- 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.
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