

CONCORD TRUCKING SERVICES, INC.
P O Box 1159
FAIRPORT HARBOR, OHIO 44077 440-354-4086 FAX 440-354-4185

(PLEASE ANSWER ALL QUESTIONS – PLEASE PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital status, or non-job related disability.

Position(s) Applied For _____ Date of Application _____

Name _____ Soc. Sec. No. _____

List Residence Addresses For Last Three Years: _____ Current Phone No. _____

Current Address: _____

_____ How Long _____

Previous Address: _____

_____ How Long _____

Do you have the legal right to work in the United States? _____ Date of Birth _____

Can you provide proof of age? _____ Have you worked for Concord before? _____

If you have worked for Concord before, where? _____ When? _____

Reason for Leaving _____

Are you currently employed? _____ If no, how long has it been since leaving your last job? _____

Is there any reason you may be unable to perform functions of the job for which you have applied? _____

If yes, please explain _____

Driving Experience: If None Check Here () Circle all that apply: **VAN TANK FLAT Other** _____

Straight Truck () How Long _____ Approximate no. of miles _____

Tractor & Semi Trailer () How Long _____ Approximate no. of miles _____

Tractor & Two Trailers () How Long _____ Approximate no. of miles _____

Motorcoach – School Bus () How Long _____ Approximate no. of miles _____

List the states operated in during the past five years _____

List all special courses or training that you have had that will help you as a driver _____

Please identify any safe driving awards that you hold and identify by whom they were awarded _____

Driver's Application For Employment
CONCORD TRUCKING SERVICES, INC.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years:
complete mailing address, street number, city and state and telephone number.

Applicants to drive a commercial motor vehicle in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such a vehicle.

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT.

1. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
2. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
3. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
4. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
5. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
6. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
7. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____
8. Employer Name _____ Dates Worked: From _____ To _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____ Pay _____

Driver's Application For Employment
CONCORD TRUCKING SERVICES, INC.

Accident record for the past three (3) years. If none write none. _____

Most Recent Accident: Date _____ Description _____

_____ Any Injuries? _____ Any Fatalities? _____

Next Most Recent Accident: Date _____ Description _____

_____ Any Injuries? _____ Any Fatalities? _____

Next Most Recent Accident: Date _____ Description _____

_____ Any Injuries? _____ Any Fatalities? _____

Traffic convictions and forfeitures for the past three years (other than parking violations). If None write none.

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended _____ City & State _____

DRIVEREXPERIENCE AND QUALIFICATION

Current Driver's License No _____ State _____ Type _____ Expires _____

If previously licensed in another state, License No _____ State _____ Type _____ Expired _____

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 revoke ? Yes _____ No _____

If you have answered yes to either of the 2 preceding questions please explain _____

Driver's Application For Employment
CONCORD TRUCKING SERVICES, INC.

APPLICANT WAIVER AND CERTIFICATION

By signing this applicant waiver and certification document the applicant is authorizing the procurement of a consumer report by this company as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization to procure consumer reports at any time during employment. Additionally, by signing this document this company is disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, public record information, previous employer reviews, education records, criminal history, personal references, driving records, credit and mode of living may be obtained from federal, state and other agencies, companies, and other organizations for employment purposes as part of the pre-employment background investigation and at any time during your employment. If this company considers any information in the consumer report when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the consumer report before the decision is finalized. You will also be provided a written summary of your rights under the Fair Credit Reporting Act.

I authorize without reservation, any party or agency contacted by this company, employees, agents, and assigns to furnish the above-mentioned information.

I hereby release and discharge this company and the (CRA) Consumer Reporting Agency(s) requesting, investigating and/or providing information and/or consumer report(s) and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigative and/or consumer report of my background as set forth herein.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal. Further, I understand and agree that I may be required to take and pass a drug test as a condition for hiring and/or continued employment. (Drug testing includes pre-employment, random, reasonable suspicion and post accident testing.) I agree and consent to take such test(s) at such time as designated by this company and I release this company, its agents, officers or employees from any claim arising in connection with such test(s) or the use of the results of such test(s).

I understand and agree that if hired, my employment is for no definite period of time and may regardless of the date of payment of my wages and/or salary, be terminated, with or without cause at the option of either this company or myself at will.

PLEASE SIGN BELOW TO SIGNIFY RECEIPT OF THE FORGOING DISCLOSURES.

Print your Name _____ **Soc. Sec. No.** _____

Applicants Signature _____ **Date** _____

CONCORD TRUCKING SERVICES, INC.
INFORMATION FROM PREVIOUS EMPLOYERS

Date _____

I hereby authorize you to release the information requested below to Concord Trucking Services, Inc for the purposes of investigation as required by Section §391.23(g)(1) and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are also authorized to release all information on my controlled substance test records to Concord Trucking Services, Inc. in accordance with the DOT/FMCSR Alcohol and Drug Rules 49 CFR parts §382.405 (f,h) and §382.41 (a,b,c,e,f). You are released from any liability that may result from furnishing this information.

Applicant's Signature _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: *Concord Trucking Services, Inc*

Attention:

Street: *P.O. Box 1159 / 1100 East St.*

City, State, Zip: *Fairport Harbor, OH 44077*

Phone Number: *440-354-4086* Fax: *440-354-4185*

THIS FORM WAS (check appropriate box)

- Mailed, Date: _____
- Faxed, Date: _____
- Relayed by Phone, Date: _____

Name of Person Contacted: _____

To Whom It May Concern:

The individual named below has made application to CTSI for a position as a driver and the individual states that you employed him as a driver from _____ to _____.

Please provide the information requested below and fax or mail it to CTSI. Thank you.

Sincerely,

Concord Trucking services, Inc

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ **Phone Number:** _____

Contact Name: _____ **Fax Number:** _____

Street: _____

City, State, Zip: _____

DRIVER IDENTIFICATION

Name of Previous Employee: _____ () DOT Regulated Driver

Social Security No.; _____ **Date of Birth:** ____/____/____ () Non-DOT Regulated Driver

Employed from: _____ to _____ as _____

SAFETY PERFORMANCE HISTORY

() There is no safety performance history to report.

Driver operated a: () Straight Truck () Tractor-Semitrailer () Other (Specify) _____

() Driver did not operate a motor vehicle

Was he/she a safe efficient driver? () Yes () No Reason for leaving: () Discharged () Resigned

Was general conduct satisfactory? () Yes () No

Comments _____

ACCIDENTS:

	Date	Location	No. of Injuries	No. of Fatalities	Hazemat Material Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

() No accident register data for this driver.

() Enclosed is other accident information pursuant to the employer's internal policies for retaining accident information (§391.23(d)(2)(ii)).

DRUG / ALCOHOL ABUSE RECORDS:

Please answer the following questions for the last 2 years:

1. Was this person employed in a safety-sensitive function that required alcohol and control substance testing? (If NO, skip this section) () YES () NO
2. Has this person had an alcohol test with a BAC of .04 or more during the last 2 years? () YES () NO
3. Has this person tested positive or substituted a test specimen for controlled substance in the last 2 years? () YES () NO
4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? () YES () NO
5. Has this person have any other violations under Subpart B of Part 382, or Part 40? () YES () NO

Also included with this information, any other alcohol and substance abuse records obtained from previous employers under §40.25 or any other DOT regulations.

Comments: _____

Signature: _____ **Title:** _____
Address: _____ **Phone Number:** _____ **Date:** _____