



**T-BROTHERS TRUCKING
SAFETY DEPARTMENT**

2204 N Westport Ave, Sioux Falls, SD 57107

Phone 605-978-9424 | Fax 651-312-4027

joesandoval@tbrothers.com

DRIVER / CONTRACTOR APPLICATION

FIRST THING'S FIRST: ARE YOU REGISTERED WITH THE US DOT DRUG & ALCOHOL CLEARINGHOUSE?

Under Federal law, you MUST be registered with the Federal Motor Carrier Safety Administration's Drug & Alcohol Clearinghouse in order for us to proceed. We also need your permission to request the information on file for you at the Clearinghouse.

If you have not yet registered, please go online and take care of that first. <https://clearinghouse.fmcsa.dot.gov/Register>

- Yes, I am registered with the Federal Motor Carrier Safety Administration's Drug & Alcohol Clearing house (check only if you are registered right now)
- I give my permission to T-Brothers Trucking to request my information at the FMCSA Clearinghouse for pre-employment purposes and annually, as long as I am leased on or work for T-Brothers Trucking. _____
(Sign or enter your name. We cannot proceed with your application until you do)

Version 01-8

Position(s) Applied for: _____ **Today's Date (mm/dd/yyyy):** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____ **Email:** _____ (no "Hotmail" addresses please)

EMERGENCY CONTACT: Name: _____ **Phone:** _____

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST **THREE (3)** YEARS

Current Address	_____	_____	_____	_____	_____
	Street	City	State	Zip Code	How Long (yrs)?

Previous Address _____

Address _____

Address _____

DRIVER LICENSE INFORMATION

List all unexpired CMV operator’s licenses and permits issued to you and all CMV operator’s licenses and permits issued to you in the past three years.

State	License No.	Class and Endorsements	CDL Class (Y/N)	Expiration Date

Driving Experience and CDL Date Required

My COMMERCIAL driver’s license (A B or C) was first obtained on _____

TYPE OF EQUIPMENT

Please describe the equipment you’ve operated (van, tank, flat, etc.)	Dates (mm/yy)		Nature and Extent or Approximate Miles
	From	To	

EDUCATION

Select the Highest Grade Completed: High School: College:

Last School Attended _____
(Name) (City)

Summarize any special job related skills or qualifications acquired from training or other experience.

_____ASADFASF

EMPLOYMENT HISTORY

List names and addresses where you were employed over the last ten (10) years.

You must include the complete address including street, city, state, zip code and phone number. (List Employers in reverse order, starting with the most recent) §391.21(10)(i) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, (11) For those drivers applying to operate a commercial motor vehicle as defined by part 383 of this sub chapter, a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years

Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:		
Supervisor: Phone:	Wage	
Did you drive a vehicle requiring a CDL? Yes No.		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:		
Supervisor: Phone:	Wage	
Did you drive a vehicle requiring a CDL? Yes No.		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

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Address:	From To	
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Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:		
Supervisor: Phone:	Wage	Reason for Leaving
Did you drive a vehicle requiring a CDL? Yes No.		
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

I HAVE MORE WORK HISTORY AND NEED MORE SPACE: (check if yes)

We need to cover every position you've held over the last ten (10) years. If you've run out of space and need additional pages, don't worry. Just check the box above and let us know when we speak.

MOTOR VEHICLE ACCIDENTS IN THE LAST THREE (3) YEARS

Check this box if NO accidents in past 3 years. _____

Date	Location	Fatalities	Injuries	Details
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	

TRAFFIC VIOLATIONS IN THE LAST THREE (3) YEARS (DO NOT INCLUDE PARKING VIOLATIONS.)

Check this box if NO violation in past 3 years. _____

Date	Violation	Location	Check if in a CMV

REVOICATIONS AND SUSPENSIONS

Have you had a license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? If yes, give circumstances in detail.

No _____ Yes _____

Date	Violation	Explanation

Note: Previous employer(s) may be contacted, and information provided may be used to investigate your background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.

(i)(i) The right to review information provided by previous employers; (i)(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; (i)(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. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **T-BROTHERS TRUCKING** to make an investigation of any of the facts set forth in this application."

All offers of employment or contract agreement are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

Applicant's Signature

Date

FAIR CREDIT 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 Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)

Each motor carrier shall require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the **preceding three (3) years (at the time of employment)** and then at least once every 12 months thereafter.

