



Application for Employment
930 Interchange Drive Holland, MI 49423

Name _____ Date: _____
First Last Middle

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If the above address is less than 3 years, please list all previous residences below.

_____ Dates: _____
Street City State Zip

_____ Dates: _____
Street City State Zip

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State Issued: _____ CDL Class: _____

List previous states you have held a driver's license: _____

Endorsements (ie HazMat): _____

Expiration Date: _____ Are you legally eligible for employment in the United States?: _____

Position Applying For: _____ Temp: _____ Part-Time: _____ Full-Time: _____

Who Referred You?: _____ Rate of Pay Expected: _____

Are you currently employed?: _____ How long since last employment: _____

When will you be available to begin work: _____ Will you work overtime if asked: _____

Education

Circle highest grad completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2

Last School Attended: _____
Name City State

Course of Training: _____ Did you graduate: _____

Degree or Diploma: _____ What year: _____

Other special training or skills? Please list: _____

General

Have you ever been bonded? Yes or No If "yes" with what employers? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? Yes or No If "yes" describe in full: _____

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

Has any license, permit or privilege even been suspended or revoked? Yes or No

If either answer is "yes" attach a statement giving details.

Military

Did you serve in the U.S. Armed Forces? _____ If "yes" what branch? _____

Describe any training received relevant to the position for which you are applying: _____

Driving Experience

List states operated in for the last five years: _____

Which safe driving awards do you hold and from whom: _____

List the type of equipment you have operated and are competent to drive: _____

Accident Record for past 3 years or more, if none, write none:

Date:	Nature of Accident:	Fatalities:	Injuries:

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none:

Location:	Date:	Charge:	Penalty:

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employer's during the preceding 3 years. You're past employer's complete mailing address and phone numbers. Applicants to drive a commercial motor vehicle (having a G V W R for 26,001 lbs. or more, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.

Current Employer:	Telephone:
Address:	Employed (state month and year): From To
Name of Supervisor:	Weekly Pay: Start Last
State Job Title:	Do we have your permission to contact this employer?
Job Description:	Reason for Leaving:

Employer:	Telephone:
Address:	Employed (state month and year): From To
Name of Supervisor:	Weekly Pay: Start Last
State Job Title:	Do we have your permission to contact this employer?
Job Description:	Reason for Leaving:

Employer:	Telephone:
Address:	Employed (state month and year): From To
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For Office Use – Do Not Write In This Space

Complete Application		Employment History	
MVR		Interview	
Road Test		Drug Test	
Physical		Book Training	
Road Training		Verizon	
Create Files		W - 4	
I – 9		MI New Hire Form	
Policy and Procedures		Accident Policy	

Applicant Must Read and Sign

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I understand that as an applicant for a position with Teddy's Transport, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I agree to furnish such additional information and complete such examinations which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service.

I hereby authorize Teddy's Transport and/or its agents to make independent investigation which may include, but is not limited to the following areas: verification of social security number, current & previous residences, employment history, education background, character references, drug and alcohol testing, accident history, safety performance, civil and criminal history records from any criminal justice agency in or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Teddy's Transport, or its agents.

I hereby release Teddy's Transport and its agents and any person or entity, which provides information pursuant to this authorization to release, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Signature

Date

Social Security Number

**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 Teddy's Transport ("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 Teddy's Transport ("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