



5033 Jackson Street Williston, ND 58801

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Fax: 701-264-3803

## Application for Employment: CMV Driver

### Job Requirements:

- \*Speak, write and understand the English language proficiently.
- \*Have a smart phone with picture, voice text messaging and blue tooth capabilities.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Previous Three Years of Residency

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

### License Information

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

TOTAL YEARS OF CDL EXPERIENCE \_\_\_\_\_

### Driving Experience

Class of Equipment	Type of Equipment	Dates From-To	Approximate number of miles
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

### Accident Record/Traffic Convictions for Past Three Years (attach sheet if more space is needed)

Date Convicted	Nature of Accident/Violation	State of Violation/Location	Penalty/Comments

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: \_\_\_\_\_

Have any drug test (pre-employment, scheduled, random, or other drug test) conducted in the preceding two years resulted in a positive test result or refusal to test? ☐ Yes ☐ No

### Employment Record (Please list the past **TEN** years of employment history. **Attach sheet if more space is needed**)

Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

\_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

### To be Read and Signed by Applicant

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I hereby authorize **E-Style Transport, LLC** and its designated agents and representatives to conduct a comprehensive review of my background as condition of my employment with **E-Style Transport, LLC**. I understand that the scope of the background investigation may include, but not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public or private records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **E-Style Transport, LLC**, it's leadership/management team, and/or its agents as necessary in evaluating my qualifications for employment. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Including: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public or private records. **E-Style Transport, LLC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information.

"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 that I have the right to:

- Review information provided by current/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."

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_



E: Compliance@MVRCheck.com

## MVR Driver Authorization & Release

I understand and agree that: The information supplied on this release form is true and correct, to the best of my knowledge. The company has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records, FMCSA PSP Records, DOT Drug Testing, DOT Pre-employment Verification and Identity Verification. I hereby authorize MVRCheck.com an agent of the Company to make a thorough background investigation of all information given by me to the Company. I release from liability all persons, companies, and corporations supplying that information. Furthermore, I release and indemnify the Company and MVRCheck.com against any liability that might result from making such background checks. Upon Request, Employer or MVRCheck.com will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

**The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.**

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's SSN (Last 4): \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address (Current): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Requesting Report: E-Style Transport, LLC Company Location (State): ND

☐ Applicant requests a copy of their MVR Background Report.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### DISCLAIMER:

The services will be provided by MVRCheck.com., hereafter "MVCHK". The Client agrees that it shall be responsible for any and all actions that it takes based on any reports MVCHK provides and further agrees that it has a permissible purpose under FCRA and DPPA to request the information. The Client shall defend, indemnify, and hold MVCHK and/or its subcontractors harmless from any and all losses, claims, demands, liability, causes of action, judgments, costs, and attorney fees arising out of this Agreement, except to the extent that MVCHK is negligent. The Client hereby agrees to hold MVCHK and its officers, agents, employees, subcontractors, and independent subcontractors harmless on account of any expense, cost, or damage resulting from the publishing by the Client, or the employees, agents, or independent subcontractors of the Client, of any report information provided by MVCHK contrary to the terms of this Agreement or applicable laws, rules, or regulations. The Client certifies that the information in the reports from MVCHK will not be given to or resold to any other person or user and that the requests for information will not be made except within compliance with the FCRA and DPAA .

**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 E-Style Transport, 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 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 E-Style Transport (“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*



## EMPLOYEE'S PRE-EMPLOYMENT STATEMENT OF PREVIOUS DRUG AND ALCOHOL TESTING

Prospective Employee's Printed Name: \_\_\_\_\_

The prospective employee is required by 49 CFR Sec 40.25 (j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety- sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last two (2) years?

Check one: ☐ Yes ☐ No

2. If you answered yes, can. you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on the document is true and correct.

Prospective Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Place in employee's Drug and Alcohol File after completion.





## Vehicle Drivers Certification of Violations



**Driver Requirements:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27)

**TO BE COMPLETED BY DRIVER:**

Name of Driver (print)	ID Number	Date of employment:
Home Terminal (City, state)	Driver's License #	Expiration date:

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. (other than those I have provided under part 383)

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Drivers Signature)

### Annual Review of Driving Record 391.25 (Completed by Motor Carrier)

**Motor Carrier Instructions:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish a list of all violations of motor vehicle traffic laws and ordinances other than parking tickets of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27) Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

\_\_\_\_\_  
Name: (Last, First, M.I.)

\_\_\_\_\_  
(Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the FMCSR and HazMat Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to the violation, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

- ☐ Meets the minimum requirement for safe driving, or
- ☐ Is disqualified to drive a motor vehicle pursuant to 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Driver review action performed: \_\_\_\_\_

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carriers Name

\_\_\_\_\_  
Reviewed by: (Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Motor Carrier Address

\_\_\_\_\_  
City State and Zip of Motor carrier

Maintain this document in the Drivers Qualification File.



**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_  
Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_\_ **NO** \_\_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_\_ **NO** \_\_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_\_ **NO** \_\_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_\_ **NO** \_\_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** \_\_\_\_ **NO** \_\_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** \_\_\_\_ **YES** \_\_\_\_ **NO** \_\_\_\_

"yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date: \_\_\_\_\_