

BD Transportation, Inc

Application for Employment

COPY

**DRIVERS LICENSE
AND
SOCIAL SECURITY CARD
OR
BIRTH CERTIFICATE**

COPY

LONG FORM PHYSICAL WITH CARD.

**IF YOU ONLY HAVE CARD THAT WILL GET
APPROVAL.**

**YOU WILL HAVE TO REQUEST LONG FORM BE SENT
TO BD TRANSPORTATION, INC.**

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 and a half (1.5) years of recent verifiable all weather tractor-trailer experience in the past three (3) years.**
3. **Must not have no alcohol or drug violations in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.**
4. **No more than 3 jobs in the past 12 months.**
5. **Reckless/Carless driving violation will be considered on a case-by-case basis.**
6. **No more than one at fault accident in the past three (3) years**
7. **Any accidents appearing on PSP must have accident reports.**
8. **No more than three (3) moving violations in the past three (3) years.**
9. **No more than two (2) moving violations in the past 12 months.**
10. **Possess only one (1) driver's license and it must be from the state of residence.**
11. **Fill out the application completely to include ten (10) years of employment history.**
12. **Must have proof upon request of prior experience and employment.**
13. **Pass a road evaluation given by a BD representative.**
14. **Must have telephone at the time of orientation.**
15. **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 po. Misrepresentation on the application will result in immediate termination.

DATE _____

SIGNATURE _____

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, related medical conditions and lactation), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, disability, protected medical condition as defined by applicable state or local law, genetic information or any other characteristic protected by applicable federal, state or local laws and ordinances. We will endeavor to make a reasonable accommodation to the known limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

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.

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 our 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: _____

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in 49 CFR 391.21.

DRIVER EMPLOYMENT APPLICATION
 BD Transportation Inc. / 9590 Looney Rd, Piqua, OH 45356
 An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER

NAME					PHONE				
ADDRESS									
POSITION HELD				FROM MO/YR			TO MO/YR		
REASON FOR LEAVING							SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)									

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER

NAME					PHONE				
ADDRESS									
POSITION HELD				FROM MO/YR			TO MO/YR		
REASON FOR LEAVING							SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)									

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Additional Employment History

NAME					PHONE			
ADDRESS								
POSITION HELD				FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME					PHONE			
ADDRESS								
POSITION HELD				FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME					PHONE			
ADDRESS								
POSITION HELD				FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME					PHONE			
ADDRESS								
POSITION HELD				FROM MO/YR			TO MO/YR	
REASON FOR LEAVING						SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO	