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| Vaughan Xpress, Inc. Driver Qualification Application Instructions |

1. The information you supply on your application must be printed in ink in your own handwriting. Please answer all questions on the application form. **PLEASE PRINT LEGIBLY. DO NOT SEND ANY MEDICAL INFORMATION WITH THIS APPLICATION.** Read and follow all instructions carefully.
2. **VERY IMPORTANT!** The section entitled **“Employment Record”** must be completed correctly. You must list all employers, schools, military service, and all periods of self-employment or unemployment for the most recent **10** full years. Dates, phone numbers, and addressed must be correct with no period of time unaccounted for in the last 10 years.
3. In the section entitled **“Drivers License”**, list all licenses held in the past seven years. In the section entitled **“Traffic Convictions and Forfeitures”** and **“Accident Record”**, list all tickets and forfeitures and all accident for the past three years.

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| List all accidents regardless of fault, severity, or motor vehicle type, be it personal vehicle or business vehicle. We will check your motor vehicle report for the past 10 years, so please be accurate. |

1. The section entitled **“Notice, Authorization and Release for Pre-employment Inquiries”** must be **signed, initialed and dated.**
2. Please **sign and date the Application.**
3. Any offer of employment will be conditioned upon successfully completing: a DOT Physical and company medical screening; drug screen; criminal background check; and company road test.

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| Vaughan Xpress, Inc. Driver Qualification Application |

120 Cooley Industrial Drive, LaGrange, GA 30241

***Please print in ink in your own handwriting.***

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| **Note:** Please answer or check all questions. If the answer to any question is **“No”** or **“None”** do not leave the item blank, indicate **“No”** or **“None”.** This application will not be considered unless complete. |

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

**Applicant’s Name:** Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_Local; \_\_\_\_\_\_\_Regional; \_\_\_\_\_\_Over the Road; \_\_\_\_\_\_Roll-Off/Dump

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long There? \_\_\_\_\_\_Years\_\_\_\_\_\_Months Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence

List Residence Addresses for the past 3 years

1. Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

InCaseofEmergencyNotify:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_no

Have you ever applied at Vaughan Xpress, Inc.? \_\_\_\_\_yes \_\_\_\_\_no If so, when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of Vaughan Xpress, Inc. \_\_\_\_\_\_Equipment; \_\_\_\_\_\_\_\_Friend;\_\_\_\_\_\_\_Relative;\_\_\_\_\_\_\_Website;\_\_\_\_\_\_\_Driver

If referred by a Vaughan Xpress, Inc. employee, list his/her name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PLEASE READ CAREFULLY** |

**Minimum Qualifications:**

1. Are you at least 25 years old? \_\_\_Yes \_\_\_No
2. Do you have a minimum of 5 years over the road tractor trailer driving experience? \_\_\_Yes \_\_\_No
3. Do you have a valid Class A commercial driver license issued by the state in which you live?

\_\_\_Yes \_\_\_No

1. Have you been involved in more than 2 accidents while operating any motor vehicle? \_\_\_Yes \_\_\_No

**E.** Have you Ever been denied a licensed, permit, or privilege to operate a motor vehicle? \_\_\_\_Yes \_\_\_No

**F.** Has your motor vehicle operator’s license, permit or privilege been suspended or revoked?\_\_Yes \_\_No

**G**. Have you Ever been disqualified from driving a motor vehicle under DOT regulations? \_\_\_Yes \_\_\_No

1. Have you Ever been convicted for driving under the influence of alcohol and/or drugs? \_\_\_Yes \_\_\_No
2. Have you Ever been convicted for possession, sale, or use of a controlled substance? \_\_\_Yes \_\_\_No

If so, give the date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

1. Have you Ever been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.? \_\_\_Yes \_\_\_No
2. Have you Ever been convicted of, found guilty by reason of insanity, plead guilty, or plead no contest for, or been released from prison and/or jail for a felony (as defined by any U.S. or state law) at any time during the 10 years before the date of this application? \_\_\_Yes \_\_\_No
3. Are you under indictment or charged for a felony or are you required to register as a sex offender (as defined by any U.S. or state law)? \_\_\_Yes \_\_\_No
4. Pursuant to DOT regulations have you, within the 3 years preceding the date of this application:
5. Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated? \_\_\_Yes \_\_\_No
6. Undergone a controlled substance test in which a positive result has been verified? \_\_\_Yes \_\_\_No
7. Refused to undergo either an alcohol or drug test or had an adulterated or substituted drug test verified?

