

Metro Transport Services LLC

Driver Application



Personal Information

First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ Birth Date _____ Social Security Number _____

E-Mail Address _____ Drivers License Number _____ State License Issued from _____

Driving Experience

Type of Experience

Van _____ Reefer _____ Flatbed _____ Tanker _____ End Dump _____ Hopper _____ Other _____

Preferred Trailer Type _____ Position Applying For _____

Haz-Mat Endorsed _____ TWIC Card _____ Have a Passport _____ Tanker Endorsement _____

Yes No Yes No Yes No Yes No

Equipment Information (If Owner Operator)

Tractor Type _____ Model Year _____ Tractor Weight _____ Tractor Wheel base _____

In The Last Three (3) Years

Number of Preventable Accidents _____ Number of Moving Violations _____ Have you ever had your license taken away _____ Yes No

Other Items

Have you ever had a DWI/DUI Conviction _____ Yes No Date last DWI/DUI received _____

Current and Past Employment for the last 10 years

Employer

City

State

Phone Number

Position

Employed From

Employed to

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Employer

City

State

Phone Number

Position

Employed From

Employed to

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Current and Past Employment History last 10 years continued

Employer

City State

Phone Number Position

Employed From Employed to

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Employer

City State

Phone Number Position

Employed From Employed To

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Employer

City

State

Phone Number

Position

Employed From

Employed to

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Employer

City

State

Phone Number

Position

Employed From

Employed to

Was this job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

Where you subject to the FMCSR's while employed

Yes No

Reason for Leaving

Other Information

Date Available

Additional
Comments or
Employment
History

Education, Safe
Driving Awards, Etc

I certify 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.

By submitting this application I give permission to Metro Transport Services LLC. to order PSP Reports and DAC (USIS) reports consisting of employment history, criminal records, drivers abstracts and other reports necessary to determine qualification.

Check here to confirm that you agree with the above statement. I agree with the above statement Yes

Applicants Signature:

Metro Transport Services LLC

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair 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 may be obtained on you for employment purposes. These reports are required by sections 381.413, 391.23 and 391.24 of the Federal Motor Carrier Safety Regulations

Date Social Security Number

Signature:

Printed Name

Release & Documentation of Pre-Employment Testing Information by Driver / Applicant

During the past (3) three years, have you **tested positive** on a pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain safety - sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes No

During the past (3) three years have you **refused to test** on a pre-employment drug and alcohol test administered by an employer to which you applied for but did not obtain safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes No

If you answered yes to either of the questions above please provide documentation of your successful completion of the return to duty process.

Date Applicant / Drivers Printed Name

Applicant /
Drivers Social
Security Number

Signature of Applicant / Driver:

Inquiry to Former Employer

APPLICANT -

ONLY FILL OUT SECTION ONE, NAME, SOCIAL SECURITY NUMBER, SIGN AND DATE LEAVE ALL OTHER FIELDS BLANK

Section 1: Previous Employee Information and Release

Name: _____ Social Security # _____

I hereby authorize _____ to release the following information to **Metro Transport Services LLC** for the purpose of investigating and qualifying me to drive a commercial vehicle as required by the U. S. Department of Transportation and the Federal Motor Carrier Safety Regulations Parts 382, 391,392 and 49 CFR Part40. You are hereby released from any and all liability that may result from furnishing such information. **YOUR QUICK RESPONSE TO THIS REQUEST WILL BE GREATLY APPRECIATED.**

Signature _____

Date _____

APPLICANT - DO NOT COMPLETE ANY THING BELOW THIS LINE

Section 2 : Previous Employee Work History

Employed From _____ Employed To _____

Did previous employee driver a motor vehicle for you? _____ Yes _____ No

If yes, please indicate specific type(s) and time driven for you: Tractor /Trailer _____ Straight Truck _____

Any special equipment used? (Such as Doubles, Tanker, Flatbed, End Dump) _____

Was previous Employee a safe and efficient driver? _____ Yes _____ No

Was previous Employee's general conduct satisfactory? _____ Yes _____ No

Please list all accidents and violations while employed by your company _____

Reason for leaving: _____ Discharge _____ Resigned _____ Layoff _____ Other, please explain _____

Is Employee eligible for rehire? _____ Yes _____ No

Section 3 : Note: Regulations of the Department of Transportation (49CFR, Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol results, including any refusal to be tested

In the past three (3) years has the previous named applicant ever:

Tested positive for a controlled substance? _____ Yes _____ No

Tested with an alcohol concentration of 0.04 or higher? _____ Yes _____ No

Had any other violations of DOT drug/alcohol testing regulations? _____ Yes _____ No

Refused to submit to a DOT required drug/alcohol test, including a verified adulterate or substitution result? _____ Yes _____ No

Name _____ Title _____

Company Name _____ Date _____

Please fax your response as soon as possible to _____ . Thank you.