

Driver Employment Application

HIGH REACH COMPANY LLC
615 HICKMAN CIRCLE
SANFORD, FL 32771

To be considered for employment, complete this form in its entirety without leaving blank spaces. If something does not apply to you, do NOT leave the space blank, enter "None" or "N/A for Not Applicable.

Date of Application			
Full Name (First, Middle, Last)			Suffix (Sr. Jr, III)
Social Security Number	Date of Birth		
Home Phone	Cell Phone		
Email Address			
Are you able to begin work immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide start date
Have you applied to this Company or any of its Divisions in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide dates and position
Have you ever been charged (or pending) of a criminal charge? Use blank sheet if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide dates and details

List the addresses at which you resided during the 3 years preceding the date the application is submitted.	
Current Address	How Long (Year/Month)
Previous Address	How Long (Year/Month)
Previous Address	How Long (Year/Month)
Previous Address	How Long (Year/Month)

Driving Experience and Qualification					
If none, write "None".					
	State	Class	License Number	Endorsement(s)	Expiration Date
Unexpired operator's license or permit (i.e. CDL)					
Have you ever held a CDL in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details		
Please list the date that you originally received your Commercial Driver's License. (CDL)	MM/YY	Month_____	Year_____		
Have you ever been denied a license, permit, or privilege to operate a commercial motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details		
Has any of your licenses ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details		

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) that you were charged (or pending) or forfeited bond or collateral during the 5 years preceding the date the application is submitted. If none, write "None".

Location	Date	Charge	Penalty
Have you ever been charged (or pending) DUI/DWI? Use blank sheet if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and details	

List all motor vehicle accidents that you were involved in during the 3 years preceding the date the application is submitted. If none, write "None".

Date (MM/YY)	Nature of Accident (head-on, rear-end, roll over, etc.)	City/State	Hazmat Spill	Caused Fatality or Injury	Did you receive a Traffic Citation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

List the names and addresses of **all** employers you've work for in the last 3 years from the date the application is submitted (including driving and non-driving employers). You must give the same information for all employers that you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (for a total of 10 years' employment record).

Employer Name		Date From (mm/yy)	Date To (mm/yy)
Position Held		Reason for Leaving	
Address			
City		State	Zip
Contact Person		Phone Number	
How Paid: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> By the mile <input type="checkbox"/> By the load		Pay Rate \$	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of vehicle did you operate? If none, write "None".			<input type="checkbox"/> Van <input type="checkbox"/> Dump
<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer		<input type="checkbox"/> List Other Vehicle Class	
<input type="checkbox"/> Intermodal Equipment <input type="checkbox"/> Motor Coach or School Bus		Operated _____	
			<input type="checkbox"/> Refer <input type="checkbox"/> Flat
			<input type="checkbox"/> Tank <input type="checkbox"/> Other
Please explain what you were doing during the gaps in your work history that are greater than 1 month between employers.			

Employer Name		Date From (mm/yy)	Date To (mm/yy)
Position Held		Reason for Leaving	
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City		State	Zip
Contact Person		Phone Number	
How Paid: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> By the mile <input type="checkbox"/> By the load		Pay Rate \$	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of vehicle did you operate? If none, write "None". <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> List Other Vehicle Class <input type="checkbox"/> Intermodal Equipment <input type="checkbox"/> Motor Coach or School Bus Operated _____			<input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/> Flat <input type="checkbox"/> Tank <input type="checkbox"/> Other
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Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of vehicle did you operate? If none, write "None". <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> List Other Vehicle Class <input type="checkbox"/> Intermodal Equipment <input type="checkbox"/> Motor Coach or School Bus Operated _____			<input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/> Flat <input type="checkbox"/> Tank <input type="checkbox"/> Other
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Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of vehicle did you operate? If none, write "None". <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> List Other Vehicle Class <input type="checkbox"/> Intermodal Equipment <input type="checkbox"/> Motor Coach or School Bus Operated _____			<input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/> Flat <input type="checkbox"/> Tank <input type="checkbox"/> Other
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<input type="checkbox"/> Intermodal Equipment <input type="checkbox"/> Motor Coach or School Bus Operated _____			<input type="checkbox"/> Tank <input type="checkbox"/> Other
Please explain what you were doing during the gaps in your work history that are greater than 1 month between employers.			

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, YOU MUST PROVIDE documentation before performing any safety-sensitive function.

