



1761 South Tyler Street  
Gladewater, Texas 75647  
Phone: 903-844-9118  
Fax: 903-844-8919

## Driver's Application for Employment

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Tommy Ellis Trucking LLC 1761 S Tyler Street Gladewater, TX 75647

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, veteran status, non-job related disability, or any other protected group status.

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

1. In connection with your application for employment with Tommy Ellis Trucking LLC ("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 not to 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 has been taken and that the action was base in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or 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 usiness 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 few copy of the report and may dispute with the FNCSA the accuracy of 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 Tommy Ellis Trucking LLC ("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.fmsca.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my requet 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 FMCSA violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I authorize you to make such investigations and inquiries of my personal, employment, financial, motor vehicle records and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from 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 understand, also, that I am required to abide by all rules and regulations of the Company.

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 understand I have the right to:

- a. Review information provided by previous employers;
- b. 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
- c. 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.

**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)

#### FOR COMPANY USE ONLY

##### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_ (If rejected, summary report of reasons should be placed in file.)  
DATE EMPLOYED \_\_\_\_\_ SIGNATURE of OFFICER \_\_\_\_\_

##### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_  
OTHER \_\_\_\_\_ SUPERVISOR SIGNATURE \_\_\_\_\_  
ADDITIONAL DETAILS \_\_\_\_\_

**APPLICATION**  
(ANSWER ALL QUESTIONS – PLEASE PRINT)

NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
LAST FIRST MIDDLE

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.

Current Address: \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY CELL PHONE

How long have you lived at your current residence? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long: \_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_ How Long: \_\_\_\_\_  
STREET CITY STATE ZIP

Do you have the right to work in the United States? \_\_\_\_\_ Rate of Pay desired: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED FOR COMMERCIAL DRIVERS)

Are you now employed? \_\_\_\_\_ If not, how long since leaving your last employer? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Other: \_\_\_\_\_

Last School Attended: (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List driver licenses or permits held in the past 3 years.

STATE	LICENSE NO.	CLASS	ENDORSEMENTS(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 B. Have any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 C. Have you ever tested positive for drugs or alcohol? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 D. If the answer to either A, B or C is YES, please provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List states operated in for the last five years. \_\_\_\_\_

List special courses or training that will help you as a driver. \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers whom the applicant operated such vehicle. By signing the driver's application for employment waiver, you agree to a full background check if less than 5 years driving experience or more than 1 year of unemployment is disclosed. (Resume may be attached, but we also need this form completed)

EMPLOYER			DATE (MO/YR)	
NAME			FROM:	TO:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON			PHONE NUMBER:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO THE FMCSR+s WHILE EMPLOYED? ___ YES ___ NO				
WAS YOUR JOB DESIGNATED AS A SEFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE				
DRUG AND ALCOHOL TESTING REQUIREMENTS AS OF 49 CFR PART 40? ___ YES ___ NO				

EMPLOYER			DATE (MO/YR)	
NAME			FROM:	TO:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON			PHONE NUMBER:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO THE FMCSR+s WHILE EMPLOYED? ___ YES ___ NO				
WAS YOUR JOB DESIGNATED AS A SEFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE				
DRUG AND ALCOHOL TESTING REQUIREMENTS AS OF 49 CFR PART 40? ___ YES ___ NO				

EMPLOYER			DATE (MO/YR)	
NAME			FROM:	TO:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON			PHONE NUMBER:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO THE FMCSR+s WHILE EMPLOYED? ___ YES ___ NO				
WAS YOUR JOB DESIGNATED AS A SEFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE				
DRUG AND ALCOHOL TESTING REQUIREMENTS AS OF 49 CFR PART 40? ___ YES ___ NO				

EMPLOYER			DATE (MO/YR)	
NAME			FROM:	TO:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON			PHONE NUMBER:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO THE FMCSR+s WHILE EMPLOYED? ___ YES ___ NO				
WAS YOUR JOB DESIGNATED AS A SEFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE				
DRUG AND ALCOHOL TESTING REQUIREMENTS AS OF 49 CFR PART 40? ___ YES ___ NO				

+The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**DRIVING EXPERIENCE**

Check YES or NO.

CLASS OF EQUIPMENT	Circle Type of Equipment	DATES (M/Y) FROM-TO	APPROX. # OF MILES
STRAIGHT TRUCK ___ YES ___ NO	VAN, TANK, FLAT, DUMP, REEFER		
TRACTOR AND SEMI-TRAILER ___ YES ___ NO	VAN, TANK, FLAT, DUMP, REEFER		
TRACTOR - TWO TRAILERS ___ YES ___ NO	VAN, TANK, FLAT, DUMP, REEFER		
TRACTOR- THREE TRAILERS ___ YES ___ NO	VAN, TANK, FLAT, DUMP, REEFER		
OTHER _____			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED ) IF NONE, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES?	INJURIES?	HAZARDOUS SPILL?
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking, transportation or other experience that may help in your work for this company. \_\_\_\_\_

\_\_\_\_\_

List Courses and Training other than shown elsewhere in this application. \_\_\_\_\_

\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already listed). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge.

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

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

Printed Name: \_\_\_\_\_