

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY SECTION 391 - D.O.T. SAFETY REGULATIONS

Applicants are considered for positions without regard to race, color, creed, age, sex, handicap or national origin.

Motor Carrier:

Carolina Tank Lines, Inc.
3255 Maple Avenue / PO Box 2827
Burlington, NC 27216
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.
705 Cross Street / PO Box 690
Russellville, AL 35653
256-740-5538

I. GENERAL

Please Print Plainly And Complete All Blanks

Name:	_____	Home Phone:	_____
	First Middle Last		
Email:	_____	Cell Phone:	_____
Current Address:	_____		
	Number Street City State Zip code		
Other Addresses:	_____		
Past 3 Years	Number Street City State Zip code		
	Number Street City State Zip code		

Date Of Birth	Social Security No.	Height	Weight	Marital Status	Single	Married
- -	- -	' "	lbs.	(Circle One)	Divorced	

Name Of Spouse:	_____	Telephone:	_____
	First Middle Last		
Emergency Contact:	_____	Telephone:	_____
	First Last Relationship		

Give Three Personal References: (Other Than Relatives)

Name:	_____	Daytime Phone:	_____
Name:	_____	Daytime Phone:	_____
Name:	_____	Daytime Phone:	_____

Military Status					
Have you served in the U.S. Armed Forces?	_____	Branch?	_____	Dates: From	_____ To _____
DD214 Narrative reason for discharge:	_____				
Honorable Discharge?	Yes	No	Any Medical Disability as a result of service?	Yes	No

Educational Background					
Type Of School	Name and City/State	Graduated?		Yrs. Attended	Major?
Grade		Yes	No		
High School		Yes	No		
College		Yes	No		
Graduate		Yes	No		
Trade School		Yes	No		
Driving School		Yes	No	Graduation Date: / /	

II. Driving Experience

LICENSE			
List "ALL" Drivers Licenses / Permit Held In The Past			
State	License Number	Type	Expiration Date

Traffic Convictions / Forfeitures			
List "ALL" Vehicle Moving Traffic Convictions And Forfeitures For The Past Three Years (If None, Write None)			
Date	Location (State)	Charge	Penalty

Accident Record (If None, Write None)						
List "ALL" Accidents / Incidents With Vehicles For The Past Three Years, Include Preventable And Non-Preventable, Whether Or Not MVR						
Date	Type Of Vehicle	Nature Of Accident Head-on, Rear-end, Etc.	Preventable	Fatalities	Injuries	Amount Of Property Damage
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	

Tractor Trailer Experience				
Type	Trailer Length	Approx. Number Of Miles	Years Of Experience	States Operated In
Dry Van				
Refrigerated				
Tanker				
Total Driving Experience				

Show special courses or training that you received that helped you as a driver: _____

Which Safe Driving awards do you hold and from whom?: _____

	(Circle One)
A) Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes / No
B) Have you ever had any license, permit or privilege suspended or revoked?	Yes / No
C) Have you ever been convicted for driving while under the influence of alcohol or drugs?	Yes / No
D) Have you ever been convicted for possession, sale, or narcotic drug, amphetamine or derivative thereof?	Yes / No
E) Have you ever been refused liability insurance?	Yes / No
F) Have you ever been convicted of a Felony?	Yes / No
G) Have you ever been convicted of a Misdemeanor?	Yes / No
H) Have you ever been disqualified to drive by Federal Regulations?	Yes / No
I) Have you ever been refused a security bond?	Yes / No
If you answered "YES" to any question "A" through "I", please give details: _____	

Current Or Most Recent Employer: _____ Supervisor: _____

Are you presently employed? Yes / No (Circle One) May we call your current employer? Yes / No

Address: _____ Telephone: () - _____

Position: _____ Date From: _____ To _____ Rate Of Pay: _____

Why did you change employers? _____ # Of States Driven In? _____

Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Second Last Employer: _____ Supervisor: _____

Address: _____ Telephone: () - _____

Position: _____ Date From: _____ To _____ Rate Of Pay: _____

Why did you change employers? _____ # Of States Driven In? _____

Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Third Last Employer: _____ Supervisor: _____

