

LNL Trucking, Inc.
Driver Application for Employment

In accordance with Federal and State laws, **LNL Trucking, Inc. of 2178 US 50 East, Bedford, Indiana** considers all qualified applicants without consideration to race, religion, gender, national origin, age, marital status, or disability outside of position requirements.

Applicant Name: _____ Duration of Residence: _____

Address: _____

Phone: _____ Cell: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

License Number: _____ State Issuing License: _____

As the applicant, I do hereby admit that the information provided is current and accurate, and I understand that it can be used for the purpose of investigating my safety performance as required by Department of Transportation Regulations 49 CFR 391.23 (d) and (e).

I also acknowledge that my rights as an applicant have been explained to me. I understand that I may see information submitted by previous employers, that I may have errors corrected by my previous employers, and to have the previous employers re-send the corrected statement to the employer mentioned above. Should I not agree with my previous employer, I understand that I can include a rebuttal statement with that of my previous employer.

APPLICANT'S SIGNATURE

DATE

Addresses of Residence for the past 5 years (*if resided in current residence for less than 5 years*):

Address: _____

From: _____ To: _____

Address: _____

From: _____ To: _____

Address: _____

From: _____ To: _____

Work History

To comply with 391.21 & 391.23 of the Department of Transportation Federal Motor Carrier Safety Administration, applicants must list all previous work experience for the three years prior to the date of application shown on page one, as well as all commercial driving experience accounting for a **total of 10 years**.

Please list **10 years of work history** beginning with the most recent. *(Any gaps in employment history should be accounted for on the next page).*

Current or Last Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____ Duration of Employment: _____
Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No
Was this job subject to FMSCA Regulations? Yes No

Next Previous Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____ Duration of Employment: _____
Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No
Was this job subject to FMSCA Regulations? Yes No

Third Most Recent Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____ Duration of Employment: _____
Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No
Was this job subject to FMSCA Regulations? Yes No

Fourth Most Recent Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____ Duration of Employment: _____
Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No
Was this job subject to FMSCA Regulations? Yes No

Fifth Most Recent Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____ Duration of Employment: _____
Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No
Was this job subject to FMSCA Regulations? Yes No

Work History (continued)

Driver Applicant Name: _____ Social Security Number: _____

Sixth Most Recent Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Supervisor Name: _____ Reason for Leaving: _____

Job Description: _____ Duration of Employment: _____

Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No

Was this job subject to FMSCA Regulations? Yes No

Seventh Most Recent Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Supervisor Name: _____ Reason for Leaving: _____

Job Description: _____ Duration of Employment: _____

Was this job subject to DOT Drug/Alcohol Testing as specified by 49 CFR Part 40? Yes No

Was this job subject to FMSCA Regulations? Yes No

Gaps in Employment:

From: _____ To: _____
Reason: _____

From: _____ To: _____
Reason: _____

From: _____ To: _____
Reason: _____

Commercial Driver's License Information

License #: _____ Type: _____ State: _____ Exp. Date: _____

Endorsements (check all that apply): Double/Triple Trailers Tank Vehicles
 Passenger Vehicles Hazardous Material

List any additional License(s) held in the past three (3) years:

State: _____ Expiration Date: _____

State: _____ Expiration Date: _____

Has your permit, CDL or privilege to operate a motor vehicle ever been denied, suspended or revoked?

Yes No If yes, explain: _____

Collisions

Please list all motor vehicle collisions in which you were involved (*both commercial and private vehicle*) during the three years prior to the application date. **Write "None" if none.**

Date	Description	State	# Injured	# Fatalities	Hazmat Spill?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures

Please list all traffic convictions and/or forfeitures (*both commercial and private vehicle*) during the past three years (other than parking). **Write "None" if none.**

Date	Location	Charge	Penalty

Driving Experience

Equipment Class	Equipment Type	Dates		Approx. Miles Driven
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Other				
List Commodities Hauled:				

States in which operated within the past 5 years: _____

Additional Training: _____

Safety Awards Received / from whom: _____

Additional Skills that may assist in job performance: _____

Experience with any specialized machinery not previously listed: _____

Education

Please check the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Other Training: _____

Do you have full knowledge of the federal motor carrier safety regulations? Yes No

General

Have you driven for this company before? Yes No

If yes, when? _____

Is there any reason you might be unable to perform this job's required functions? Yes No

Have you ever been convicted for a DUI, DWI or OUI? Yes No

Emergency Contact: _____

Name

Phone #

Relationship

Must be Read and Signed by Applicant

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial 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 people from all 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged 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.

X _____

Applicant Signature

Date

Driver Notification and Release

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested. This report may include the following types of information: name and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc., from federal, state and other agencies which may maintain such records, as well as information concerning; (1) previous driving record requests made by others from such state agencies, (2) state driving records, and/or (3) claims involving me in the files of insurance companies.

I authorize without reservation any party or agency contacted to furnish the above-mentioned information.

I have the right to make a request from my employer, upon proper identification, about the nature and substance of all information on me in its files at the time of my request, including the sources of information and the recipients of any reports on me, which was previously furnished within the three year period preceding my request. I hereby consent to you obtaining the above information, and I agree that such information and my employment history with you will be supplied to other companies which subscribe to the appropriate services.

PRINT NAME

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

DATE

DRIVER'S LICENSE #: _____

EXPIRATION DATE: _____

DATE OF BIRTH: _____

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver, you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) 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.

391.23(i)(2)

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five 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 business day's deadline 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 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(i)(1)

Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of the section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2)

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(i)(3)

Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(i)(4)

After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5)

The driver may submit a rebuttal initially without a request for correction or subsequent to a request for correction.

391.23(i)(6)

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information to the FMCSA following procedures specified at 386.12.

391.23(k)(1)

The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2)

The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substance information to the prospective motor carrier employer's insurer.

391.23(l)(1)

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (i)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2)

The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations (approved by the Office of Management and Budget under control number 21260004).

I, the undersigned, have received a copy of, read and understand the above-mentioned rights.

Signature

Date

Request for Check of Driving Record

I hereby authorize you to release the following information to LNL TRUCKING, INC. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(APPLICANT'S SIGNATURE)

(DATE)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(SIGNATURE OF REQUESTER)

(DATE)

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City) (State)

(Signature)