Have you ever tested positive, or refused to test, on any, random, reasonable suspicion, post-accident or any other type of drug or alcohol test administered by a prior employer during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, YOU MUST PROVIDE documentation before performing any safety-sensitive function.

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 my knowledge.

Printed Name	Date Signed
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Signature

I authorize you to make 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:

- 1) Review information provided by current/previous employers;
- 2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 3) 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.

Printed Name	Date Signed
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Signature





RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested. Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552. By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, and criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (to be used for no other purposes)

Full Name _____

Date of Birth: ____/____/____ Social Security #: _____

Driver's Licenses Number: _____ State: _____

Current Residence Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature of Applicant: _____

Print Name: _____ Date: _____

READ CAREFULLY BEFORE SIGNING. IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE. The following information is required by law enforcement agencies and other entities for positive identification and background check purposes when checking public records. It is confidential and will not be used for any other purposes.

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

SAFETY PERFORMANCE HISTORY REQUEST

Prospective Employee: Complete Page 1 Part 1:
Enter the required personal information in this
section Sign and date.

Prospective Employer: Complete Page 1 Part 1b: **Make copies for each previous employer.** Use the employment application to complete the information and send to each DOT regulated previous employer and "temp agency" within the previous 3 years. Record the date and method of transmission. Attach fax copy and proof of transmission.

Previous Employer: Complete Page 2: Enter the required information in this section Sign, date, and return to Prospective Employer

Part 1 Completed By Prospective Employee/Employer

Employee's	First	Last	Social Security Number	Date of Birth
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I hereby authorize release of the information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer listed in Part 1B to the employer listed in Part 1A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that the information to be released in Part 2A by my previous employer is limited to the following DOT regulated testing items

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

I further understand that if the previous employer does not have information about the return-to-duty process (e.g., employee who tested positive on a pre-employment test), that I must provide this information to the employer listed in Part 1A before I can perform a safety sensitive function.

You have the following rights regarding the investigative information received from the previous employers

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

You must submit a written request at any time within 30 days of employment or denial of employment to review this information.

Employee Signature _____

Date _____

Part 1 A	Prospective Employer
HIGH REACH CO., LLC. 615 HICKMAN CIRCLE SANFORD, FL 32771 PH: 800-588-1852 FAX: 904-269-7600 EMAIL: BACKGROUNDS@ADMIN2000.NET	

Part 1 B	Previous Employer
Previous Employer: _____ Attention: _____ Telephone: _____ Fax No.: _____ Street: _____ City, State, Zip: _____	

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

§391.23(g)(1) Requires previous employers to respond to each request for the DOT defined information within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

We consider it a professional courtesy to respond to this request as quickly as possible and appreciate your prompt response regarding this matter.

HIGH REACH CO., LLC. **EMPLOYEE NAME** _____

Part 2 Previous Employer					
Part 2 A		Drug and Alcohol History			
Was the employee subject to DOT testing while under your employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Employment	If NO, after entering dates of employment, please skip to part 2B
Please enter the dates the employee was subject to DOT testing while under your employment?					
Did the employee have an alcohol test with the result of 0.04 or higher alcohol concentration?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide dates and details	
Did the employee have Verified positive drug tests?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide dates and details	
Did the employee refuse to be tested (including verified adulterated or substituted drug test results)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide dates and details	
Did the employee have other violations of DOT agency drug and alcohol testing regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide dates and details	
If you answered yes to any of the above items, did the employee complete the SAP return to duty process?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the required SAP reports and follow up test records	
Part 2 B		Safety Performance History			
What type of vehicle did he/she operate?					
<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor and Semi-Trailer	<input type="checkbox"/> List Other Vehicle		<input type="checkbox"/> Van	<input type="checkbox"/> Dump
<input type="checkbox"/> Intermodal Equipment	<input type="checkbox"/> Motor Coach or School Bus	Class Operated _____		<input type="checkbox"/> Refer	<input type="checkbox"/> Flat
				<input type="checkbox"/> Tank	<input type="checkbox"/> Other
What reason was given for leaving your employ?					
List all motor vehicle accidents that the employee was involved in during the 3 years preceding the date the application is submitted. If none, write "None".					
Date	Location (Most near City or Town)	Brief Accident Description	Number of Fatalities	Number of Injuries	HAZMAT Involved
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 2 C		List the Name and Contact information of the individual certifying the information in Part 2			
Company: _____			Title: _____		
Name: _____			Telephone: _____		
Signature: _____			Date: _____		