

DRIVER APPLICATION FOR EMPLOYMENT

BSA TRUCKING, INC.

512 Rockford Road
Dobson, NC 27017
336-374-3976

Please complete each page completely and fax or email to:

FAX: 336-374-3526

Email: regina.combs@bsatrucking.com

Required documents: Valid CDL, Valid medical card (including long form),
Social Security Card, Bank Direct Deposit information (must be voided check or letter
from bank)

Date of Application

Name DOB
 Address SSN
 City State Zip

Cell Home

List your residency for the past 3 years:

Previous Address _____

How long: _____

Previous Address _____

How long: _____

(Attach a separate sheet if more space is needed)

Driver's license Information			
State	Driver's License #	Type	Expiration

Accident Record for the past 3 years: If none, Write None			
Date	Nature of Accident	Fatalities	Injuries

Driving Experience				
Class of Equipment	Type of Equipment	Date From:	Date To:	App. # of Miles
Straight Trk				
Tractor and Semi-Trailer				
Tractor w/doubles or triples				
Other				

II EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years and including all full-time and part-time employment. All time must be accounted for, including military service, self-employment and periods of unemployment. Use supplemental sheet, if necessary.

TELEPHONE NUMBERS MUST BE INCLUDED

Current or Most Recent Employer

Are you presently employed ___yes___no _____ May we call your employer? ___yes___no _____
Address _____ Telephone _____
Position Held _____ Date from _____ Date to _____
Rate of Pay _____ # of states drive in _____
Why do you want to change employers? _____
of Accidents _____ # of Work Comp Claims _____
Please explain _____
Were you subject to FMCRs while employed? ___yes___no _____
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? ___yes___no _____

Second Last Employer

Are you presently employed ___yes___no _____ May we call your employer? ___yes___no _____
Address _____ Telephone _____
Position Held _____ Date from _____ Date to _____
Rate of Pay _____ # of states drive in _____
Why do you want to change employers? _____
of Accidents _____ # of Work Comp Claims _____
Please explain _____
Were you subject to FMCRs while employed? ___yes___no _____
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? ___yes___no _____

Third Last Employer

Are you presently employed ___yes___no _____ May we call your employer? ___yes___no _____
Address _____ Telephone _____
Position Held _____ Date from _____ Date to _____
Rate of Pay _____ # of states drive in _____
Why do you want to change employers? _____
of Accidents _____ # of Work Comp Claims _____
Please explain _____
Were you subject to FMCRs while employed? ___yes___no _____
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? ___yes___no _____