\_\_\_Yes \_\_\_No

1. Had any other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations?

\_\_\_Yes \_\_\_No

1. Successfully completed return-to-duty requirement following violation of a DOT drug or alcohol regulation?

\_\_\_Yes \_\_\_No

\*This includes all DOT regulated alcohol and drug testing including any pre-employment testing.

***IF YOU ANSWERED “YES” TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS, INCLUDING DATES.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| Employment Record for Past 10 Years |

Begin with your current or most recent job and work backwards in order, listing your employers and any periods of unemployment **for at least 10 years** including all full and part-time employment. All time must be accounted for, including military service, school, self-employment, and periods of unemployment. Use supplementary sheets if necessary.

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| Current Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Second Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Third Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Forth Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Fifth Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Sixth Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Seventh Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Eighth Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Ninth Last Employer |

From:\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Driving Experience** | | |
| **Type of Equipment Driven** | **Description of Experience/ include the year you started driving or years of experience** | **Approximate Miles Driven** |
| **Straight Truck** |  |  |
| **Tractor & Van Trailer** |  |  |
| **Tractor & Reefer Trailer** |  |  |
| **Tractor & Roll-Off Trailer** |  |  |
| **Tractor & Dump Trailer** |  |  |
| **Tractor & Flatbed Trailer** |  |  |
| **In the last 3 years, I have driven regularly in the following states:** | | |
| **General Driving Record** | | |

To date, I have driven trucks for \_\_\_\_\_\_\_\_ years, covering approximately \_\_\_\_\_\_\_\_\_\_ miles.

The date of my last accident while driving a commercial vehicle was \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_.

Since that time, I have driven approximately \_\_\_\_\_\_\_\_\_\_\_accident free miles.

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| **Driver License: List All Drivers Licenses Held in The Past Seven Years** | | | | |
| **State** | **License Number** | **Class** | **Endorsements** | **Expiration Date** |
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*If you have held a drivers license in any other name within the last 10 years, please provide the other name(s)*

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Education/Training** |

Circle the Highest Grade Completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate: \_\_\_Yes \_\_\_No Degrees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served in the U.S. Armed Forces? \_\_\_Yes \_\_\_No If yes, which Branch\_\_\_\_\_\_\_\_\_\_Dates:\_\_\_\_\_\_\_\_\_\_

Are you currently a member of the Active Reserve Forces or National Guard? \_\_\_Yes \_\_\_No

Can you read English? \_\_\_\_Yes \_\_\_\_No Speak English \_\_\_\_Yes \_\_\_\_No Write English \_\_\_\_Yes \_\_\_\_No

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| **Accident Record**  List **all** accidents within the past **three years** regardless of whether it involved a commercial or personal vehicle. Include preventable and non-preventable accidents and any that involved property damage. **If none, must write “None”.** |

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| **Date** | **Type of Vehicle** | **Nature of Accident**  **(Head on; Rear End)** | **Preventable** | **Non-Preventable** | **Haz Mat**  **Yes/No** | **Fatalities**  **Yes/No** | **Injuries**  **Yes/No** | **How many towed** | **City & State** |
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| **Traffic Violations**  **List all violations for the past 3 years.** If none, must write **“None”**. |

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| **Date** | **City/State** | **Charge-if speeding, how fast?** | **Penalty** |
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**Job Analysis:**

