



AMERICA'S SERVICE LINE, LLC.

AMERICA'S SERVICE LINE, LLC.

1814 N. Elizabeth Street Green Bay, WI 54302

Phone (920) 430 8427 Fax (920) 430-8433

Recruiting Toll Free 800-996-6440 ext.204

www.americasserviceline.com

APPLICATION FOR QUALIFICATION

DRIVERS RIGHTS TO REVIEW BACKGROUND CHECK- Dear Applicant: Per FMCSR 391.21(d); before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used and the applicants prior employers may be contacted for the purpose of investigating the applicants safety performance history information. The prospective motor carrier must also notify the driver in writing of his/her due process rights as specified in 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights (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 motor carrier; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver can not agree on the accuracy of the information.

Driver Applicant Printed Name: _____ Driver Applicant Signature: _____ Date: _____

Answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Position applying for; Check One: Owner Operator Company Driver City Driver Spotter Fleet Driver (Fleet Owner Name) _____

Name _____ Phone: () _____ Cell: () _____

Email Address: _____

Current Address:

Street _____ City _____ State _____ Zip _____ Dates Resided _____

Three Years Previous Addresses:

Street _____ City _____ State _____ Zip _____ Dates Resided _____

Street _____ City _____ State _____ Zip _____ Dates Resided _____

Social Security Number _____ Date of Birth _____ *Age _____

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

In case of emergency notify: _____ Phone: () _____

Contact's address: _____

Have you worked for this company under a different name? Yes No If yes, list name and dates: _____

Are you currently employed/leased? Yes No If not, how long since? _____

Education History: Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Name and Address of last school attended: _____

EMPLOYMENT RECORD: Applicants are to provide 10 years past employment history. For most recent 3 years provide a complete history of ALL employers including; dates employed, roles, complete mailing address and reason for leaving. Years 4 through 10, your need only list employers where you operated a commercial motor vehicle. *NOTE:* List employers in reverse order, starting with most recent. Attach another sheet if necessary. Account for any gaps in employment between employers. Sec. 391.21(b) (10) (11)

Current Employer:

Name: _____ Phone () _____

Address: _____
Street City State Zip

Position held: _____ Dates: ____/____/____ to ____/____/____

Equip driven: _____ Areas Driven: _____

Were you regulated by FMCSR while employed/leased here? Yes No

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

Reason for leaving: _____

Next Previous Employer:

Name: _____ Phone () _____

Address: _____
Street City State Zip

Position held: _____ Dates: ____/____/____ to ____/____/____

Equip driven: _____ Areas Driven: _____

Were you regulated by FMCSR while employed/leased here? Yes No

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

Reason for leaving: _____

Next Previous Employer:

Name: _____ Phone () _____

Address: _____
Street City State Zip

Position held: _____ Dates: ____/____/____ to ____/____/____

Equip driven: _____ Areas Driven: _____

Were you regulated by FMCSR while employed/leased here? Yes No

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

Reason for leaving: _____

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Address: _____
Street City State Zip

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Equip driven: _____ Areas Driven: _____

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

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Were you regulated by FMCSR while employed/leased here? Yes No

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

Reason for leaving: _____

Driver Experience & Qualification: List all licenses held in the past three years

Driver's License Number	State	Expiration	Endorsements
Driver's License Number	State	Expiration	Endorsements
Driver's License Number	State	Expiration	Endorsements

Straight Truck Tractor and Semi-trailer Doubles Triples Other _____
 List states operated in, for the last five years: _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. YES NO
 B. Has any license, permit or privilege ever been suspended or revoked? YES NO
 C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
 D. Have you ever been convicted of a felony?..... YES NO

If the answers to A, B, C or D is "YES"; give details _____

Accident Review for past three years (attach sheet if more space is needed)

Date	Type (Head on, rear end, upset, etc.)	State	Fatality <input type="checkbox"/>	Injury <input type="checkbox"/>	Tow <input type="checkbox"/>	Citation/Type
Date	Type (Head on, rear end, upset, etc.)	State	Fatality <input type="checkbox"/>	Injury <input type="checkbox"/>	Tow <input type="checkbox"/>	Citation/Type
Date	Type (Head on, rear end, upset, etc.)	State	Fatality <input type="checkbox"/>	Injury <input type="checkbox"/>	Tow <input type="checkbox"/>	Citation/Type

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

Date	Charge	State	Penalty
Date	Charge	State	Penalty
Date	Charge	State	Penalty

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to operate a motor vehicle under lease to this company. It is also agreed and understood that the motor carrier or it's agents may investigate the applicants background to ascertain and all information of concern to the applicant's record, whether same is of record or not, and applicant released employers and persons named herein from all liability for any damages on account of his/her furnishing such information, I understand that nothing contained in this application or in the granting of any interview or road test is intended to create an employment contract between this company and the applicant, for either employment, authorization to drive or for the providing of any benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and completion of a human performance evaluation including a Department of Transportation physical. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired and lease revoked at any time with or without notice and with or without cause. This certifies that this application was completed by me, and that all entries on and information in it are true and complete to the best of my knowledge. I understand that all employment language, including but not limited to "employer", "employee", and "employment" are used in conjunction with the requirements specified in FMCSR 3*91 and is not being construed as an offer of employment.