Employee Name

Fourth Last Employer

Are you presently employed ___yes ___no

May we call your employer? ___yes ___no

Address _____ Telephone _____

Position Held _____ Date from _____ Date to _____

Rate of Pay _____ # of states drive in _____

Why do you want to change employers? _____

of Accidents _____ # of Work Comp Claims _____

Please explain _____

Were you subject to FMCRs while employed? ___yes ___no

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? ___yes ___no

Fifth Last Employer

Are you presently employed ___yes ___no

May we call your employer? ___yes ___no

Address _____ Telephone _____

Position Held _____ Date from _____ Date to _____

Rate of Pay _____ # of states drive in _____

Why do you want to change employers? _____

of Accidents _____ # of Work Comp Claims _____

Please explain _____

Were you subject to FMCRs while employed? ___yes ___no

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? ___yes ___no

Sixth Last Employer

Are you presently employed ___yes ___no

May we call your employer? ___yes ___no

Address _____ Telephone _____

Position Held _____ Date from _____ Date to _____

Rate of Pay _____ # of states drive in _____

Why do you want to change employers? _____

of Accidents _____ # of Work Comp Claims _____

Please explain _____

Were you subject to FMCRs while employed? ___yes ___no

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? ___yes ___no

Seventh Last Employer

Are you presently employed ___yes ___no

May we call your employer? ___yes ___no

Address _____ Telephone _____

Position Held _____ Date from _____ Date to _____

Rate of Pay _____ # of states drive in _____

Why do you want to change employers? _____

of Accidents _____ # of Work Comp Claims _____

Please explain _____

Were you subject to FMCRs while employed? ___yes ___no

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? ___yes ___no

Employee Name

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

YES _____ NO _____

B. Do you have a pending charge or past conviction for driving while intoxicated?

YES _____ NO _____

C. Do you have a pending charge or past conviction for possession of a controlled substance?

YES _____ NO _____

D. Have you ever been refused auto liability insurance?

YES _____ NO _____

E. Do you have a pending charge or conviction for any misdemeanor or felony offense?

YES _____ NO _____

APPLICATION ADDENDUM

Federal Motor Carrier Safety Regulations 40.25 (j): The employer must ask the employee whether

he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

YES _____ NO _____

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of 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, healthcare 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.

Applicants Signature

Date

**Driver's Certification of Violations
Annual Review of Driving Record**

Date	Offense	Location	Type of Vehicle Operated

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name:

Driver's Signature: _____

Date of Certification:

ANNUAL REVIEW

This day, I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that :

_____ the driver meets the minimum requirement for safe driving, or
 _____ the driver is disqualified to drive a motor vehicle pursuant to 391.15

BSA TRUCKING CO., INC
 512 ROCKFORD ROAD
 DOBSON, NC 27017
 336-374-3976

Date of Review: _____

Reviewed By: _____

Signature & Title

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work .

Name _____

Day	Total Time On-Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was:

_____ to _____
Hour/Date Hour/Date

Signature: _____

Date: _____

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety regulations, Title 49 Code of Federal Regulations, Section 382-103, all driver/applicants for this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver _____

Driver Printed Name

Date

Notice to Drivers
DOT Required Split Sample Testing

As of August 15, 1994, Federal Regulations require all DOT drug test to be collected in accordance with split sample procedures.

With this change, th driver has the right to have the second bottle tested at a different NIDA approved lab, should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request the second bottle be tested, you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative, we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab and requirement the confirmation by done by expensive Gas Chromatography, the testing of the second bottle will cost \$225.00.

I have read the above notice and understand that I will be responsible for the cost of any subsequent testing and charges.

Driver Signature

Date

Driver Printed Name

Driver Authorization for Release of Post-Accident Documents

By reason of my inability to provide a urine sample after a reportable accident as defined by FHWA for which I received a citation for a moving violation, I

Driver Full Printed Name

Do hereby authorize the release to:

**BSA Trucking, Inc.
512 Rockford Road
Dobson, NC 27017
(336/374-3976)**

Of all hospital records and other documents that would indicate whether there were any controlled substances in my system following a motor vehicle accident I was involved in on

Date: _____, 20____, in or near

City, State

Signature: _____

Witness: _____

***** This authorization is valid until withdrawn in writing by driver. *****

I hereby acknowledge receipt of the "Drivers Information Packet." this package contains educational material and policy concerning the use of alcohol and drugs. Department of Transportation Regulations § 382.601 (d)

DRIVERS SIGNATURE: _____

Print Name

DATE:

BSA TRUCKING, INC.
512 Rockford Road
Dobson, NC 27017

*****To be maintained in the Driver Qualification File*****

I hereby acknowledge receipt of the "Drivers Information Packet."
This package contains educational material and policy concerning the use of alcohol and drugs as per Department of Transportation Regulation 382.601 (d)

Print Name:

Signature: _____

Date:

PREVIOUS EMPLOYMENT VERIFICATION

TO (Previous Employer) _____

Date _____

Applicant Name

SS#

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer.

Please complete the following items and return to us as soon as possible.