Address: _____ Telephone: () - _____

Position: _____ Date From: _____ To _____ Rate Of Pay: _____

Why did you change employers? _____ # Of States Driven In? _____

Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Fourth Last Employer: _____ Supervisor: _____
Address: _____ Telephone: () - _____
Position: _____ Date From: _____ To _____ Rate Of Pay: _____
Why did you change employers? _____ # Of States Driven In? _____
Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Fifth Last Employer: _____ Supervisor: _____
Address: _____ Telephone: () - _____
Position: _____ Date From: _____ To _____ Rate Of Pay: _____
Why did you change employers? _____ # Of States Driven In? _____
Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Sixth Last Employer: _____ Supervisor: _____
Address: _____ Telephone: () - _____
Position: _____ Date From: _____ To _____ Rate Of Pay: _____
Why did you change employers? _____ # Of States Driven In? _____
Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Seventh Last Employer: _____ Supervisor: _____
Address: _____ Telephone: () - _____
Position: _____ Date From: _____ To _____ Rate Of Pay: _____
Why did you change employers? _____ # Of States Driven In? _____
Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Eighth Last Employer: _____ Supervisor: _____
Address: _____ Telephone: () - _____
Position: _____ Date From: _____ To _____ Rate Of Pay: _____
Why did you change employers? _____ # Of States Driven In? _____
Of Accidents? _____ # Of Worker's Comp Claims? _____ Please Explain: _____

Name Of Person Who Referred You?: _____

Print Name _____

Sign Name _____

Dated _____

How Did You Hear About Us? (choose one)

- Television Commercial
- Friend (who referred you)
- Walk-In
- Facebook
- Craigslist
- YouTube Video
- Other (please explain below)

AGREEMENT:

TO BE READ AND SIGNED BY APPLICANT

This application for qualification and any resulting contract for hire, shall be deemed to be completed and executed in the state of Alabama. All questions of law and fact which may arise regarding this application, or regarding any aspect of any employment relationship between me and the company, will be interpreted and resolved in accordance with the laws of the State of Alabama, Franklin County regardless of where I or my residence may be located at the time of hire or at any time during the course of my employment. It is agreed and understood if employed, that any misrepresentations or false information be applicant shall be considered fraudulent and may subject applicant to immediate discharge.

It is agreed and understood that the employer or motor carrier or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant released former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigations and inquiries as required by the motor carrier safety regulation, 390.15 and 391.23. I understand that under regulation 391.23 I have the right to (1) review the information provided be previous employers, (2) To have errors corrected, (3) Submit a rebuttal statement, (4) Request must be made in writing to review previous employer provided information.

I agree to voluntarily submit to a Urinalysis Drug Screen, or any other such familiar examination if such an examination is requested or required in the furtherance of this application. I agree to submit to a periodic and scheduled Urinalysis Drug Screen, or other such similar examination if such examinations are required. I agree to submit to a Random Alcohol Test, or other such similar examinations as required by FMCR Part 40. I further agree to submit to Drug Screening and Alcohol Testing if I am involved in a job related accident within the time period required. Should I be given employment by you, I hereby grant Fleet Personnel Corp. permission to furnish my Urinalysis Drug Test Results and Breath Alcohol Test Results to other motor carriers contracted to Fleet Personnel Corp.

I understand, acknowledge and agree that the acceptance of this application by the Company does not create an actual or implied contract of employment, or confer any right the Company may have in respect to the employment-at-will relationship between the Company and the Applicant.

Should I be given employment by you, either the position applied for or some other position, now or hereafter, I agree that such employment may be terminated by you at any time without advance notice and without liability to me for wages or salary, except such as may have been earned up to the date of termination.

The foregoing application shall be construed to apply to all positions which I may hereafter hold with the Company, and upon my employment, I agree to promptly familiarize myself with all government and Company rules and regulations applying to such positions and to faithfully abide by them.

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report including information regarding my character, general reputation, personal characteristics and mode of living.

I agree that any disputes as a result of Worker Compensation Injury or Illness shall be governed by and according to the benefits provided by the Sate of Alabama with venue being Franklin County. Misrepresentations as to preexisting physical or mental conditions may void my workers compensation benefits.

Fleet Personnel Corp. is an affirmative action and equal opportunity employer in all phases of its business and personnel matters. The Company does not discriminate in employment on the basis of race, sex, national origin, age, disability or any other impermissible criteria. Fleet Personnel Corp. will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodations. Questions regarding the Company's policy are welcomed and should be addressed to the personnel

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.

