



**Richmond Office**  
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[www.PremiumDrivers.com](http://www.PremiumDrivers.com)

**DEAR APPLICANT,**

Thank you for your interest in our company. Premium Transportation Group is a professional organization specifically designed to accommodate the transportation industry. We supply professional truck drivers to clients throughout the Midwest, South and Eastern states.



The following items must be completed and returned to us via mail or fax.

\_\_\_ DOT application with 10 year work history completed.

\_\_\_ Drug, Alcohol History and Accident History Release (*sign by X only*)

\_\_\_ Copy of Current Long Form Physical

\_\_\_ Copy of Driver's License and Social Security Card

## DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. **Please read carefully and sign in the space provided if you meet these qualifications.** If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. **Must be at least twenty-three (23) years of age.**
2. **Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position.**
3. **Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.**
4. **No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.**
5. **No more than three (3) moving violations in the last three (3) years of which only one (1) can be a major moving violation.**
6. **No more than three (3) minor accidents in the last five (5) years.**
7. **Possess only one (1) driver's license and it must be from the state of residence.**
8. **Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time, return the application and come back when you have the information. We do not allow applications to be removed from the office area.**
9. **You will be required to pass a D.O.T. physical. Premium will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. Premium will not accept any physical issued for less than a one (1) year period.**
10. **You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.**

I, \_\_\_\_\_ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Job Description

**Job Title:** Driver of Semi Tractor / Trailer

**Department / Terminal** \_\_\_\_\_

**Report To:** Terminal Manager/Dispatcher/Operations Supervisor

**General Purpose:** Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

**This job description may be revised at any time as dictated by customer needs and management decision.**

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### Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

### Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

**APPLICATION**

COMPANY BD transportation  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right under 49 CFR 391.23(i)(1) to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ___ - ___ - _____		

**PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS**

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

**NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.**

## EMPLOYMENT HISTORY

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

**CURRENT OR LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**SECOND LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**THIRD LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**EMPLOYMENT HISTORY (ADDENDUM PAGE 1)**

**Driver Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**FOURTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

**FIFTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

**SIXTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**WORK EXPERIENCE (ADDENDUM PAGE 2)**

**Driver Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**SEVENTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**EIGHTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**NINTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.  
\*\*Any gaps in employment and/or unemployment must be explained.

**ATTACH EXTRA SHEETS IF NEEDED**

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(A,B, OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE \_\_\_\_ TYPE \_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
STATE \_\_\_\_ TYPE \_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____ TO _____ or _____	_____
TRACTOR & SEMI TRAILER	_____	_____ TO _____ or _____	_____
OTHER	_____	_____ TO _____ or _____	_____
LIST COMMODITIES HAULED: _____			



**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING: \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO

IF SO, WHEN? \_\_\_\_/\_\_\_\_/\_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO

*Proof of citizenship or immigration status will be required upon employment.*

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO

HAVE YOU EVER TESTED POSITIVE OR REFUSED A DOT DRUG OR ALCOHOL TEST?  YES  NO

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9f-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 may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from Hire Right Services that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from Hire Right Services concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from Hire Right Services, and agree that such information which Hire Right Services has or obtains, and my employment history with you, if I am hired, will be supplied by Hire Right Services to other companies which subscribe to Hire Right Services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO HIRE RIGHT SERVICES INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO HIRE RIGHT SERVICES FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO HIRE RIGHT SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option or either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, 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.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**PREMIUM TRANSPORTATION GROUP INC Richmond IN**

Phone: 800-367-2875

Fax: **866-406-0191**

Email: jenniferf@premiumdrivers.com

Applicant: _____		Subject: <u>EMPLOYMENT VERIFICATION</u>	
Social Security # _____		Dates per applicant: _____	
Name of Company: _____		Phone: _____	Fax: _____
City, State: _____		Contact: _____	

Dates of employment: \_\_\_\_\_  Full time  Part time

Position with your company: \_\_\_\_\_ Type of Cargo Hauled \_\_\_\_\_

Type of Vehicle Operated:  Tractor/Trailer  Straight Truck  Other \_\_\_\_\_

Type of Trailer:  Van  Flatbed  Dump  Other \_\_\_\_\_

Type of Driving:  Local  Regional  Over the Road Haz-Mat? Yes  No

Quit  Discharged please explain \_\_\_\_\_ Eligible for rehire?  Yes  No  Upon review

Total # of accidents while with your company in the last 3 years: Preventable \_\_\_\_\_ Non Preventable \_\_\_\_\_

List all DOT accidents driver had while with your company in the past 3 years and provide details as required by FMCSR §390.15(b)

Date	Description	# Fatalities	# Injuries	Hazmat Spill?

Pursuant to §391.23 of FMCSR, please provide information concerning the following questions. Within the last 3 years has this driver ever: Please circle Yes or No.

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive, adulterated or substituted test specimen for controlled substances? Yes No
- Refused to submit to any mandated alcohol or controlled substance test? Yes No
- Have you ever received information from a previous employer that this person violated DOT drug or alcohol regulations? Yes No
- Violated any DOT Drug & Alcohol Return-To-Duty requirements (including follow-up testing) requiring successful completion from a SAP rehabilitation referral? Yes No

If answering yes to any of the above questions, please give the following SAP information further reference. Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed By: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization/Liability Release**

I hereby authorize the company stated below to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to Premium Transportation Group, Inc. (or their authorized agents), which may request such information in connection with my application for employment with them. I hereby release this company from any and all liability of any type as a result of providing this information to Premium Transportation Group, Inc. This information is being requested in compliance with §40.25 and §391.23 "Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx)

Applicant Signature: \_\_\_\_\_ Company: \_\_\_\_\_

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 BD Transportation, 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 BD Transportation, 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