Dates of employment: From _____ To _____

Title: _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned ____ Discharged ____ Laid Off ____

Would you rehire this person? Yes _____ NO _____ REVIEW _____

Please explain: _____

Department of Transportation Regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past 3 years, has the individual listed below ever:

YES

NO

Had a verified positive drug test result? _____

Had an alcohol test result with a breath alcohol concentration of .04 or greater? _____

Refused to submit to an alcohol or drug test? _____

Had any other violations of DOT agency Drug and Alcohol testing regulations? _____

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional

Telephone

Date referred

Address

City/State

Zip

Signature of person supplying information

Title/Date

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employer to release and forward all information regarding my alcohol and substance abuse testign and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above infomation.

Applicant Signature/Date

Witness Signature/Date

Fax _____ Phone _____

Mail _____

RIGHTS

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information

1. The right to review information provided by previous employers.
2. 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.
- 3 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.

If you wish to review previous-employer provided investigative information, you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), the five-business days deadline will begin when the prospective employer received the requested safety performance history within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data, that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when request for this information is received. If the previous employer correct the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Driver Signature _____

Driver Printed Name

Date

BSA Trucking, Inc.
Direct Deposit Authorization

Name:

Address:

City State Zip

Bank Name, Branch City & State: _____

Routing Number **Account Number** **Checking or Savings**

Attach voided check and Bank letter here:

1. You may need to call your bank to verify your routing number.
2. We do not guarantee timely deposit to a Credit Union since their procedures can differ from a normal bank.
3. If you fail to advise BSA of changes to your banking information resulting in a return of funds, a processing fee may be charged to you to re-direct the funds or cut you a live check.
4. BSA must have written notice to make any changes to your account or stop Direct Deposit.
5. If you deposit funds into an account that is not in your name, signing below releases BSA Trucking, Inc. of any and all responsibility that you will get your monies.

Authorization: My signature below authorizes BSA Trucking, Inc. to deposit my paycheck and any other monies due to me into the account(s) listed above. In addition, I authorize BSA Trucking, Inc. to payroll deduct any associated fees. This authorization will remain in effect until canceled by me in writing.

Signature: _____

Date

General Consent for Queries of the
Federal Motor Carrier Safety Administration
Drug and Alcohol Clearinghouse

I hereby provide consent to BSA Trucking, Inc. to conduct a query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse, (Clearinghouse), to determine whether drug or alcohol violation information about me exists in the Clearinghouse as required for pre-employment and continued employment purposes. §382.701,(a),(b)

I understand that if the limited query conducted by BSA Trucking, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to BSA Trucking, Inc. without first obtaining additional specific consent from me. 382.703,(d)

I understand that if I refuse to provide consent for BSA Trucking, Inc. to conduct a full query of the Clearinghouse or the limited query shows that information exists in the Clearinghouse, BSA Trucking, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. §382.701,(3), 382.703,(c)

I understand I am consenting to multiple limited queries conducted over the duration of employment, (annually), and initially to a full query as required for pre-employment. §382.701,(2)

Driver Name

Date

Driver Signature _____

AUTHORIZATION FOR INVESTIGATION AND INQUIRIES

I authorize BSA Trucking to make such investigations and inquiries of my personal, employment, background, 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.) This authorization includes, but is not limited to:

Criminal Background Checks
Lawsuit Checks
PSP
MVR

I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

These investigations and inquiries are in accordance with the provisions of Section 604, 605 (b)(2) and 607 of the Fair Credit Reporting Act, Public Law 91-508 and 92-508, as ammended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208.) These reports are requiredby Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations.

In the event of employment, I understand that false or misleading information given in my application or interview 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 employers will be contacted, for the purpose of investigating my safety performance history, as required by 49CFR 391.23(d) and (e.) I understand that I have the right to:

- **Review information provided by previous employers.
- **Have errors in the information corrected by previous employers and for the previous employer to re-send the corrected information to the prospective employer; 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's Signature

Date

Print Name

Social Security Number

License Number

State

Date of Birth

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 BSA TRUCKING, 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 the action was based, in part or in whole, on this report.

When the application 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 3 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 **BSA Trucking** ("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 5 (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.fmcs.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 Carriers 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.