

AARMAC TRANSPORT, INC.

1509 2nd Ave SW MINOT, ND 58701

Driver Application for Employment

You are advised that the information you provide in this application may be used, and your prior employers will be contacted, for the purpose of investigating your background as required by FMCSR Part 391. **Answer all questions.**

Full Name: _____ Date Submitted: _____

Date of birth: _____ Age: _____ SSN: _____

Cell phone #: _____ Cell service provider: _____

Home phone #: _____ Email address: _____

Emergency Contact: _____ Phone #: _____

RESIDENTIAL ADDRESSES FOR PREVIOUS THREE YEARS

Mailing Address: _____

Residential Address: _____ From: _____ to current

Previous Address: _____ From: _____ to _____

Date available to start: ___ / ___ / ___ Position desired: _____ Salary requirement: _____

How were you referred to us? _____

Type of employment desired: Full-time ___ Part-time ___ Temp ___ Seasonal ___ Other _____

If under 18, do you have a work permit? _____

Are you a U.S. Citizen? _____ If not, are you legally allowed to work in the U.S.? _____

Have you ever worked for this company before? _____ If yes, when? ___ / ___ / ___ until ___ / ___ / ___

DRIVER LICENSE INFORMATION

Current License: State: _____ License #: _____ Class: _____ Expiration Date: _____

Previous License: State: _____ License #: _____ Class: _____ 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

Have you ever been convicted or a felony? YES / NO

Have you ever been convicted of a violation of any motor carrier safety regulation? YES / NO

If yes to any of above questions, explain: _____

Answering "yes" to the above does not constitute an automatic rejection for employment. Date, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into consideration.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates		Approximate number of miles (total)
		From	To	
Straight Truck	TANKER LOWBOY DUMP VAN REFER			
Tractor, semi-trailer	TANKER LOWBOY DUMP VAN REFER			
Tractor, two trailers	TANKER LOWBOY DUMP VAN REFER			
Other				

List any special courses or training that will help you as a driver: _____

List any safe driving awards and who they were issued by: _____

ACCIDENT RECORD FOR PAST THREE YEARS

List all accidents, regardless of fault or type of vehicle. List most recent first. If none, write "none".

Date	Type of Accident (rear-end, roll-over, head-on, etc.)	Type of Vehicle	Injuries/Fatalities

TRAFFIC CONVICTIONS FOR PAST THREE YEARS

List most recent first. If none, write "none".

Date	Charge	Type of Vehicle	Location	Penalty

DRUG AND ALCOHOL INFORMATION

This information will be verified by your previous employers.

1. Have you ever tested positive for a controlled substance?	YES / NO
2. Have you had an alcohol test with a BAC of 0.04 or greater?	YES / NO
3. Have you refused a required test for drugs or alcohol at any time?	YES / NO
4. Have you had any other violations of DOT drug and alcohol testing regulations?	YES / NO
5. If you answered "yes" to any of the above items, did you complete the return-to-duty process?	NA / YES / NO

PREVIOUS EMPLOYMENT

List all employers for the last three years and an additional seven years of employment (for a total of ten years) if a commercial motor vehicle was operated. List most recent employment first. If additional space is needed, continue on separate piece of paper.

Employer:	Dates Employed:	To:
Address:		Phone: ()
Position:	Supervisor:	May we contact? YES/NO
Responsibilities:		
Reason for leaving? Text		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?		YES/NO

Employer:	Dates Employed:	To:
Address:		Phone: ()
Position:	Supervisor:	May we contact? YES/NO
Responsibilities:		
Reason for leaving?		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?		YES/NO

Employer:	Dates Employed:	To:
Address:		Phone: ()
Position:	Supervisor:	May we contact? YES/NO
Responsibilities:		
Reason for leaving?		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?		YES/NO

Employer:	Dates Employed:	To:
Address:		Phone: ()
Position:	Supervisor:	May we contact? YES/NO
Responsibilities:		
Reason for leaving?		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?		YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?		YES/NO

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CONTINUED EMPLOYMENT HISTORY

Employer:		Dates Employed:	To:
Address:		Phone: ()	
Position:	Supervisor:	May we contact?	YES/NO
Responsibilities:			
Reason for leaving?			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?			YES/NO

Employer:		Dates Employed:	To:
Address:		Phone: ()	
Position:	Supervisor:	May we contact?	YES/NO
Responsibilities:			
Reason for leaving?			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?			YES/NO

Employer:		Dates Employed:	To:
Address:		Phone: ()	
Position:	Supervisor:	May we contact?	YES/NO
Responsibilities:			
Reason for leaving?			
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES/NO
Was the job designated as a "safety sensitive function" position in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 40 CFR Part 40?			YES/NO

CERTIFICATION AND AUTHORIZATION OF APPLICANT

I certify that all the above information is true and complete. I understand that any misrepresentation or omission may result in disqualification from further consideration for employment and/or termination from employment.

Further, I hereby authorize **AARMAC Transport, Inc.** to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, education history, motor vehicle record, criminal history, and military record, if applicable; to ascertain that all information given by me is correct.

In consideration for the processing of my application of employment, I hereby release, indemnify and hold harmless **AARMAC Transport, Inc.** and all previous employers and other persons and organizations furnishing information in connection with **AARMAC Transport's** investigation into my background from any and all liability.

Signature: _____ Date: _____

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS
from the
Pre-Employment Screening Program (PSP) Online Service

In connection with your application for employment with **AARMAC Transport, Inc.**, 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).

I authorize **AARMAC Transport, Inc.** 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 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 **AARMAC Transport, Inc.** 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.

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 and I understand that if I sign this consent form, **AARMAC Transport, Inc.** may obtain a report of my crash and inspection history. I hereby authorize **AARMAC Transport, Inc.** and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Printed Name: _____ DOB: _____

Driving License Number: _____ State: _____

Signature: _____ Date: _____

AARMAC TRANSPORT, INC. DRIVING RECORD INQUIRY

I, (print name) _____ give my permission for a complete check of my driving record, including any state where I presently have or have had a driver's license or permit. This inquiry is required by 49 CFR Part 391.25 and by **AARMAC Transport**. This inquiry will be made annually or as my employer deems necessary during the course of my association with **AARMAC Transport**.

In compliance with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, I know that I have the opportunity to obtain a copy of this report from my employer, and also have the opportunity to dispute the information if I believe it is incorrect, before any adverse action is taken against me.

Driving License Number: _____ State: _____

Social Security Number: _____ DOB: _____

Residential Street Address: _____

City, State, Zip Code: _____

Signature: _____ Date: _____

For DOT regulated employees: §391.25 Annual inquiry and review of driving record.

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(b) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, review the motor vehicle record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to §391.15.

(b)(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(b)(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

(c) Recordkeeping. (1) A copy of the motor vehicle record required by paragraph (a) of this section shall be maintained in the driver's qualification file.

(c)(2) A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such review, shall be maintained in the driver's qualification file.