



Tumino's

APPLICATION FOR EMPLOYMENT

Applicant's First Name: _____ Middle Name: _____

Last Name: _____

Applicant's SSN: _____ Date of Birth: _____

CURRENT/PREVIOUS ADDRESSES (Must Be Listed For Past 3 Years)

Current Address:			
City:	State:	Zip:	
Phone Number:	How Long?		
Previous Address:			
City:	State:	Zip:	
Phone Number:	How Long?		
Previous Address:			
City:	State:	Zip:	
Phone Number:	How Long?		

Do you have the legal right to work in the United States? Yes No

Position Applied for?

DRIVER LICENSE HISTORY (Must list any license you had for the previous 3 years in all states)

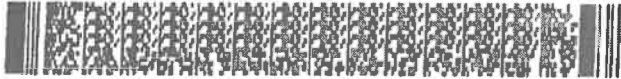
Driver's Licenses	State	License #:	Class	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
Has any license, permit or privilege ever been suspended or revoked:

Note: If the answer is yes to either question, then you must attach a sheet explaining the details.

DRIVING EXPERIENCE (if none, write none)

Equipment Operated	Start Date	End Date	Approx. Miles



Employment History

All driver applicants that are applying to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, city, state, zip, phone, and fax number.

All driver applicants that are applying to drive in intrastate or interstate commerce who have operated a commercial motor vehicle with a previous employer, shall also provide an additional 7 years information on previous employers for whom the applicant operated such vehicle. (Please be sure to list employers in reverse order starting with the most recent. Add another sheet as necessary).

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Were you subject to the FMCSR's while you where employed? Yes No

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Were you subject to the FMCSR's while you where employed? Yes No

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Were you subject to the FMCSR's while you where employed? Yes No

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Were you subject to the FMCSR's while you where employed? Yes No

ACCIDENTS AND VIOLATIONS

ACCIDENT RECORD for the past 3 years or more (attach sheet if necessary, if none, write NONE)

Dates	Nature of Accident (Head-on, rear end, rollover, etc.)	# of Fatalities	# of Injuries

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations. If none, write NONE)

Location	Date	Charge	Penalty

(Attach additional sheet if necessary)

TO BE READ AND SIGNED BY APPLICANT

Per FMCSR Section 391.23(i)(1), () hereby expressly notifies you that you have the right to review information provided by previous employers. You also have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer. Lastly, you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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. I authorize () to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to the releasing information in connection with my applications. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by all rules and regulations of ().

Application Date _____

Applicant's Signature _____

REQUEST FOR INFORMATION
From Previous Employer

I hereby authorize you to release the following information to

for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date _____

Applicant's Signature _____

Name of Applicant: _____ SSN: _____
Date of Birth: _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax: _____

Gentlemen:

The above named individual has made application to this company for a position as a **driver** and states that he was employed by you as a _____ from _____ to _____

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

Signed by prospective employer: _____
Prospective Employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip: _____

In compliance with (40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Prospective employers confidential fax number: _____
Prospective employers confidential E-mail Address: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec.4025(b)(5) and (e))

Company Name: _____

Street: _____

City: _____

State, Zip: _____

Prospective Employee

Name: _____

Please Print

The prospective employee is required by Sec.40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date _____



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to

_____ for purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Requester

Date

TO: DMV

The following named person has made an application with our company for the position of driver. As in accordance with Section 391.23, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT:

ADDRESS:

FORMER ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

LICENSE NUMBER:

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

Safety Specialist

(Title)

(City, State, Zip)

(Signature)

SEAT BELT POLICY

In accordance with Federal Motor Carrier Regulation (FMCSR) 49 CFR Part 392, Section 392.16, a motor vehicle which has a seat belt assembly installed at the driver's seat shall not be driven unless the driver has properly restrained himself with the seat belt assembly.

Therefore, it is the policy of this Company that you, as a Driver, abide by this FMCSR and restrain yourself with the seat belt assembly while operating your Commercial Motor Vehicle.

HERE'S WHY YOU SHOULD WEAR YOUR SEAT BELT.....

You increase the chance of avoiding death and injury up to 50%

A non-belted driver ejected from a vehicle in a crash is four times more likely to be killed or injured!!!!

Crash tests show that hitting the ground after jumping from a five story building has the same force with which a driver would hit the windshield at just 40 miles per hour!!

More than 80% of crashes occur at speeds between 30 and 40 mph.

IT'S YOUR LIFE....BUCKLE UP!!!!!!

DRIVER SEAT BELT AGREEMENT

I have read and understand the above FMCSR regulation and safety facts covering the use of seat belts and hereby agrees to abide by the use of my seat belt. It is understood that failure to use a seat belt could result in a traffic fine or disciplinary action.

Driver's Signature

Date

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Tumino's Towing ("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 Tumino's Towing ("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 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 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 PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015