Duckin Truckin Express, L.L.C.

1205 N. Main Street

Three Rivers, MI 49093

EMPLOYMENT APPLICATION

\*Fields with an asterisk (\*) are required

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name\*: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address\*: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone\*: |  | Email |  |

Social Security Number: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total years of CDL experience: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you be able to start? \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long are you willing to be on the road? (select all that apply) \*

 One Week Two Weeks Three Weeks

Are you currently driving? \* Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? \* | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? \* | YES[ ]  | NO[ ]  | If yes, when? |  |

Have you ever been convicted of a felony or misdemeanor which

resulted in imprisonment within the last 7 years? (A conviction

will not necessarily result in the denial of employment\*:

Yes No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

If you have completed any special courses, seminars and/or training that would help you to perform the position for which you are applying, please describe:

**PREVIOUS EMPLOYMENT (Must provide a minimum of 3 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Job Duties: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Job Duties: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| JJob Duties: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |

## References

Please list three professional references (not relatives) \*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

**AUTHORIZATION**

I authorize Duckin Truckin Express, L.L.C. to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medial history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the company.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

* Review information provided by current/previous employers.
* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospect employer; and
* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

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

**CLASS A CDL QUALIFICATIONS**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information of which is listed below:

Driver License Number: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Issued: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other states in which you have held a Driver’s License (list none, if no others). Include dates in which license(s) where held: \*

Please list all addresses in which you have resided in the past three (3) years: \*

Current Endorsements: (check all that apply)

 Doubles/Triples Haz Mat Tanker

**DRIVING EXPERIENCE**

How many miles have you driven commercially during the past year (estimate)? \* \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Class of Equipment** | **Type of Equipment (van, tank, flat, etc.)** | **Dates:****(From/To)** | **Approx. No. of Miles (Total)** |
| **Straight Truck** |  |  |  |
| **Tractor and Semi Trailer** |  |  |  |
| **Tractor – Two Trailers** |  |  |  |
| **Other** |  |  |  |

**Accident Record for Past 3 Years or more (attach sheet if more space is needed) \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Nature of Accident (head-on, rear-end, upset, etc.)** | **Number of Fatalities** | **Number of Injuries** | **Chemical Spills (Yes or No)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations) \***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Convicted** | **Violation** | **State of Violation Location** | **Penalty (forfeited bond, collateral and/or points)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach sheet if more space is needed

Have you had a/any conviction(s) of an offense involving the operation of a motor vehicle while impaired by alcohol or a controlled substance in the past 7 years? \* YES or NO

Have you been convicted of any careless or reckless driving of a motor vehicle offense within the past seven years? \* YES or NO

Have you been convicted of a criminal offense involving a commercial vehicle, including operating while under the influence of a controlled substance, transporting a controlled substance, or a felony involving the use of a commercial motor vehicle? \* YES or No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \* YES or NO

Has any license, permit or privilege ever been suspended or revoked? \* YES or NO

If you answered yes to any of the above questions, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you fully qualified physically and emotionally to perform all duties and functions of driving and to safely operate a commercial motor vehicle? \* YES or NO

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

**For Duckin Truckin Use Only**

Processed Record

Applicant Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rejected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination of Employment

Date Terminated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dismissed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voluntarily Quit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In connection with your application for employment with Duckin Truckin Express, L.L.C., (Prospective Employer), Prospective Employer, its employees, agents or contracts 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 decisions 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 decisions 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 the 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

1. I authorize Duckin Truckin Express, L.L.C. (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 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 the Prospective Employer to make a determination regarding my suitability as an employee.
2. 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 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 DataQ’s System to the appropriate State for adjudication.
3. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by the Prospective Employer and I understand that if I sign this consent form, the 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.

Signature: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 digits of Social Security Number: \* \_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers**. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

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

Applicant’s/Employee’s Full Name (Print Clearly) \*

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

Applicant’s/Employee’s Signature\* Date\*

Last 4 of Social Security Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL CONSENT FOR LIMITED QUIRIES OF THE FMCSA**

**DRUG & ALCOHOL CLEARINGHOUSE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby provide consent to Duckin Truckin Express, LLC to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I will/do have a Drug and Alcohol Clearinghouse account and will give permission to Duckin Truckin Express, LLC to conduct a pre-employment full query upon signing the application for employment. If hired, this also serves as a consent for Duckin Truckin Express, LLC to conduct a limited query annually for my continued employment. This consent will remain in effect until termination of my employment.

I understand that if the limited query conducted by Duckin Truckin Express, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Duckin Truckin Express, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Duckin Truckin Express, LLC to conduct a limited query of the Clearinghouse, Duckin Truckin Express, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by the FMCSA’s drug and alcohol program regulations.

Driver Signature Date

**Equal Opportunity Employment**

Duckin Truckin Express, L.L.C. is an Equal Opportunity Employer and does not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law.

The information provided will be used for research, statistical purposes and to monitor legal compliance. To help us comply with these government requirements, please take a few minutes to complete the following information. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired. Thank you for your time and cooperation in advance.

Gender

 Female Male I Choose Not to Respond

Race/Ethnicity:

 American Indian or Alaska Native (Not Hispanic or Latino)

 Black or African American (Not Hispanic or Latino)

 Hispanic or Latino

 Asian (Not Hispanic or Latino)

 White (Not Hispanic or Latino)

 Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

 Two or More Races (Not Hispanic or Latino)

 I Choose Not to Respond

Veteran Status

 Individual with a Disability

 Vietnam Era Veteran

 Disabled Veteran

 War/Campaign/Expedition Veteran

 Armed Forces Service Medal Veteran

 Recently Separated Veteran

 I Choose Not to Respond

 Does Not Apply