

PACESETTER TRUCKING CO.

DRIVER'S APPLICATION

P.O. Box 9636 918-245-7227 for **OWNER OPERATOR** or **EMPLOYMENT**
Tulsa, OK 74157 800-725-3384 918-245-7253 FAX

Position Applied For _____ Date of Application _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

Phone # (____) ____-____ Cell Phone # (____) ____-____ Date of Birth ____ / ____ / ____ (Required for Motor Vehicle Record)

Current Address _____ How Long? _____
Street City State & Zip Code

Prior Address _____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Have you worked for this Company before? _____ Dates _____ Where? _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

_____ If yes, explain if you wish _____

In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or other protected group status.

You (as a prospective employee) have the following due process rights regarding the investigative information that you provide.

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective 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.

DRIVER APPLICANT ACKNOWLEDGMENT (To be read and signed by Applicant)

- 1 I certify that this application was completed by me, and that all of the information in it is true and complete to the best of my knowledge. I understand that any misrepresentation of facts or any false or misleading information provided by me in my application or during the interview process may result in the Company's refusal to hire me, or if already hired, in the company's immediate termination of my employment.
- 2 I understand that the Company may contact any prior employer or company with which I previously contracted for purposes of investigating my background. I authorize all persons, prior employers, schools, companies, corporations, law enforcement agencies and credit bureaus to release any information to the Company or any authorized agent of the Company.
- 3 I understand that nothing in this application or in an offer and/or acceptance of employment constitutes an employment contract between the Company and me, and that should I be hired, my employment would be for no fixed duration, and could be terminated by the Company or by me at any time, with or without cause or notice.
- 4 I acknowledge that the Company is subject to Department of Transportation regulations regarding drug and alcohol testing and agree to submit to any required testing and/or physical examinations mandated by these regulations or other applicable federal or state law.
- 5 I agree to furnish such information and complete such examinations as may be required to complete my qualifications file.

Applicant's Signature _____ Date _____

PROCESS RECORD	
APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
SIGNATURE OF INTERVIEWING OFFICER _____	

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on ALL employers during the preceding 3 years(2 years for Drug and Alcohol questions). List complete mailing address, street number, city, state and zip code. Provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATES			
NAME			FROM MO.	YEAR	TO MO.	YEAR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING?			YES	NO	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	
					YES	NO
EMPLOYER			DATES			
NAME			FROM MO.	YEAR	TO MO.	YEAR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING?			YES	NO	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	
					YES	NO
EMPLOYER			DATES			
NAME			FROM MO.	YEAR	TO MO.	YEAR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING?			YES	NO	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	
					YES	NO
EMPLOYER			DATES			
NAME			FROM MO.	YEAR	TO MO.	YEAR
ADDRESS			POSITION HELD			
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EMPLOYER			DATES			
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CONTACT PERSON		PHONE	REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING?			YES	NO	WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	
					YES	NO

ACCIDENT RECORD For the past three(3) years or more (attach sheet is more space is needed) If NONE, write NONE.

DATE	CITY and STATE	CHARGEABLE	NATURE OF ACCIDENT (Head on, Rear End, Upset, Etc.)	PERSONAL INJURIES	FATALITIES
		YES NO			
		YES NO			
		YES NO			

TRAFFIC CONVICTIONS and FORFEITURES for the past THREE(3) years (Other than Parking Violations) If NONE, write NONE.

LOCATION / STATE	DATE	CHARGE	PENALTY

DRIVING / EQUIPMENT EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM (MM/YY)	TO (MM/YY)	APPROX. NUMBER OF MILES
Straight Truck	FLAT VAN TANK REEFER _____			
Tractor & Semi Trailer	FLAT VAN TANK REEFER _____			
Tractor with 2 Trailers	FLAT VAN TANK REEFER _____			
Other _____	FLAT VAN TANK REEFER _____			

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE / CLASS	EXPIRATION DATE

Convictions Involving the Use of Motor Vehicles:

- Have you ever been convicted of, or forfeited bond or collateral for any of the following offenses:
1. A felony involving the use of a motor vehicle? YES NO
 2. A crime involving the manufacturing, knowing transportation, knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? YES NO
 3. Operation of a motor vehicle under the influence alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? YES NO
 4. Leaving the scene of an accident, if the accident resulted in personal injury or death? YES NO
 5. Any other motor vehicle law violations, INCLUDING ALL CARELESS - RECKLESS DRIVING VIOLATIONS? YES NO
 6. Have you ever had any license to operate a motor vehicle denied, revoked or suspended? YES NO
- If the answer to any of the above is YES, explain below in detail, give dates, etc.

