



Driver's Application for employment

First Name :	Social Security # :	
Last Name :	Home Phone # :	
Street :	Cell Phone # :	
City :	State :	Zip Code :
Email :	Date of birth :	

To be read and signed by the applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters that may be necessary to make an employment decision. (generally, inquiries of medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, previous 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 termination of my employment at any time of discovery.

I also understand 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 49 CFR 391.23(d) and (e).

Applicant Signature: _____ Date: _____

For company use only:

Date of application : _____	Applicant interviewed : _____
Date of hire : _____	Reason for not hiring : _____
Other information : _____	

Interviewing officer : _____	Date: _____



Applicant Name: _____

Social Security Number: _____

Please list your addresses of residency for the past 10 years:

Previous to Current address:

Street :		
City :	State :	Zip Code :
Phone # :	From :	To :

Previous to the above address:

Street :		
City :	State :	Zip Code :
Phone # :	From :	To :

Previous to the above address:

Street :		
City :	State :	Zip Code :
Phone # :	From :	To :

Previous to the above address:

Street :		
City :	State :	Zip Code :
Phone # :	From :	To :

Previous to the above address:

Street :		
City :	State :	Zip Code :
Phone # :	From :	To :

- Do you have legal right to work in the United States: Yes / No
- Date of Birth (Required for Commercial Drivers) : _____
- Can you provide proof of age: Yes / No
- Have you ever been tested positive for Illegal Drugs: Yes / No
- Have you ever refused a drug/alcohol test? : Yes / No
- Have you worked for this company before? : Yes / No
 - Where? : _____
 - When? : _____
 - How long : _____
 - Reason for leaving : _____
- Expected gross pay : _____/week or Month or Year
- Have you ever been convicted of a felony? : Yes / No
(If yes, please explain in a separate sheet of paper. Conviction of a crime is not an automatic bar to employment.)
- Is there any reason you might not be able to perform any of the job function of the "Job Description" you are applying for? : Yes / No
 - If yes, Please explain, if you wish:

If Yes



Applicant Name: _____

Social Security Number: _____

Please list your Employment History for the past 10 years:

Current/Last Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR?			: Yes / No
<input type="radio"/> Were you subject to Drug & Alcohol testing requirements?			: Yes / No
<input type="radio"/> Have you ever refused a Drug or Alcohol test?			: Yes / No
<input type="radio"/> Have you had any accident or injury while you were working for this employer?			: Yes / No
If yes, please explain:			

Previous to the above Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR?			: Yes / No
<input type="radio"/> Were you subject to Drug & Alcohol testing requirements?			: Yes / No
<input type="radio"/> Have you ever refused a Drug or Alcohol test?			: Yes / No
<input type="radio"/> Have you had any accident or injury while you were working for this employer?			: Yes / No
If yes, please explain:			

Previous to the above Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR?			: Yes / No
<input type="radio"/> Were you subject to Drug & Alcohol testing requirements?			: Yes / No
<input type="radio"/> Have you ever refused a Drug or Alcohol test?			: Yes / No
<input type="radio"/> Have you had any accident or injury while you were working for this employer?			: Yes / No
If yes, please explain:			

Applicant Name: _____

Social Security Number: _____

Employment History (Continued)

Previous to the above Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR? : Yes / No <input type="radio"/> Were you subject to Drug & Alcohol testing requirements? : Yes / No <input type="radio"/> Have you ever refused a Drug or Alcohol test? : Yes / No <input type="radio"/> Have you had any accident or injury while you were working for this employer? : Yes / No If yes, please explain: _____			

Previous to the above Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR? : Yes / No <input type="radio"/> Were you subject to Drug & Alcohol testing requirements? : Yes / No <input type="radio"/> Have you ever refused a Drug or Alcohol test? : Yes / No <input type="radio"/> Have you had any accident or injury while you were working for this employer? : Yes / No If yes, please explain: _____			

Previous to the above Employer information:

Company Name :			Date of Hire :
Company Address :			Leaving Date :
City :	State :	Zip :	Pay Rate :
Contact :	Phone:		Fax :
Position Held :		Reason for leaving :	
Immediate supervisor Name:			Phone # :
<input type="radio"/> Were you subject to FMCSR? : Yes / No <input type="radio"/> Were you subject to Drug & Alcohol testing requirements? : Yes / No <input type="radio"/> Have you ever refused a Drug or Alcohol test? : Yes / No <input type="radio"/> Have you had any accident or injury while you were working for this employer? : Yes / No <input type="radio"/> If yes, please explain: _____			



