



COSHOCTON TRUCKING INC.

Rolling Towards the Future...

DRIVER APPLICATION

Please give complete answers to ALL questions - Incomplete answers will only slow, or stall the application and our goal is to get you hired quickly.

Today's Date



Month Day Year

Desired Position

GENERAL INFORMATION

Full Name *

First Name Last Name

Email *

example@example.com

Phone Number

Area Code Phone Number

Address

Street Address

Street Address Line 2

City

State

Zip Code

Have you lived at this address 3 years or more?

Yes

No

If no, please list previous addresses below

	Street	City	State/Zip	How Long?
Previous Address				
Previous Address				
Previous Address				

Social Security Number

No Dashes

Have you ever been known by any other name?

Yes

No

Please list name

Explain ie; maiden name, name change

If hired, can you furnish proof you are eligible to work in the U.S.?

Yes

No

Are you at least 23 years of age or older?

Yes

No

DRIVING EXPERIENCE

Class of Equipment

Straight Truck

Tractor and Semi Trailer

Tractor and Two Semi Trailers

Dump Truck

Van

Type of Trailer

Flatbed

Dump

Van

Transmission

Manual 10 Speed

Manual 13 Speed

Automatic

Have you been to truck driving school?

Yes

No

School information

School Name

Dates of attendance

School phone number

City

Area Code

Phone Number

State

Did you graduate?

Yes

No

LICENSE INFORMATION

Have you held a VALID US license for the past 36 months?

Yes

No

License Class

License Number

State of Issue

CDL Endorsements

None

Tanker

Doubles/Triples

Hazmat

X Endorsement

TWIC

Please list any licenses held in other states for the previous 5 years, include license numbers if you can.

EMPLOYMENT HISTORY

Work History: Please list current or most recent employment first.

Employer Name

City, State

Employer phone

Area Code Phone Number

Position Held

Reason for leaving

Is this your current employer?

Yes

No

May we contact this employer at this time?

Yes

No

Was this a driving position?

Yes

No

Type of truck

Type of trailer

Trailer length

Number of states driven

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

Yes

No

NEXT EMPLOYER

Employer Name

City, State

Position Held

Reason for leaving

Employer phone

Area Code Phone Number

Was this a driving position?

Yes

No

Type of truck

Type of trailer

Trailer length

Number of states driven

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

Yes

No

NEXT EMPLOYER

Employer Name

City, State

Position Held

Employer phone

Area Code Phone Number

Reason for leaving

Was this a driving position

Yes

No

Type of truck driven

Type of trailer

Trailer length

Number of states driven

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

Yes

No

NEXT EMPLOYER

Employer Name

City and State

Position

Employer Phone

Area Code Phone Number

Reason for leaving

Was this a driving position

Yes

No

Type of truck driven

Type of trailer

Trailer length

Number of states driven

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

Yes

No

If you need additional space for past employment, please enter it here and include ALL information previously asked for.

ADDITIONAL INFORMATION

Were you ever in the military?

Yes

No

Branch of service

Please list dates of enlistment

Enlist date - Discharge date

Did you receive an honorable discharge?

Yes

No

Other

Do you have, or can you obtain your DD214?

Yes

No

I can obtain one

Have you had any moving violations in the last 5 years?

Yes

No

If yes, please list City, County and State, month, year and nature of offense and any fines involved

Has your license ever been suspended?

Yes

No

Please list miles over limit for speeding

If yes, please give date and length of suspension. List reason why, city, county and state

List all details asked for

Have you had any accidents in the last 5 years?

Yes

No

If yes, please give date, explanation, city, county and state and if you received ticket/fine (amount)

Have you ever had a DUI, DWI, or OVI?

Yes

No

If yes, please list date of offense, jail time, fine and or suspension time.

Have you ever been convicted of a felony?

Yes

No

*We must have complete information to satisfy insurance carrier requirements.
If yes, please give date and nature of offense, city, county, state and any fines and time served*

Please list EVERYTHING asked for per insurance requirements

Have you ever been convicted of a misdemeanor?

Yes

No

If yes, please list date and nature of offense, city, county and state. also jail time, probation, or fines

Please list EVERYTHING asked for

HIGH SCHOOL

Highest year completed:

Name & City/State of High School

Did you graduate?

Yes

No

AUTHORIZATION, CONSENT AND RELEASE

Please scroll through, read and complete each authorization below.

Official Disclosure Statement: To be read and signed by applicant.

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.

I authorize Coshocton Trucking to make such investigations and inquiries of my personal, employment, financial or medical history and 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, health care 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.

Applicant Signature

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 1. 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 be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Name

First Name Last Name

Date



Month Day Year

Applicant Signature

DAC SERVICES/HIRE RIGHT CONSENT

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from DAC concerning previous driving records requests made by others from such state agencies and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to the nature and substance of all information in its files on me at the time of my request. Including the sources of information and the recipients of any reports on me which DAC has previously furnished within the two year period preceeding my request. I hereby consent to your obtaining the above information from DAC and I agree that such information which DAC has obtained, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Name of Applicant

First Name Last Name

Date



Month Day Year

Applicant Signature

AUTHORIZATION FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Coshocton Trucking Inc. for the purpose of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Today's Date



Month Day Year

Name

First Name Last Name

Date of Birth



Month Day Year

SSN

No Dashes

License No.

Applicant Signature

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Coshocton 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 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 Coshocton Trucking 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.

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. **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

Date



Month Day Year

Name

First Name Last Name

Applicant Signature

SSN

No Dashes