

**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).*

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Current or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
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

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Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
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

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Third Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
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

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Fourth Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
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

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Fifth Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
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

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**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: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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## 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

Do you currently have a TWIC card? Yes   No

Emergency Contact: \_\_\_\_\_

Name	Phone #	Relationship
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## 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** \_\_\_\_\_ Date

Applicant Signature

## 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, (3) claims involving me in the files of insurance companies, (4) records obtained from the Pre-Employment Screening Program (PSP) by FMCSA's Driver Information Resource.

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: \_\_\_\_\_

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

In connection with your application for employment with LNL Trucking, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize LNL Trucking, Inc. ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representative, or agents arising out of their efforts to obtain work-related information about me.

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I have read the above **Notice Regarding Background Reports** provided to me by LNL Trucking, Inc. and I understand that if I sign this consent form, LNL Trucking, Inc. and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

*I hereby authorize LNL Trucking, Inc. and its employees, agents, and affiliates to obtain the information authorized above.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

## 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(j)(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(j)(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(j)(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(j)(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(j)(5)**

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

### **391.23(j)(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

**LNL TRUCKING, INC.** \_\_\_\_\_

(Name of Company)

\_\_\_\_\_  
(Typed Name)

**P.O. BOX 192** \_\_\_\_\_

(Address)

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

**BEDFORD, INDIANA 47421** \_\_\_\_\_

(City)

(State)

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