Applicant Signature _____ Date _____

DRIVER APPLICATION DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

Part 40.25 (j) requires the company to ask any applicant, whether he or she has tested positive, or refused, on a pre-qualification drug or alcohol test administered by a company which the applicant applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the applicant admits that he or she had a positive test, or refusal to test, we must not use the applicant to perform safety sensitive functions until and unless the applicant provides documentation of successful completion of return to duty process. (See Section 40.25(b)(5) and (e).

Print Name: _____ SSN Number: _____

As an applicant, applying to perform safety sensitive functions for America's Service Line, LLC., you are required by CFR Part 40.25(j) to respond to the following questions:

1. **Have you tested positive, or refused to test, on any pre-qualification drug or alcohol test administered by a company to which you have applied to, but did not obtain safety sensitive work covered by DOT agency drug and alcohol testing rules for the past two years?**

Yes No

2. **If you answered "Yes" to the above question, can you provide evidence that you successfully completed the DOT return to duty requirements?**

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ **Date:** _____

Disclosure Statement

READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

By this document, America's Service Line, LLC, discloses to you that a consumer report, including investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for qualification purposes as part of the pre-qualification background investigation and at any time during your relationship with the motor carrier. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested ad a written summary of your rights under the Fair Credit Reporting Act.

Please sign below to signify receipt of the foregoing disclosure.

Applicants Printed Name: _____ Signature: _____ Date: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Companies for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility for qualification, that I have the right to review this information and rebut any errors in these statements from my previous companies, as described in the FMCSR Part 391.23.

I (print name) _____, hereby authorize these companies to release all records of work history, including assessments of my performance, ability and fitness, including dates of any and all alcohol or drug tests, to America's Service Line, LLC. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents), which may request such information in connection with my application with said company.

List Previous Companies: _____ Dates Worked _____ List Previous Companies: _____ Dates Worked _____

I hereby release these companies, and their employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant Signature _____ SSN _____ Today's Date _____

Previous Company to Complete The following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no safety performance history is available on above-named applicant check here..... YES NO

The above driver has submitted an application to our Company and states he/she worked for you from _____ to _____. Please complete the information below for use for verification purposes.

Employment dates: _____ until _____ Job title: _____ Subject to FMCSR's? Yes No

Reason for leaving your company: Discharged Resigned Lay-off Military Duty Other: _____

General areas traveled: _____ Commodities hauled: _____

3-Yr ACCIDENT HISTORY No accidents in last 3 years. Eligible to re-qualify? Yes No Upon Review

Date	City/St	#Injuries	#Fatalities	Tow	Date	City/St	#Injuries	#Fatalities	Tow
_____	_____	_____	_____	<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

In the 3 years prior to the applicants dated signature above, did the named individual have:

- 1) Alcohol test with a result of 0.04 or higher? Yes No
- 2) Verified positive drug test results? Yes No
- 3) Any refusals to be tested? Yes No
- 4) Any other violations of DOT agency drug and alcohol testing regulations? Yes No
- 5) Did a previous employer report any drug or alcohol rule violation to you? Yes No
- 6) If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

**If you answered "yes" to 5, you must provide the previous employers report.. if you answered "yes" to 6 you must forward the appropriate return-to-duty documents (e.g. SAP reports, follow-up testing, etc).

Completed by: _____ Title: _____ Date: _____

Comments: _____

AMERICA'S SERVICE LINE, LLC.
NEW DRIVER INFORMATION

NAME: _____ DATE: _____

STREET ADDRESS: _____

HOME CITY/STATE/ZIP: _____

PHONE: _____ CELL PHONE: _____

SPOUSE'S NAME: _____

WEEKLY MILEAGE: _____ WEEKLY REVENUE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

COMMENTS: _____

Drivers, Please read carefully and sign below.

Due to the nature of our business we deliver freight 365 days a year. Our major freight lanes include deliveries to the East coast, Northeast, Southeast, and Midwest. All drivers will be required to run these areas.

In addition, if you require time off you must give your driver manager a 2 week notice prior to taking time off. Also, when scheduling time off for a doctor, dentist, attorney etc. appointments must be scheduled later in the week. Due to the volume of deliveries on Monday and Tuesday it will no longer be acceptable to schedule time off for appointments on Monday or Tuesday.

DRIVER SIGNATURE _____ DATE _____

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

In connection with your application for driver qualification with **America's Service line, LLC** it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If **America's Service Line, LLC** uses any information it obtains from FMCSA in a decision to not qualify you or to make any other adverse qualification decisions regarding you, **America's Service Line, LLC** 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, **America's Service Line, LLC** will notify you that the action has been taken and that the action was based in part or in whole on this report. **America's Service Line, LLC** cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the **America's Service Line, LLC** may obtain such background reports, please read the following and sign below:

I authorize **America's Service Line, LLC** 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 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. I understand and acknowledge that this release of information may assist **America's Service Line, LLC** to make a determination regarding my suitability as a qualified driver.

I further understand that neither the **America's Service Line, LLC** 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by **America's Service Line, LLC** and I understand that if I sign this consent form, **America's Service Line, LLC** may obtain a report of my crash and inspection history. I hereby authorize **America's Service Line, LLC** and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Name (Please Print) _____