**Job Summary:**

1. Position requires a **Medical Examiners Certificate** as required under Sub-part E, section 391 of the Federal Motor Carriers Safety Regulations.
2. Position requires the physical demand(s) of sitting for periods up to 11 hours. In the seat and cab of a tractor (truck) during various weather and altitude (mountain elevations) driving conditions.
3. Position requires the physical demand(s) of occasional walking, kneeling, squatting stooping, reaching, grasping, pushing, pulling, and climbing, as necessary to enter/exit a truck cab and trailer cargo area and perform equipment inspections as required under Part 396 of the Federal Motor Carrier Safety Regulations.
4. Position requires the physical demand(s) of occasional walking, bending, crouching, reaching, grasping, rotating, or lifting, pulling and pushing wheeled equipment with tongue weight(s) up to 128 pounds, a distance of 1-5 feet, as requires to perform the essential function(s) of coupling and uncoupling multiple trailer combinations.
5. Position requires the physical demand(s) of occasional walking, standing, bending, crouching, squatting, grasping, reaching, rotating and lifting/carrying up to 75 pounds a distance of 1-53 feet. This may also include lifting above the shoulders and head level. The essential function(s) include, but are not limited to, monitoring loading and unloading activity, handling and securing cargo or installing safety devices (tire chains) as requires by the Federal Motor Carriers Safety Regulations.
6. Position requires the physical demand of wrist pronation and supination as necessary to operate commercial motor vehicle controls.

**Equipment/Tools:**

**Equipment-**Tractor-Trailer, tractor controls, fifth-wheel and trailer slider release, trailer landing-gear, congear (dolly), hand-truck, forklift, manual and power pallet-jack, freight cart, load locks, chain(s).

**Work Environment:**

Position is subject to irregular work schedules, occasional temperature and weather extremes, long trips, short notice for trip assignments, tight delivery schedules, delays enroute and other stresses and fatigue related to driving a large commercial motor vehicle on crowed streets and highways.

Noise intensity level(s) is mild, which are normal decibels for outdoor or indoor work.

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| **Physical/Mental Requirements** |

Do you have a current DOT physical certificate? \_\_\_Yes \_\_\_No If yes, please provide a copy.

All driver candidates seeking employment with Vaughan Xpress, Inc. must be physically and mentally able to perform the essential job functions listed in the driver’s job analysis.

ARE YOU ABLE TO :

Perform the job duties as required? \_\_\_Yes \_\_\_No If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete written logs? \_\_\_Yes \_\_\_No If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physically conduct pre-trip inspection of a tractor and trailer? \_\_\_Yes \_\_\_No

Have you ever filed a workers comp claim with a previous employer: \_\_\_Yes \_\_\_No

If Yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant must attest and certify that he/she meets or exceeds the minimum qualifications for drivers as listed in the Federal Motor Carrier Safety Regulations and Vaughan Xpress, Inc. hiring policies and procedures. Applicants also understand that they must submit and pass a pre-employment physical which includes a drug and alcohol screen procedure prior to employment and any further periodic drug screen procedure required by the Federal and State laws or Vaughan Xpress, Inc. company policy.

|  |
| --- |
| **Employee Medical Examinations** |

To help ensure that employees are able to perform their duties safely, medical examinations are required. Vaughan Xpress, Inc. reserves the right to require DOT and Non DOT physicals, based on the employees position and job requirements.

After an offer has been made to an applicant entering a designated job category, a medical examination may be performed at Vaughan Xpress, Inc.’s expense by a health professional of Vaughan Xpress, Inc.’s choice. The offer of employment and assignment to duties is contingent upon satisfactory completion of the exam. Information on an employee’s medical condition or history will be kept separate from other employee information and maintained confidential. Access to this information will be limited to those who have a legitimate need to know.

It is important and imperative to advise and inform appropriate managers upon applying or interviewing for a position with Vaughan Xpress, Inc. of any physical or mental limitations or conditions. This enables us to accommodate, modify and conform the requirement of a job to the capabilities of the employee.

CDL/DOT Requirements:

Vaughan Xpress, Inc. is required to comply with all Federal and State Department of Transportation regulations with regard to Commercial Safety Regulations.