By signing this form, I authorize **T-BROTHERS TRUCKING** to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

Legal Name (First/ Middle / Last)	Social Security Number	Birth Date

Driver's License Number	State	License Expiration Date	Hire Date

Check box if NO violation in past 12 Months. (If new driver or transfer to active complete for the past 3 years)

Date	Violation	Location	Type of Vehicle

I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.

Driver's Signature: _____ Date: _____

COMPLETED BY COMPANY – Annual & Initial Review of MVR Record

T-BROTHERS TRUCKING, shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, T-BROTHERS TRUCKING must consider any evidence that the driver has violated applicable provisions of the FMCSR. T-BROTHERS TRUCKING must also 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 operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR. This review should occur at the **time of employment (for the last 3 years of driving history)** and at **least once every twelve months thereafter.**

On _____, 20____, I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that this driver; (Check One):

Meets minimum requirements for safe Driving

Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR.

Signature of Reviewer	Date

Printed Name of Reviewer	Title

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

§383.37(a) does not allow employers to knowingly use a driver whose license has been suspended, revoked or canceled.

Instructions: All drivers must read the notice and complete the certificate of compliance at time of hire.

NOTICE TO DRIVERS:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state that issued the license to that driver of such conviction within 30 days.
3. If your driver's license is suspended, revoked, or canceled, you must notify your supervisor no later than the end of the next working day following notification of driver's license suspension, revocation, or cancellation. Failure to do this may result in termination. You must never drive a company vehicle without a valid driver's license, if you do so, you may be terminated.
4. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of any and all commercial motor vehicle (over 10,000 lbs.) for the past 10 years, in addition to any other required information about the applicant's employment history.
5. You are responsible for renewing your driver's license so that you never drive a company vehicle with an expired driver's license. You must notify your supervisor immediately if your license expires and is not renewed.

CERTIFICATION BY DRIVER:

I hereby certify that I have read and understand the above driver provisions and agree to comply with all aspects of this notice per our company policy.

By signing this form, I further certify that the vehicle license listed below is the only one (license) I currently hold.

Drivers Printed Name					
Drivers Address:	Street Address	City	State	Zip Code	
License #		State		Class	

Driver's Signature: _____ Date: _____

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general drive, identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 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. After October 29, 2004, 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 the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.
I acknowledge that I have read and understand the contents of this document.

Date: _____ Signature _____

Name (print) _____

First

Middle

Last

**T BROTHERS TRUCKING LLC IS COMMITTED TO A CONTROLLED SUBSTANCE-
AND ALCOHOL-FREE WORKPLACE.**

Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances testing prior to employment and will be subject to further testing throughout their period of employment.

The FMCSA regulation requires testing for the following controlled substances (or their metabolites): marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines. The regulatory requirement is found in 49 CFR, section 40.85.

In addition to pre-employment testing drivers could be subject to additional test which include: Reasonable Suspicion, Post Accident, Random (drug and alcohol), Return to Duty and Follow Up.

I consent to the urine sample collection and testing for controlled substances and if needed the breath sample collection and testing for alcohol. I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a CMV for T Brothers Trucking LLC.

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

Name (print) _____

Date _____

Signature _____

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with **T-Brothers Trucking** ("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 **T-Brothers Trucking** 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. **T-Brothers Trucking** cannot obtain background reports from FMCSA without your authorization

AUTHORIZATION: If you agree that **T-Brothers Trucking** may obtain such background reports, please read the following and sign below:

I authorize **T-Brothers Trucking** 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 FM CSR 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 **T-Brothers Trucking** and I understand that if I sign this Disclosure and Authorization, **T-Brothers Trucking** may obtain a report of my crash and inspection history. I hereby authorize **T-Brothers Trucking** and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Name (print) _____

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. LAST UPDATED 2/11/2016

AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
(§382.413, §383.35, §390.15, §391.23)

Applicant Must fill out this box ONLY.

I hereby authorize you to provide **T-BROTHERS TRUCKING** with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

Applicant full printed name

Applicant signature

Date

The above referenced individual has made application to **T-BROTHERS TRUCKING**, as a driver. To comply with §382.413, §390.15, §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant.

From:



T-BROTHERS TRUCKING
SAFETY DEPARTMENT

2204 N Westport Ave

Sioux Falls, SD 57107

Phone: 605-978-9424

Fax: 651-312-4027

joesandoval@tbrothers.com

To:

<i>name</i>	
<i>company</i>	
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<i>phone</i>	
<i>email</i>	