ALCOHOL & DRUG TEST STATEMENT

As per section 40.25(j) 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? YES NO

If you answered YES, can you provide /obtain proof that you've successfully completed the DOT return-to-duty requirements? YES NO

CONSENT TO RELEASE RECORD(S)

DRIVER NAME: _____ DL# _____ DOB: _____

ADDRESS: _____ SSN# _____

BY SIGNING BELOW, I VOLUNTARILY GIVE CONSENT TO THE OKLAHOMA DEPARTMENT OF PUBLIC SAFETY OR ANY MOTOR LICENSE AGENT TO RELEASE THE FOLLOWING RECORD(S), INCLUDING PERSONAL INFORMATION WITHIN MY DRIVER LICENSE FILE. I REQUEST THE RECORD(S) INDICATED BY MY SIGNATURE BELOW TO BE RELEASED BY THE DEPARTMENT OF PUBLIC SAFETY OR ANY MOTOR LICENSE AGENT, THEIR AGENTS AND EMPLOYEES, TO THE FOLLOWING PERSON, COMPANY, CORPORATION OR LEGAL ENTITY.

RELEASE RECORD/INFORMATION TO: _____

_____ MVR SUMMARY; _____
(Driver signature of consent)

_____ OTHER RECORD (SPECIFY)

(Driver signature of consent)

(Date) _____
(Signature of recipient of record)

(Address of recipient of record)

NOTICE: AS REQUIRED BY THE FEDERAL DRIVER PRIVACY PROTECTION ACT(DPPA), 18 U.S.C., SECTION 2721, THE OKLAHOMA DEPARTMENT OF PUBLIC SAFETY/MOTOR LICENSE AGENT WILL NOT RELEASE PERSONAL INFORMATION FROM YOUR DRIVER RECORD UNLESS YOU CONSENT BY WAIVING YOUR RIGHT TO PRIVACY UNDER THE DPPA: OR , UNLESS THE DEPARTMENT IS REQUIRED BY DPPA TO RELEASE PERSONAL INFORMATION WITHOUT YOU CONSENT, SUCH AS IN CONNECTION WITH MATTERS OF SAFETY, THEFT, EMISSIONS, PRODUCT ALTERATIONS, RECALLS, ADVISORIES, CERTAIN FEDERAL LAWS; OR UNLESS THE DPPA AUTHORIZES THE DEPARTMENT TO RELEASE IT, SUCH AS TO GOVERNMENTAL ENTITIES, COURTS, INSURANCE COMPANIES AND TO OTHER SPECIFIED.

(THIS FORM and PHOTO ID REQUIRED TO OBTAIN RECORD)

CONFIDENTIAL
FAXED OR MAILED INQUIRY TO PAST EMPLOYER

TO: _____
(FORMER EMPLOYEE NAME CITY, STATE) (DATE, TIME)

I hereby authorize this company to release all records of employment, including assessment of my job performance, ability, and fitness. (Including dates of any and all alcohol or drug test, 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 may application for employment with said company. I hereby release this company, and its employees officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

X _____
(Application Signature, Date) (Witness Signature, Date)

DEAR PERSONNEL MANAGER

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the application as a past employer. Will you kindly reply to this inquiry respecting this application. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below. If this form was mailed to you, we have enclosed a stamped, self addressed envelope for your convenience in replying by return mail.

PACESETTER TRUCKING CO. Phone: (800) 725-3384 or (918) 245-7227
P.O. Box 9636 FAX: (918) 245 7253
Tulsa, OK 74157 ATTN: _____

Name of Applicant: _____ Social Security No: _____
Job Applying For: _____

* Did the Applicant work for you as a _____ from ____/____/____ to ____/____/____?
YES or NO If no, please explain: _____

* If employed as a driver, please answer the following
Company driver? _____ Owner/Operator? _____ Other? _____
Type of tractor operated: _____ Type of trailer pulled _____
Other Equipment operated: _____ Commodities transported: _____
General area of operation: _____

Accident? YES or NO If yes, please give the date and a brief description of each accident: _____

Traffic Violations? YES or NO If yes, please list all including the date and type of violation _____

License (s) suspended? YES or NO If yes, please list the date (s) of suspension: _____

Type of driver license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO If yes, please explain: _____

*Why did this employee leave your company? _____

*Would you re-employ this person? YES or NO If no, please explain: _____

IF DRIVER WAS NOT SUBJECT TO DOT TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER
PLEASE CHECK HERE _____, COMPLETE BOTTOM SECTION.

*DATES OF DRUG OR ALCOHOL TEST PREVIOUS 3 YEARS: Drug Alcohol
1. Resulting in a confirmed positive result: _____ _____
2. Applicant Driver refused to submit to testing: _____ _____
3. Any rehab completion under direction of SAP/MRO: _____ _____

*ADDITIONAL COMMENTS: (any problems with customer relations, supervision, or abuse of equipment?) _____

Name/Title _____ / _____ /Date ____/____/____
(Person providing the above information)

Company: _____

DOT PSP (PRE EMPLOYMENT SCREENING PROGRAM)
IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **Pacesetter Trucking Co** ("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 **Pacesetter Trucking Co**("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.

Signature _____

Date: _____

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.