Vaughan Xpress, Inc. does require a pre-employment physical to be completed by our physician. The cost of this is paid by Vaughan Xpress, Inc. It is also understood that if Vaughan Xpress, Inc. pays for the pre-employment physical and the employee voluntarily/involuntarily terminates employment within a 6 month period, Vaughan Xpress, Inc. shall be reimbursed the initial cost of the physical by the employee.

|  |
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|  |

Vaughan Xpress, Inc. is an Equal Employment Opportunity Employer. It is against Vaughan Xpress, Inc.’s policy for any employee to discriminate against an applicant for employment or another employee on the basis of race, sex, religious creed, age, marital status, sexual orientation, national origin, disability or any other classification protected by applicable discrimination laws. Vaughan Xpress, Inc. has been certified as a Drug Free Workplace.

Vaughan Xpress, Inc. relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data shall result in Vaughan Xpress, Inc.’s exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

The initial 90 days of employment is known as the probationary period. This applies for all new and rehired employees. The purpose of the probationary period is to determine if the employee is suitable for the environment and the work assignment as well as for Vaughan Xpress, Inc. to observe the employee and his/her work performance.

I verify that all of the information provided is correct, without fraud or deception and is verifiable. I understand that providing false information makes me ineligible for a position with Vaughan Xpress, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

Vaughan Xpress, Inc. 120 Cooley Industrial Drive LaGrange, GA 30241

**Notice, Authorization and release for pre-employment Inquiries**

**(INITIAL)** \_\_\_\_\_\_ I understand that as condition of processing my application for employment, Vaughan Xpress, Inc. is requiring that I authorize Vaughan Xpress, Inc. or its designees to conduct certain pre-employment inquiries.. I understand that, prior to signing this Notice, Authorization and Release, I have the right to end the application process and not submit to the items set forth below.

**(INITIAL)** \_\_\_\_\_\_**Authorization to Release Work Records, Other Records and Drug and Alcohol Test Results:** I hereby authorize, without liability, any person, including but not limited to previous employers, education institutions, third party agencies selected by Vaughan Xpress, Inc. to receive information, or and other institution to furnish Vaughan Xpress, Inc. information relating to any accidents in which I was involved in addition to any information they may have concerning my character, habits, ability, financial responsibility, job performance, and reasons for leaving employment. I further authorize any law enforcement agency or court of record to furnish Vaughan Xpress, Inc. information concerning my motor vehicle record, or any felony or misdemeanor of which I have been convicted. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me as a result of furnishing such information. In addition, I hereby authorize Vaughan Xpress, Inc. to obtain from my prior employers during the 3 year period preceding the date of application, information about me regarding Alcohol test with a concentration result of 0.04 or greater, positive drug test results, refusals to be tested (included verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion or return-to-duty requirements following violation of a DOT drug or alcohol regulation. I hereby authorize and consent to the release of this information by my prior employers to Vaughan Xpress, Inc. in person, by telephone, in writing or by other method of transmission ensuring confidentiality.

**(INITIAL)** \_\_\_\_\_\_ **Consumer Reports:** I understand that a criminal conviction will not necessarily bar me form employment unless such conviction relates to unsuitability for the position of which you are applying. I understand that a consumer report(s) and/or investigative consumer report(s) maybe obtained in connection with my application for and/or throughout my continued employment with Vaughan Xpress, Inc. These reports may contain the following types of information: employment history, motor vehicle record, criminal conviction record, character, general reputation, personal characteristics, mode of living and/or credit and indebtedness collected form federal, state, and other agencies that maintain such records; as well as information from any third party agency deemed appropriate by Vaughan Xpress, Inc. concerning previous driving record requests made by others from such state agencies and state provided driving records. For the most part, the information contained in the report will be obtained from public record and private commercial sources; however Vaughan Xpress, Inc. may obtain information, as appropriate, from other private sources such as personal interviews with neighbors, friends, & associates.

