

**COMMERCIAL DRIVER APPLICATION**

**Brotherton Farms Trucking LLC**  
10041 HWY 65 N, PO BOX 497 Chillicothe, MO 64601  
Phone: 660-646-9630 Fax: 660-646-4443  
Www. BrothertonTrucking.com

**APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for: Contractor Driver Contractor's Driver  
NAME \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM TO  
FROM TO  
FROM TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes No

If yes, give dates: From To

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12  
College: 1 2 3 4 Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer  
From To Name

Position Held Address

Reason for leaving Company phone ( )

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer  
From To Name

Position Held Address

Reason for leaving Company phone ( )

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



# BROTHERTON FARMS TRUCKING LLC

10041 HWY 65, CHILLICOTHE, MO 64601

## IMPORTANT DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with BROTHERTON FARMS 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 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 BROTHERTON FARMS 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 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.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BROTHERTON FARMS TRUCKING LLC

10041 HWY 65, CHILLICOTHE, MO 64601

## Authorization and Release From Liability

By completing and submitting this application for employment (including contract for services) the undersigned applicant:

Authorizes BROTHERTON FARMS TRUCKING LLC, its subsidiaries, affiliates, or its agents to investigate the background, character, general reputation, record of convictions, deferred prosecutions, pending charges, and prior employment record to ascertain any and all information of concern to applicant's record; whether same is of record or not, by contacting employers, references, or any other individuals or agencies and to otherwise verify the accuracy of the information contained within this application;

Authorizes BROTHERTON FARMS TRUCKING LLC, pursuant of the Federal Motor Carrier Safety Regulations part 382, to obtain all records regarding prior controlled substance and/or alcohol tests, including any refusals, from any company for which applicant performed a safety sensitive function or for which applicant took a pre-employment controlled substance and/or alcohol test during the preceding three (3) years;

Authorizes BROTHERTON FARMS TRUCKING LLC, to specifically obtain all records pertaining to a determination by a substance abuse professional concerning a driver's need for assistance; and records concerning a driver's compliance with recommendations of the substance abuse professional;

Authorizes and releases BROTHERTON FARMS TRUCKING LLC, its subsidiaries, affiliates or its agents for seeking, gathering and using such information as part of its evaluation process and all prior employers, references, individuals or agencies for furnishing information they may have regarding the applicant and absolve those parties who provide information from any and all liability related to their doing so;

Acknowledges that this application in no way obligates BROTHERTON FARMS TRUCKING LLC to employ the applicant; and in no way constitutes an agreement, or contract for employment. It is agreed and understood that the employment being offered is not for any specified period or definite duration of time, and employment may be terminated by BROTHERTON FARMS TRUCKING LLC, at any time, with or without cause and without prior notice, except as maybe required by law. It is further understood that the only manner in which that "at will" nature of employment may change is through a written agreement which is specifically intended to do so, and which is signed by a duly authorized officer of the company.

Acknowledges that as a condition to pre-employment, and thereafter as warranted by BROTHERTON FARMS TRUCKING LLC company policy and/or Federal Motor Carrier Safety Regulations that applicant must submit to physical examinations and controlled substance and alcohol use testing. Applicant does hereby release and hold harmless BROTHERTON FARMS TRUCKING LLC its officers, directors, agents and shareholders from any and all claims and causes of action howsoever and wheresoever's occurring from submitting to such examinations and/or controlled substance and alcohol use testing and authorize the release of test results to BROTHERTON FARMS TRUCKING LLC and BROTHERTON FARMS TRUCKING LLC's use of those results as part of its evaluation process in deciding whether employment should be offered or continued if employed;

Acknowledges and agrees that evidence of illegal alcohol or controlled substance use will be grounds for immediate termination of employment (or contract), without notice and without recourse;

Agrees that if any of the information provided in this application and/or supplemental documents changes, whether before or after employment, applicant will immediately provide BROTHERTON FARMS TRUCKING LLC with new and updated information;

Agrees that providing false, misleading or incomplete statements or material omissions in this application and/or supplemental documents or in connection with BROTHERTON FARMS TRUCKING LLC's evaluation of applicant as a candidate for employment shall be considered an act of dishonesty and will be sufficient cause for cancellation of this application or immediate termination of employment (or contract), regardless of when such information is discovered.

Acknowledges that the foregoing has been carefully read and fully understood and employment is sought under these conditions. Applicant's signature certifies that this application was completed by applicant, and that all entries and information on and contained within this application and/or supplemental documents are true and complete.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BROTHERTON FARMS TRUCKING LLC

## MVR RELEASE INFORMATION

\_\_\_\_\_, do hereby authorize the division of Motor  
Vehicles to lease my driving record to:

**Brotherton Farms Trucking LLC**

This authorization shall remain on file and in effect at any time during my  
employment period or until I file a formal withdrawal.

Driver full name: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

State: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date