

APPLICATION FOR EMPLOYMENT

ON TIME COURIER, INC.
3260 MILLER PIKE
LEBANON, KY 40033
1-270-692-6624

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birthday Month _____ Day _____ Year _____

Social Security # _____

Are you age 25 or older? Yes _____ No _____

Date CDL was first acquired: Month _____ Year _____

CDL License Class A _____ B _____ C _____ D _____ None _____

Drivers License # _____

Expiration Date Month _____ Year _____

Number of Years with OTR Experience _____

Do You Have HAZMAT? _____

Have You Ever Been Convicted of Felony? Yes _____ No _____

Have You Been Convicted of a Drugs
Weapons or assault Crimes Yes _____ No _____

Have You Been to Driving School Yes _____ No _____

Name Of School _____

Can Your Former Employer be Contacted? Yes _____ No _____

Name of Former Employer _____

Can You Start Work Immediately? Yes _____ No _____

If No When Can You Start? _____

Has Your License Ever Been Revoked Or Suspended? Yes _____ No _____

If Yes When And Why? _____

Have you ever Been Cited for DUI? Yes _____ No _____

If Yes When? _____

Comments You Want to Add

Sign _____ 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 _____ ("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 _____ ("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.

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

LAST UPDATED 12/22/2015

PRE- EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, section 382.301 --- pre- employment testing requirements apply to driver- applicants of this company.

382.301 Pre- Employment testing requirements

- (a) A motor carrier shall require a driver- applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver- applicant shall submit to controlled substance testing as a pre- qualification condition.
- (c) Prior to collection of a urine sample under 382.301 of this subpart, a driver- applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to give to other parties.

I have read and understand the above conditions for the Pre- Employment Urinalysis Notification.

Applicant's Name (Print)

Applicant's Signature

Company Representative's Signature

Date

Date

MOTOR VEHICLE RECORD RELEASE CONSENT

In conjunction with my potential employment at On Time Courier,

I, _____(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

If hired this authorization shall remain on file and shall serve as ongoing authorization for On Time Courier to procure such reports at any time during my employment. Commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Applicant's Full Legal Name (Print)

Date of Birth

Drivers' License #

State

Signature

Date



**General Consent for Limited Queries Of The
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to Mann
(Employee's Printed Name)
Consultant Services, Inc OR On Time Courier to conduct a limited query of the FMCSA Commercial
Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation
information about me exists in the Clearinghouse. This consent will be valid for a period of one (1)
year from the date of signature listed on this form.

I understand that if the limited query conducted by Mann Consultant Services, Inc or On time Courier
indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will
not disclose that information to Mann Consultant Services, Inc/On Time Courier without first obtaining
additional specific consent from me.

I further understand that if I refuse to provide consent for Mann Consultant Services, Inc or On Time
Courier to conduct a limited query of the Clearinghouse, On Time Courier must prohibit me from
performing safety-sensitive functions, including driving a commercial motor vehicle, as required by
FMCSA's drug and alcohol program regulations.

Employee Signature _____

Date _____