APPLICANT’S NAME: (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_ \_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

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

**(INITIAL) \_\_\_\_\_\_ Drug and Alcohol Testing:** I understand that in the event that I am given a conditional offer of employment (of any offer of contact for services) I understand that, pursuant to federal and state law, I will be required to undergo alcohol and drug testing. I understand that I will be required to provide urine, hair or other biological samples to be tested for the presences for controlled substances for controlled substances. If employed, I will be required to submit to drug and/or alcohol test as required by Vaughan Xpress, Inc. Controlled Substance and Alcohol Use and Testing Policy and/or federal or state regulations. In the event of post-accident drug testing, I understand that any sample submitted for testing pursuant to Vaughan Xpress, Inc. policy, shall become property of Vaughan Xpress, Inc.

**(INITIAL) \_\_\_\_\_\_ Pre-employment Full Medical Examination:** I understand and agree that, in the event I am given a conditional offer of employment, Vaughan Xpress, Inc. may condition acceptance of that offer on my satisfactory completion of Vaughan Xpress, Inc. full medical examination. This examination will be conducted by physicians chosen by Vaughan Xpress, Inc. Satisfactory completion of the Medical Examination means obtaining a DOT Medical Examiners Certification, good for one year, full disclosure of complete medical history, and a determination that I can perform the essential functions of the position of Long Haul Semi Tractor Driver. I further understand, that as a part of this medical examination, follow-up inquires may be made, which may include obtaining and reviewing prior medical records and/or worker’s compensation records. I understand that providing false, misleading, or incomplete information during this or any medical examination may be grounds for disqualification or, if employed, termination of employment.

**(INITIAL)\_\_\_\_\_\_\*\*IMPORTANT NOTICE REGARDING BACKGROUND REPORTS OBTAINED FORM PSP ONLINE SERVICE.** In connection with your application for employment with Vaughan Xpress, Inc. (“Prospective Employer”), Prospective Employer may obtain one or more reports regarding your driver, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 FMCSA report upon which its decision was based. If you are concerned with the criteria used to process your application with regard to this information or wish to obtain the FMCSA report, along with a brief acknowledgement of whether the information contained in the FMCSA report affected the Prospective Employer’s hiring decision, you must submit a written request for a copy of the report to the Safety Department. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. Your signature at the bottom of this document signifies that you agree to allow the Prospective Employer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding your commercial driving safety record and information including crash data from the previous five years and inspection history from the previous three years. You further understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding your suitability as an employee.

**(INITIAL)\_\_\_\_\_\_** You 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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you are challenging 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. You have read the above Notice Regarding Background Reports provided to you by Prospective Employer and you understand that if you sign this consent form, Prospective Employer may obtain a report of your crash and inspection history. Your signature below hereby authorizes Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

**(INITIAL)\_\_\_\_\_\_ Application Rights:** I have the right to make a request to any third party agency deemed appropriate by Vaughan Xpress, Inc. upon proper identification, to request the nature of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which any third party agency deemed appropriate by Vaughan Xpress, Inc. has previously furnished within a two year period preceding my request. I also understand that I have the right to review information provided by previous employers, to have any errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Vaughan Xpress, Inc. and to have a rebuttal statement attached if the previous employer and I cannot agree on the accuracy of the information.

**(INITIAL)\_\_\_\_\_\_** If hired, I understand that periodic consumer reports may be ran pursuant to company policy and this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the federal and state Fair Credit Reporting Acts, as well as additional information on rights under the applicable laws.

**(INITIAL)\_\_\_\_\_\_** This certifies that the 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. Any false, misleading, or incomplete statement to the information requested in this application or on DOT physical shall be sufficient grounds for denial of employment or if hired , discharge from employment. Any offers of employment will be conditioned upon successfully completion DOT physical and company screening, drug screen, criminal background check and company road test.

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

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

Vaughan Xpress, Inc.

