

APPLICATION FOR EMPLOYMENT



Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier: Prime Express, Inc
Address: 2232 EDGEWOOD AVE NORTH, JACKSONVILLE, FL 32254

To be completed by Applicant:

Applicant's Name:	Date of Application:
Current Address:	Social Security No.:
	Date of Birth:
Length of time at this address:	Telephone No.:

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)				
Street	City	State/Zip	How long	Additional Information Attached <input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS			
State	Number	Expiration Date	Additional Information Attached <input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)		
Type	Experience in Years and / or Miles Driven	Additional Information Attached <input type="checkbox"/>

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS			
DATE	CITY/STATE	CHARGE	PENALTY

Check here to certify that no convictions or bond forfeitures have occurred

DQF 1 - APPLICATION FOR EMPLOYMENT

Retain for 3 years after ceasing duties

RECEIPT OF DRIVER'S RIGHTS

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

I acknowledge that _____ has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

Employer Name

- Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Driver's Full Name

Driver's Signature

Date

Supervisor/Authorized Motor Carrier Representative Signature

Date

Top Copy - Employer Bottom Copy - Applicant

SPH 1 - RECEIPT OF DRIVER'S RIGHTS

Retain for 3 years after the driver leaves your employment

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



GREEN / FORM NO.

SPH 2

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

RELEASE

To be completed by applicant

I, _____, hereby authorize _____
Applicant Name *Previous Employer Name*
to release information that verifies my previous employment and Safety Performance History as required by 49 CFR Part 391.23 within 30 days of receiving this authorization. By signing this release I acknowledge that the information released will be used by the Prospective Employer named below when making their hiring decision and will be kept confidential.

Driver's Full Name (Printed)

Driver's Signature

Date

Prospective Employer

Supervisor/Authorized Employer Representative

SPH 2 - DRIVER'S AUTHORIZATION

Retain for 3 years after the driver leaves your employment

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



GREEN / FORM NO.

SPH
2

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

RELEASE

To be completed by applicant

I, _____, hereby authorize _____
Applicant Name *Previous Employer Name*

to release information that verifies my previous employment and Safety Performance History as required by 49 CFR Part 391.23 within 30 days of receiving this authorization.

By signing this release I acknowledge that the information released will be used by the Prospective Employer named below when making their hiring decision and will be kept confidential.

Driver's Full Name (Printed)

Driver's Signature

Date

Prospective Employer

Supervisor/Authorized Employer Representative

SPH 2 - DRIVER'S AUTHORIZATION

Retain for 3 years after the driver leaves your employment

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



GREEN / FORM NO.

SPH
2

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

RELEASE

To be completed by applicant

I, _____, hereby authorize _____
Applicant Name *Previous Employer Name*
to release information that verifies my previous employment and Safety Performance History as required by 49 CFR Part 391.23 within 30 days of receiving this authorization. By signing this release I acknowledge that the information released will be used by the Prospective Employer named below when making their hiring decision and will be kept confidential.

Driver's Full Name (Printed)

Driver's Signature

Date

Prospective Employer

Supervisor/Authorized Employer Representative

SPH 2 - DRIVER'S AUTHORIZATION

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INQUIRY

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

Applicant's Name: _____ Social Security Number: _____

Previous Employer: _____

VERIFICATION OF EMPLOYMENT

The individual named above was employed with this company from: _____ to: _____

Position: _____ Did this position require a Commercial Driver's License (CDL)? Yes No

Reason for leaving the employment: _____

ACCIDENT INFORMATION

No accident information to report

Date of accident (as defined by Part 390.5) _____ City or Town (most near) and State _____ Number of Injuries _____ Number of Fatalities _____

Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? Yes No

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information required pursuant to your internal policies.

PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION

No prohibited drug and/or alcohol conduct to report
 Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? Yes No

Have a verified positive drug test result? Yes No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? Yes No

Did the driver undertake a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to Part 382.605 while in your employment? Yes No

Did the driver successfully complete the rehabilitation program prescribed by the SAP while in your employment? Yes No

Attach additional documentation, if available, to verify that the individual successfully completed a rehabilitation program prescribed by a SAP.

PREVIOUS EMPLOYER CONTACT INFORMATION

Part 391.23 requires previous employers who are regulated by the Department of Transportation to provide a specific contact name when responding to a Safety Performance History inquiry. This is required in the event the driver chooses to contact you regarding the information you provide.

Contact Name _____ Title _____

Telephone _____ Fax _____

Mailing Address _____

Signature of Company Official releasing this information _____ Date released _____

SPH 3 - SAFETY PERFORMANCE HISTORY INQUIRY

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INQUIRY

GREEN / FORM NO.

SPH
3

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

Applicant's Name: _____ Social Security Number: _____

Previous Employer: _____

VERIFICATION OF EMPLOYMENT

The individual named above was employed with this company from: _____ to: _____

Position: _____ Did this position require a Commercial Driver's License (CDL)? Yes No

Reason for leaving the employment: _____

ACCIDENT INFORMATION

No accident information to report

Date of accident (as defined by Part 390.5)	City or Town (most near) and State	Number of Injuries	Number of Fatalities
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Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? Yes No

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information required pursuant to your internal policies.

PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION

No prohibited drug and/or alcohol conduct to report
 Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? Yes No

Have a verified positive drug test result? Yes No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? Yes No

Did the driver undertake a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to Part 382.605 while in your employment? Yes No

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Contact Name _____ Title _____

Telephone _____ Fax _____

Mailing Address _____

Signature of Company Official releasing this information _____ Date released _____

SPH 3 - SAFETY PERFORMANCE HISTORY INQUIRY

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INQUIRY

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

Applicant's Name: _____ Social Security Number: _____

Previous Employer: _____

VERIFICATION OF EMPLOYMENT

The individual named above was employed with this company from: _____ to: _____

Position: _____ Did this position require a Commercial Driver's License (CDL)? Yes No

Reason for leaving the employment: _____

ACCIDENT INFORMATION

No accident information to report

Date of accident (as defined by Part 390.5)	City or Town (most near) and State	Number of Injuries	Number of Fatalities
---	------------------------------------	--------------------	----------------------

Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? Yes No

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information required pursuant to your internal policies.

PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION

- No prohibited drug and/or alcohol conduct to report
 - Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
- If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below.*

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? Yes No

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Part 391.23 requires previous employers who are regulated by the Department of Transportation to provide a specific contact name when responding to a Safety Performance History inquiry. This is required in the event the driver chooses to contact you regarding the information you provide.

Contact Name _____ Title _____

Telephone _____ Fax _____

Mailing Address _____

Signature of Company Official releasing this information _____ Date released _____

SPH 3 - SAFETY PERFORMANCE HISTORY INQUIRY

Retain for 3 years after the driver leaves your employment

