

# Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Laudick Trucking, Inc.

## Instructions to Applicant

Please answer all questions. If the answer to any question is "no" or "none", do not leave blank, but write "no" or "none." **This is very important!**

*NOTICE: All applicants receiving offers of employment will be required to pass a drug screen and criminal background check as a condition of hire. It is the policy of the Company to maintain a safe workplace free of the influence of illegal drugs and to vigorously comply with the requirements of the Drug Free Workplace Act of 1988.*

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

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ Driver's License# \_\_\_\_\_ Issuing State \_\_\_\_\_ Class \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Current Address & Three Years Previous Addresses::

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

It is agreed and understood that the motor carrier or his 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 his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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.

Are you covered by a non-compete agreement with another company? ☐ Yes ☐ No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Employment History

Give a **Complete Record** of all employment for the past 10 years, including any unemployment or self employment, and all commercial driving experience for the past 10 years.

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____ Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____ Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____ Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____ Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO



## Employment History Continued

Give a **Complete Record** of all employment for the past 10 years, including any unemployment or self employment, and all commercial driving experience for the past 10 years.

Mo/Yr	Mo/Yr	Present or Most Recent Employer
Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____
		Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____
		Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____
		Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Mo/Yr	Mo/Yr	Present or Most Recent Employer
From _____	To _____	Name _____
Phone#(_____) _____		Address _____
		Street
Position Held _____	Salary _____	
Reason For Leaving _____		City _____ State _____ Zip _____

Was this job designated as a safety sensitive function in and DOT regulated mode subject to controlled substance and alcohol testings regulations? ☐ YES ☐ NO

Class Of Equipment	Dates		Approximate # of Miles
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two-trailers			
Other			

#### Accident Record For Past Three Years

Dates	Nature Of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

#### Traffic Convictions and Forfeitures For The Last Three Years (other than parking violations)

Location	Date	Charge	Penalty

#### Driver's License (List each driver's license held for the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license , permit or privilege to operate a motor vehicle?.....YES \_\_\_ NO \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?.....YES \_\_\_ NO \_\_\_

C. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to A or B is YES, give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Drug and Alcohol Tests:

Have you ever had a positive drug or alcohol pre-hire test result? YES \_\_\_ NO \_\_\_

Have you ever had a positive drug or alcohol test as a result of random testing? YES \_\_\_ NO \_\_\_

Have you ever refused to submit to drug or alcohol testing? YES \_\_\_ NO \_\_\_

Dates of rehab completion under direction of SAP/MRO: \_\_\_\_\_

Were you referred to our company by someone that works for Laudick Trucking? YES\_\_\_\_NO\_\_\_\_

If yes, Employee's Name: \_\_\_\_\_

**Personal References:**

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

***To Be Read and Signed By Applicant***

---

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his 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 his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

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.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Laudick Trucking, Inc**  
**Past Employment Verification**  
**and Substance Abuse / Alcohol Testing Information**

Person Requesting

Verification Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates on Application: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Former Position: \_\_\_\_\_

Person Completing Verification: \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Work:

States Operated in:

Performance:

\_\_\_\_ Owner Operator

\_\_\_\_ Driver for O/O

\_\_\_\_ Company Driver

\_\_\_\_ Other

Equipment Operated:

\_\_\_\_ Reefer

\_\_\_\_ Flatbed

\_\_\_\_ Tanker

\_\_\_\_ Dry Van

\_\_\_\_ Other

\_\_\_\_ Late Deliveries

\_\_\_\_ Customer Complaints

\_\_\_\_ Equipment Damage

\_\_\_\_ Bad Attitude

\_\_\_\_ No Check Calls

\_\_\_\_ Personal Problems

\_\_\_\_ Arrests/Convictions

\_\_\_\_ Chronic Complainer

\_\_\_\_ Over Advanced

\_\_\_\_ Unauthorized Passenger

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Vio. of Co. Policy

Date: _____ P ____ NP ____ DOT: ____ Yes ____ No Description: _____	Date: _____ P ____ NP ____ DOT: ____ Yes ____ No Description: _____	Date: _____ P ____ NP ____ DOT: ____ Yes ____ No Description: _____

**Accidents:**

**Reason For Leaving:**

\_\_\_\_ Resigned With Notice

\_\_\_\_ Resigned Without Notice

\_\_\_\_ No Show

\_\_\_\_ Terminated / Disqualified

\_\_\_\_ Quit Under Load / Dispatch

\_\_\_\_ Abandoned Equipment

\_\_\_\_ Laid Off

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Eligible For Rehire? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ No (Company Policy) \_\_\_\_ With Review

**Remarks:**

**Alcohol / Substance Abuse Information:**

Was Applicant Drug Tested \_\_\_\_ Yes \_\_\_\_ No

Any Positives ? \_\_\_\_ Yes \_\_\_\_ No When \_\_\_\_\_

Any Alcohol Tests over .02% ? \_\_\_\_ Yes \_\_\_\_ No When \_\_\_\_\_

Any Refusals to Testing ? \_\_\_\_ Yes \_\_\_\_ No When \_\_\_\_\_

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to the employer identified above. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

Revised 09/06

This form completed by: \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

Follow up dates: \_\_\_\_\_ by \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

**If not received by the third attempt, call the USDOT office for help!!**

Date DOT Contacted: \_\_\_\_\_ DOT Agent Name: \_\_\_\_\_

Contacted by: \_\_\_\_\_



**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Laudick Trucking, 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Laudick Trucking, 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.