

# DRIVER APPLICATION



5520 32nd Ave. S.  
Grand Forks, ND 58201

**LEADERS IN THE FIELD**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Position applying for: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency Contact/Address/Phone Number: \_\_\_\_\_

**Residence (last three years)**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Months/Years \_\_\_\_ / \_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Months/Years \_\_\_\_ / \_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Months/Years \_\_\_\_ / \_\_\_\_

**Experience and Qualifications**

Valid Driver's License Number: \_\_\_\_\_ From State: \_\_\_\_\_ Expires on: \_\_\_\_\_  
 License Type (I.E CDL Class A, Class 1, Etc.) \_\_\_\_\_ List CDL Endorsements: \_\_\_\_\_

**I certify that I do not have more than 1 (one) Driver License:** \_\_\_\_\_ (Applicant's Signature)

**THIS APPLICATION IS NOT VALID UNLESS SIGNED ABOVE ↑**

Has Your License, Permit, or Privilege to Operate a Commercial Motor Vehicle Ever Been Denied, Revoked, or Suspended.  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

**Driving Experience**

Class Of Equipment	Type of Equipment	Date	Approx. No. of Miles
Straight Truck			
Tractor Trailer			
Other			

**Accident Record Last Three Years**

Date	Nature of Accident	No. of Fatalities	No. of Injuries	Commercial Vehicle	Personal Vehicle

**Education**

Please Circle Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other Training: \_\_\_\_\_

Do You Have Full Knowledge of the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Are You Employed? \_\_\_\_\_ When Will You Be Available? \_\_\_\_\_

You Prevented From Lawful Employment in This Country Because of Immigration Status? \_\_\_\_\_

Have You Ever Been Convicted of A Felony, Misdemeanor, or Criminal Violation? **Circle One** Yes No

**Past Employment Information** (Include all employers for the past three years and any employment that required driving For the past 10 years. *If more space is needed, please attach a separate sheet*)

Employer		Dates Employed
Address	Hourly Rate/Salary	Work Performed
Telephone	Supervisor	
Fax	Title	Reason for Leaving
While employed by this employer, were You subject to Federal Motor Carrier Safety Regulations? ___ Yes ___ No	Was this job designated as a safety sensitive function in any DOT Regulated mode subject to alcohol and controlled substance testing As required by 49 CFR part 40? ___ Yes ___ No	

Employer		Dates Employed
Address	Hourly Rate/Salary	Work Performed
Telephone	Supervisor	
Fax	Title	Reason for Leaving
While employed by this employer, were You subject to Federal Motor Carrier Safety Regulations? ___ Yes ___ No	Was this job designated as a safety sensitive function in any DOT Regulated mode subject to alcohol and controlled substance testing As required by 49 CFR part 40? ___ Yes ___ No	

Employer		Dates Employed
Address	Hourly Rate/Salary	Work Performed
Telephone	Supervisor	
Fax	Title	Reason for Leaving
While employed by this employer, were You subject to Federal Motor Carrier Safety Regulations? ___ Yes ___ No	Was this job designated as a safety sensitive function in any DOT Regulated mode subject to alcohol and controlled substance testing As required by 49 CFR part 40? ___ Yes ___ No	

**To Be Read and Signed By Applicant**

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

I understand that the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that misrepresentation or omission of information or facts may results in my rejection or dismissal. I understand if hired, that during the introductory period I may be discharged without recourse. 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**Section I TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

hereby authorize:

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from to: \_\_\_\_\_  
(DATE OF EMPLOYMENT APPLICATION)

To: Prospective Employer: ProTransport & Leasing, Inc.  
5520 32<sup>nd</sup> Ave. South  
Grand Forks, ND 58201  
701-775-5346

In compliance with §40.25 (g) and 391.23(h), release of this Information must be made in a written form that ensures confidentiality, such as fax, email or letter.

Prospective employer's confidential fax number: 701-775-5358

Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

**Section II TO BE COMPLETED BY PREVIOUS EMPLOYER  
ACCIDENT HISTORY**

The applicant named above was employed by us. Yes [ ] No [ ]

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes [ ] No [ ] If yes what type? Straight Truck [ ] Tractor-Semi trailer [ ] Bus [ ]  
Cargo Tank [ ] Doubles Triples [ ] Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged [ ] Resignation [ ] Lay Off [ ] Military Duty [ ] If there is no safety performance history to report, check here [ ], sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390,15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here [ ] if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ORIGINAL PROSPECTIVE EMPLOYER

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here  , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

YES NO

- |   |     |     |
|---|-----|-----|
| 1. Has this person had an alcohol test with a result of 004 or higher alcohol concentration?  | [ ] | [ ] |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | [ ] | [ ] |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol? or controlled substance test?   | [ ] | [ ] |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | [ ] | [ ] |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed Rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | [ ] | [ ] |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | [ ] | [ ] |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained. Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Other \_\_\_\_\_

Sign X \_\_\_\_\_ X \_\_\_\_\_

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.  
Please fill out by X only.



5520 32nd Ave. S.  
Grand Forks, ND 58201

**LEADERS IN THE FIELD**

**DRIVER NOTIFICATION AND RELEASE  
FAIR CREDIT AND 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 of 1996 (Title I" Subtitle 0, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol tests results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.25 of the Federal Motor Carrier Safety Regulations.*

In order to comply with this law, we are hereby informing you, (by this notice) that the above mentioned pre-employment checks will be made following your authorization by signing this notice. You have the right to:

- REVIEW INFORMATION PROVIDED BY THE PREVIOUS EMPLOYERS WITHIN THE FIRST 30 DAYS OF EMPLOYMENT
- HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT EMPLOYER TO RESEND THE CORRECTED INFORMATION THE PROSPECTIVE EMPLOYER
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE DRIVER CANNOT AGREE ON THE ACURACY OF THE INFORMATION

See 391.23 parts 5 (h) thru (k)

All information obtained, will be used exclusively for employment purposes, and released to other persons only upon their request. As for the party being investigated, you also have the right to request this information from the agencies providing this information.

Please be informed that a refusal on your part to sign this notice will result in immediate termination of the hiring process. Further consideration of employment will be denied until such notice that this release form is signed.

I hereby authorize PRO TRANSPORT AND LEASING, INC. 5520 32nd Ave. S. Grand Forks, ND. 58201 to conduct a pre-employment background check as noted above for employment purposes.

Prospective Employee (print)

(Sign)

Social Security #

Company Official

(Date)



5520 32nd Ave. S.

Grand Forks, ND 58201

**LEADERS IN THE FIELD**

## DRIVER RECORD CHECK

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: ProTransport and Leasing, Inc.

5520 32<sup>nd</sup> Ave South

Grand Forks, ND 58201

Fax: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby understand that my driver's record will be checked.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date



**TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
Company Name:	PRO TRANSPORT & LEASING INC
Company Contact Name:	RICK OLSON
Fax #:	(701) 775-5358
HireRight Account Code:	PROTRA

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant 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 Pro Transport & Leasing, 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 Pro Transport & Leasing, 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.

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*



5520 32nd Ave. S.  
Grand Forks, ND 58201

**LEADERS IN THE FIELD**

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION  
FOR EMPLOYMENT PURPOSES**

Disclosure; Pro Transport & Leasing, Inc. hereafter called "the Company" may request from a consumer reporting agency and for employment related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com). The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information. Authorization- I hereby authorize the Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_