Applicant Name: _____

Social Security Number: _____

License Information:

Driver Licenses	State	License Number	Type	Expiration Date

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Reefer)	Dates		Approximate number of miles
		From	To	
Straight Truck				
Tractor / Semi trailer				
Tractor / 2 trailer				
Other				

List all accidents you had in the past 10 years: (Attach sheet if you need more space to complete this section)

Type	Date	Accident Detail (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

List all Traffic Conviction / Forfeitures, in the past 10 years (Other than parking violation)

Location	Date	Charge	Penalty

I acknowledge that all of the information are true and correct to the best of my knowledge. I understand that I may not be hired and/or if I am hired my employment may be terminated, if any of the above information are proved to be false at any point of time.

Signature

Date



Employment Survey

Please circle the answer that best suits your employment needs.

- **Yes** : Prefer to do.
- **Tolerable** : Do not prefer but will do, if need to do.
- **No** : Would rather quit than doing it.

1. Over-the-Road 1 night?
2. Over-the-Road 3 nights?
3. Over-the-Road 1 week?
4. Over-the-Road 2 weeks?
5. Over-the-Road 3 weeks?
6. Driver Unloading?
7. Night time Driving?
8. Daytime Driving?
9. Pick up/Delivery in NY City?
10. Weekend Deliveries? (At least 2 weekends a month)
11. Driving in Canada?

Please list any other preference or concerns you may have:

I understand that filling out this survey will play an important role in making the hiring decision for the Truck Driver position I am applying for.

I acknowledge that all of the information above is correct and true and it is my responsibility to inform the office manager **in writing**, if any of the above change.

I acknowledge that any changes may affect my employment, if I change my availability.

Name : _____

SSN: _____

Signature : _____

Date: _____



1. Background Check Authorization.

2. Driver History Request Authorization

3. Previous Employment Verification Authorization

Applicant Name _____
Address _____

Phone _____
Drivers License No. _____
Social Security # _____
Date of Birth _____

I, _____, authorize DELtaura USA Inc. and/or their representative to do all of the following verifications

- Pre employment background and criminal background investigation.
- To request and obtain my 10 year driving history information from any source including, but not limited to The Department of transportation of all 50 States of United States.
- To request and obtain my Employment history information from all my former employers, the information may include, but not limited to the **hire date, wage information, accidents, injury, disciplinary actions, drug and alcohol test history, last date of work and the reason for leaving the company.**

I understand that requesting and obtaining this information may or may not have a bearing on whether or not I am hired by DELtaura USA Inc.

Signature

Date

Previous Employment Verification



The person named below at section A has applied for a **driving position** with our company. As required by law, we need to verify the following information. We would appreciate it if you would take a few moments to verify the information in section B and to fill out sections C & D, and fax this form back to us at **(610) 985-0427**, or scan and email to **Truckerjob@deltaura.com**.

Section A.: Applicant Information

First Name:	Social Security #:	
Last Name:	Phone #:	
Address:	Date of Birth:	
City	State:	Zip Code:

Section B.: Previous Employer Information

Company Name:		Date of Hire:
Address:		Date of Separation:
City:	State:	Zip Code:
Contact:	Phone:	Fax:

I, _____, am applying for a position with DELtaura USA Inc. I hereby request and authorize _____ to release any information regarding my former employment with their organization requested by DELtaura USA Inc.

Applicant Signature

Date

Section C.: Previous Employer Verification

Date of Hire: _____ Final Day Worked: _____
 Starting Salary: _____ Ending Salary: _____
 Position Held: _____

Is the employee eligible for rehire? Yes No
 Has the employee ever had a positive drug test? Yes No
 Has the employee ever refused to take a drug or alcohol test? Yes No
 Had the employee's previous employer reported any positive drug test results? Yes No

Reason for Separation: _____

Section D.: Accident and/or Injury History

Did the employee have any accidents or injuries at work in the last three years? Yes No

If yes, please provide details: _____

	Accident / Injuries				Moving Violations		
	First	Second	Third		First	Second	Third
Date:				Date:			
Fault/Non-Fault				Type:			
Damages Paid:				State:			

I acknowledge that all of the above information is true and correct to the best of my knowledge.

Name

Signature

Title

Date

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 DELtaura USA 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 DELtaura USA 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.

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