**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provisions of Section 604(b)(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 382.412, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants Signature Date

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Social Security Number

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosure**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date



**GCIC CONSENT FORM**

**I hereby authorize HireRight, LLC to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name (print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex Race Date of Birth Social Security Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Special employment provisions (check if applicable):**

**\_\_\_\_\_\_\_\_\_ Employment with mentally disabled (Purpose code M)**

**\_\_\_\_\_\_\_\_\_ Employment with elder care (Purpose code N)**

**\_\_\_\_\_\_\_\_\_ Employment with children (Purpose code W)**

**\_\_\_\_\_\_\_\_\_ Housing/Regular Employment**

**\_\_\_\_\_\_\_\_\_ Other**

**One of the following must be checked:**

**\_\_\_\_\_ This authorization is valid for -–90 days--/--180 days-- (circle one)**

**from the date of signature.**

**OR**

**\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.**

**Pre-employment Drug Testing**

**Notification and Consent**

**Vaughan Xpress, Inc.**

**120 Cooley Industrial Drive**

**LaGrange, GA 30241**

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substance: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company’s medical review officer before any positive drug test result is reported to the company.

The results of the drug test will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any test will not be released to any additional parties except as provided in 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

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

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS***

1

**IMPORTANT DISCLOSURE**

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

In connection with your application for employment with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“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 appear2

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 P

**CONFIDENTIAL PAST EMPLOYER INQUIRY**

|  |
| --- |
| **I hereby authorize you to release the following information to Vaughan Xpress, Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.**  **I hereby authorize my previous employer to release and forward all information on my Alcohol and Controlled Substances Testing/Training records and any other records requested to Vaughan Xpress, Inc. in compliance with Section 382.405 (f through h) and Section 382.413 (a through g).**  Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***APPLICANT DO NOT COMPLETE ANYTHING BELOW THIS LINE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Dear Sir/Madam:

The above named individual has applied to **Vaughan Xpress, Inc.** for a position as a DRIVER and states that he/she was employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below.

Sincerely, Vaughan Xpress, Inc. Return Fax # 706-885-1249

1. Employed from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OTR/Regional/Local Driver)
2. Did he/she drive a commercial vehicle for you?

Straight Truck? \_\_\_\_\_\_\_\_\_ Tractor/Semi-Trailer? \_\_\_\_\_\_\_\_\_Bus? \_\_\_\_\_\_\_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_

1. Reason for leaving your company: Discharged \_\_\_\_\_\_\_\_\_ Resignation \_\_\_\_\_\_\_\_\_ Lay Off \_\_\_\_\_\_\_\_\_ Military Duty \_\_\_\_\_\_\_\_\_ Explain (if Necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Was his/her general conduct Satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligible for Rehire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your opinion by placing an X in the appropriate column:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHARACTERISTICS | **EXCELLENT** | **GOOD** | **FAIR** | **POOR** |
| Disposition, Tact, Ability to Get Along with Others |  |  |  |  |
| Initiative |  |  |  |  |
| Safety Habits |  |  |  |  |
| Attitude |  |  |  |  |
| Driving Skills |  |  |  |  |

**ACCIDENT RECORD**

**Please list ALL accidents, including preventable and non-preventable accidents and any that involved property damage. If none, write NONE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Type of Vehicle** | **Nature of Accident** | **Preventable** | **Non-Preventable** | **Hazardous Material** | **Fatalities Yes/No** | **Injuries Yes/No** | **Amount of Property Damage** | **City/State** |
|  |  |  |  |  |  |  |  |  |  |
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**Other Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle one:**

1. Has this person ever tested positive for a controlled substance in the past three years? YES NO
2. Has this person had an alcohol test with a B.A.C. of 0.04 or greater in the past three years? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the past three years? YES NO
4. Has this person had other violations of D.O.T. agency Drug & Alcohol Regulations in the past three years? YES NO
5. Has this person violated a D.O.T. drug or alcohol regulation in the past three years? YES NO
6. If yes, has this person successfully completed follow-up and return to duty testing? YES NO (This includes any information obtained from previous employers relating to drug and alcohol testing.)

If you answered yes to any of the above questions, please give the SAP’s name, address, and phone number for further reference:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Signature X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR COMPANY USE ONLY**

**Employee information sheet**

Date Hired: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate per hour \_\_\_\_\_\_\_\_\_\_ Endorsements \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate per mile \_\_\_\_\_\_\_\_\_\_ Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last day worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_