

# Driver Application for Employment

FOR CUSTOMER USE ONLY

Customer Name Naco Express

Address 850 Allen Street

Jamestown, NY 14701

**Note to Applicant:** Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

\*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

**Instructions:** Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date \_\_\_\_\_

Position Applied for		Minimum Salary Requirement	
Who referred you to our company?	<input type="radio"/> Mail in <input type="radio"/> Advertisement	<input type="radio"/> Employment Agency <input type="radio"/> College Recruiting	<input type="radio"/> State Agency <input type="radio"/> Other _____
Have you ever worked for this company?	<input type="radio"/> Yes <input type="radio"/> No	Where?	When?
Have you ever applied with this company?	<input type="radio"/> Yes <input type="radio"/> No	Where?	When?
On what date will you be available if your application for employment is accepted?	Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference	

### General Information

Last Name		First		Middle		Social Security Number	
Present Address		City		State		Zip Code	
How long?		City		State		Zip Code	
Previous Address (Last 3 Years)		City		State		Zip Code	
How long?		City		State		Zip code	
How long?		City		State		Zip code	
How long?		City		State		Zip code	
Telephone Number and Area Code		Home ( )		Work ( )		Date of Birth	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status?		<input type="radio"/> Yes <input type="radio"/> No					
Have you ever been fired or asked to resign by an employer?		<input type="radio"/> Yes <input type="radio"/> No					
If yes, please explain.							
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.)		<input type="radio"/> Yes <input type="radio"/> No					
If yes, please explain.							
Name of Person to be Notified in Case of Emergency		Telephone Number and Area Code ( )					

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

**An Equal Opportunity Employer That Values Diversity**

### Employment History

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for an additional form if necessary. Please explain all periods of unemployment.

Name and Address of Employer	Dates Employed (Month/Year)	Position(s) Held and Duties Performed	Salary	Why did you leave?	Name, Title, and Phone Number (If Accessible) of Supervisor	May we contact?
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ <small>WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 397? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	Starting _____ Leaving _____	_____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**Failure to disclose information may result in termination.**

**Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)**

Location	Date	Charge	Penalty

**Activities, Additional Information, and Comments**

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.\*

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\*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

**Applicant's Statement**

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. 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 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.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify 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 further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FEDERAL DRIVER PRIVACY PROTECTION ACT  
AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

I, \_\_\_\_\_ authorize my employer and /or potential  
(Print employees and/or potential employee's name) employer Naco Express,  
850 Allen St., Jamestown, NY to obtain (insured's name)  
(Address) (State)

my Motor Vehicle Record from Stone Melhuish Insurance Agency. I understand that this record may contain personal information including but not limited to child support and/or alimony payments as well as information on driving violations and accidents.

In addition to this initial request, as long as I am an employee of the above stated firm, I further authorize any/all additional request for Motor Vehicle Record be Submitted and reviewed as needed for the sole purpose of my continued Evaluations and eligibility standards under the State and Federal regulatory Compliance standards.

\_\_\_\_\_  
(Signature of employee and/or potential employee) (Date)

\_\_\_\_\_  
(Drivers license number) (State) (License date)

\_\_\_\_\_  
(Social security number) (Date of birth)

**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 Naco Express ("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 Naco Express ("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*