

FOR OFFICE USE ONLY:

Rev. 3/15/2016

X Endorsement: Yes ___ No ___

TWIC: Yes ___ No ___

Email: _____

Other: _____



333 N. Rivershire Drive, Suite 265
Conroe, TX 77304

Phone: (936) 756-9962 • Fax: (936) 756-9977

COMMERCIAL DRIVER APPLICATION

Date of Application: _____ Hire Date: _____

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY STATE ZIP CODE

Date of Birth: _____ Social Security No.: _____ - _____ - _____

Email Address: _____

ADDRESS COVERING THE PAST THREE (3) YEARS:

_____ How Long? _____
STREET CITY STATE ZIP CODE

_____ How Long? _____
STREET CITY STATE ZIP CODE

_____ How Long? _____
STREET CITY STATE ZIP CODE

(Attach sheet if more space is needed)

Cell Phone: _____ Other: _____

Emergency Contact: _____

Address: _____

Phone: _____ Other: _____

Have you ever worked for CW Transport before? _____ If so, where? _____

Date: From _____ to _____ Rate of Pay: \$ _____ Position: _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment: _____

Who referred you? _____

Rate of new pay expected: \$ _____

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

If the answer to either A or B is yes, attach statement giving details.

EMPLOYMENT RECORD (attach sheet if more space is needed)

NOTE: DOT requires that employment for at least three (3) years and/or commercial driving experience for the past ten (10) years be shown.

Last Employer Name: _____	
Address: _____	
Telephone: _____	Fax: _____
Position Held: _____	Supervisor: _____
Date: From _____ to _____	Salary: \$ _____
Reason(s) for Leaving: _____	

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____	
Address: _____	
Telephone: _____	Fax: _____
Position Held: _____	Supervisor: _____
Date: From _____ to _____	Salary: \$ _____
Reason(s) for Leaving: _____	

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____	
Address: _____	
Telephone: _____	Fax: _____
Position Held: _____	Supervisor: _____
Date: From _____ to _____	Salary: \$ _____
Reason(s) for Leaving: _____	

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____
Address: _____
Telephone: _____ Fax: _____
Position Held: _____ Supervisor: _____
Date: From _____ to _____ Salary: \$ _____
Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____
Address: _____
Telephone: _____ Fax: _____
Position Held: _____ Supervisor: _____
Date: From _____ to _____ Salary: \$ _____
Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____
Address: _____
Telephone: _____ Fax: _____
Position Held: _____ Supervisor: _____
Date: From _____ to _____ Salary: \$ _____
Reason(s) for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

Employer Name: _____	
Address: _____	
Telephone: _____	Fax: _____
Position Held: _____	Supervisor: _____
Date: From _____ to _____	Salary: \$ _____
Reason(s) for Leaving: _____	

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR, Part 40 (Controlled Substance & Alcohol Testing) during this period? Yes No

For driver applications or commercial motor vehicles that require a Commercial Drivers License (CDL) the application must disclose their controlled substance and alcohol status per the requirements of 49 CFR, Part 40.25 (j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and resubmitted to the prospective employer, and you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation (DOT) regulated employment history in the preceding three (3) years, and wish to review the previous employer provided investigative information, you must submit a written request to the prospective employer which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick-up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

CERTIFICATION

I certify that this application for employment was completed by me, and that all entries in it and the information contained herein are true and complete to the best of my knowledge.

Applicant's Signature

Date Signed

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire (DOH):

Time & Date of Pre-Employment CST (Previous Employer Information):

Time & Date of Pre-Employment CST Results Received:

Date first used in Safety Sensitive Position:

Date of Termination:

COMMERCIAL VEHICLE DRIVER APPLICANT

Controlled Substance and Alcohol Questionnaire

Pursuant to 49 CFR, Part 40.25 (j)

Application Date: _____

Name: _____
First *Middle* *Last*

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

49 CFR, Part 40.25 (j)

Circle One

Have you ever tested positive, or refused to test, for 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 past two (2) years?	YES	NO
If YES: Have you successfully completed the "return to duty" process?	YES	NO
NOTE: If YES: Documentation MUST BE PROVIDED before any safety sensitive transportation function is performed.		

Applicant's Signature

Date Signed

PREVIOUS EMPLOYER INFORMATION

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within thirty (30) days. Failure to comply with this request is in violation of 49 CFR, Parts 391-23 & 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Federal Motor Carrier Safety Administration.

TO: _____ DATE: _____
Former Employer's Name

Mailing Address

City/State/Zip
Telephone: _____ Fax: _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests, and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Office (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby release the above named company and its employees, officers, directors and agents, from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature: _____ Date: _____
Witness Signature: _____ Date: _____

REQUEST FROM: CW Transport, LLC CONTACT: Bryan Norvell, Operations Manager
333 N. Rivershire Dr., #265
Conroe, TX 77304 Phone: 936-756-9962 ☎ Fax: 936-756-9977

NAME OF APPLICANT: _____ SSN: _____ - _____ - _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING THREE (3) YEARS

1) Did the applicant work for you as a _____ from ____/____/____ to ____/____/____? Yes No (If NO, please attach explanation)

2) If employed as a driver, please answer the following:
Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor operated: _____
Commodities transported: _____

3) Accidents? Yes No If YES, please give date(s) and brief description of each accident: _____

4) Why did this employee leave your company? _____

5) Would you re-employ this person? Yes No If NO, please explain: _____

6) Additional Comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE(S) INFORMATION, PRECEDING THREE (3) YEARS

1) Alcohol tests with a result of 0.04 or greater? Yes No (If YES, please give date(s): _____)

2) Verified positive controlled substances test results? Yes No (If YES, please give date(s): _____)

3) Refusal to be tested? Yes No (If YES, please give date(s): _____)

4) Was rehabilitation completed as required? Yes No N/A (If YES, please give date(s): _____)

Person providing the above information:

Name: _____

Title: _____

Company: _____

Date: _____

MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS

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

(Date of Certification)

(Driver's Signature)

CW TRANSPORT, LLC
(Motor Carrier's Name)

903A Hillcrest; Conroe, TX 77301
(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
(49 CFR 391.25)

Name of Motor Carrier: CW TRANSPORT, LLC

(Name of Driver)

(Social Security Number)

This day I reviewed the driving record of the above-named driver in accordance with CFR 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS Regulations and the Hazardous Materials 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 violations, 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 this, I find that

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a motor vehicle pursuant to CFR 391.15

Date of Review

Reviewed by: Signature & Title



333 N. Rivershire Drive, Suite 265
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DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of CW Transport, LLC (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breathe, and/or blood for analysis. I understand and agree that if I, at any time, refuse to submit to a drug or alcohol test under Company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to the information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY IN THE INSTANCE OF PRE-EMPLOYMENT, POST ACCIDENT, REASONABLE SUSPECTION OR CONTRACTUAL OBLIGATION, AND I AGREE TO ANY SUCH TEST.

Employee Signature

Date

Employee Name - Printed

Company Representative Signature

Date



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Phone: (936) 756-9962 • Fax: (936) 756-9977

Company Name: CW Transport, LLC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, 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 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print Name

Social Security Number

MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Date of Certification from DMV)

(Driver's Signature)

CW TRANSPORT, LLC
(Motor Carrier's Name)

333 N. Rivershire Drive, #265, Conroe, TX 77304
(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
(49 CFR 391.25)

Name of Motor Carrier: CW TRANSPORT, LLC

(Name of Driver)

(Social Security Number)

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- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a motor vehicle pursuant to CFR 391.15

Date of Review

Reviewed by: Signature & Title

**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 CW 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 CW TRANSPORT, 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 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