Signed:

Date:

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

Motor Carrier:

Carolina Tank Lines, Inc.
3255 Maple Avenue / PO Box 2827
Burlington, NC 27216
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.
705 Cross Street / PO Box 690
Russellville, AL 35653
256-740-5538

In connection with your application for employment with Carolina Tank Lines, Inc./Fleet Personnel Corp., 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 person, If Carolina Tank Lines, Inc./Fleet Personnel Corp. uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Carolina Tank Lines, Inc./Fleet Personnel Corp. 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, Carolina Tank Lines, Inc./Fleet Personnel Corp. 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 Carolina Tank Lines, Inc./Fleet Personnel Corp. 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 Carolina Tank Lines, Inc./Fleet Personnel Corp. 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 turn to next page, read the following and sign below on page 7:

I authorize Carolina Tank Lines, Inc./Fleet Personnel Corp. 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 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 Carolina Tank Lines, Inc./Fleet Personnel Corp. to make a determination regarding my suitability as an employee.

I further understand that neither Carolina Tank Lines, Inc./Fleet Personnel Corp. nor 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 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 appear 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 Notice Regarding Background Reports provided to me by Carolina Tank Lines, Inc./Fleet Personnel Corp. and I understand that if I sign this consent form, Carolina Tank Lines, Inc./Fleet Personnel Corp. may obtain a report of my crash and inspection history. I hereby authorize Carolina Tank Lines, Inc./Fleet Personnel Corp. and its employees, authorized agents and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Print Name: _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A CONSUMER REPORT**

Motor Carrier:

Carolina Tank Lines, Inc.
3255 Maple Avenue / PO Box 2827
Burlington, NC 27216
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.
705 Cross Street / PO Box 690
Russellville, AL 35653
256-740-5538

In connection with your application for employment, we may procure a consumer report on you as a part of the process of considering your candidacy as an employee. In the event that information from this report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing within a reasonable time that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) days of the date which we receive the request from you or within five (5) days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name (Please Print): _____

Applicant's Address: _____

City / State / Zip code: _____

Driver License State Of Issue And Number: _____

Social Security Number: _____

Date Of Birth: Month: _____ Day: _____ Year: _____

Signature: _____

MVR: _____

CBC: _____

INQUIRY TO PAST EMPLOYER

(***APPLICANT, ONLY SIGN AND DATE BOTTOM LINE ONLY ***)

Motor Carrier:

Carolina Tank Lines, Inc.
3255 Maple Avenue / PO Box 2827
Burlington, NC 27216
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.
705 Cross Street / PO Box 690
Russellville, AL 35653
256-740-5538

To Past Employer: _____ Date: _____

Employee Name: _____ SSN: _____ - _____ - _____

Dates Of Employment: Hire Date: ___/___/___ Term Date: ___/___/___ Position Held: _____

Employee held a DOT safety-sensitive position with our company, Department of Transportation regulation 382.405 (f) and (h) require the following information to be provided:

In the past three years, has the above individual ever: (Circle One)

- Had an alcohol test result with a breath alcohol concentration of 0.04 or greater? Yes / No
- Tested positive for a controlled substance test? Yes / No
- Refused to submit for an alcohol or controlled substances test? Yes / No
- Had other violations of DOT Drug and Alcohol Testing Regulations? Yes / No

If any of the above questions were answered "Yes", provide the following:

_____/_____/_____
Substance Abuse Professional (SAP) Name Telephone Number Date Referred

Address City State Zip Code

- 1. Type Of Equipment Operated: Tractor Trailer _____ Straight Truck _____ Bus _____ Other (Specify) _____
- 2. Number Of Accidents: _____ Number Preventable: _____
- 3. Employee's Conduct: Satisfactory _____ Average _____ Below Average _____ Poor _____
- 4. Reason For Employee Leaving: Resigned _____ Discharged _____ Laid Off _____
- 5. Would We Re-employ This Person? Yes _____ No _____ Explanation _____

Remarks: _____

_____/_____/_____
Signature Of Person Supplying Information Title Date

APPLICANT CONSENT & RELEASE: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance test (if I was employed as a driver) and all other records of employment including job performance to the above name carried in connection with my application for employment. I hereby release my former employers from any and all liability of any type as a result of the above information.

Applicant Signature Date



TRUCKING INDUSTRY:
 Dot D/A Disclosure and Authorization
 Send To Fax#: (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: () _____ - _____	
HireRight Account Number:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and v(i) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____