

Driver Application for Employment

Genova Products, 9501 Airport Dr., Ft. Wayne, IN 46809

In compliance with Federal and State EEO laws, qualified applicants are considered for all positions without regards to race, religion, sex, national origin, age, marital status, or non-job related disability. I understand that information I provide regarding current and/or previous employers will be used and those employers will be contacted for the purpose of investigating my safety performance and work history as required by 49 CFR 391.23 (d)(e).

Applicants Signature: _____ Date Signed: _____

Date of Application: _____ Social Security Number: _____/_____/_____

Name [print] _____

Last

First

Middle

Address _____ City _____

State _____ Zip _____ Date of Birth _____

Primary Telephone Number: _____ Alternate Phone _____

Emergency Contact Info: Name: _____ Phone _____

List all previous addresses for the past 3 years:

Address: _____ City/St/Zip: _____ How Long? _____

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Drivers License # _____ State of Issue: _____ Expiration Date: _____

Type of License: class A class B operator

Current endorsements: hazardous materials doubles/triples tank vehicles passenger

List any additional license[s] held within the past 3 years:

1. State: _____ Type of License: _____ Drivers License #: _____ Date: _____

2. State: _____ Type of License: _____ Drivers License #: _____ Date: _____

Has your license or permit to operate a motor vehicle ever been suspended or revoked? yes no

If yes please list date and explain: _____

Have you every been convicted of a felony yes no If yes; please list date and explain: _____

Have you ever failed a drug or alcohol test? yes no

Have you ever been convicted of DWI/DUI/OWI ? yes no If yes; date of conviction: _____

Have you every worked for this company before yes no If yes list dates: _____

How did you learn about this company? advertising internet referral

Name of referring employee: _____

Do you have the legal right to work in the United States? yes no

Name of Last School Attended: _____ City/State: _____

Circle Highest Grade Completed: 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

List any trade/vocational schooling and dates: _____

Is there any reason you might be unable to perform the functions of the job for which you applied? yes no

If yes, please explain _____

Work Experience

In accordance w/ FMCSR 391.21 & .23 an applicant must list all previous work experience for 10 years prior to the date of application shown on page one and inform the prospective employer if such employment was subject to DOT regulated substance testing and FMCSR regulations.

Please list all employers beginning with your most recent employer

Current/Last Employer Name: _____ Telephone _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [include dates and reason]

Dates: _____ Reason: _____

Second Last Employer Name: _____ Telephone _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [include dates and reason]

Dates: _____ Reason: _____

Third Last Employer Name: _____ Telephone _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [include dates and reason]

Dates: _____ Reason: _____

Fourth Last Employer Name: _____ Telephone _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [include dates and reason]

Dates: _____ Reason: _____

Work Experience [continued]

Fifth Last Employer Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [Include dates and reason]

Dates: _____ Reason: _____

Sixth Last Employer Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [Include dates and reason]

Dates: _____ Reason: _____

Seventh Last Employer Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Position Held: _____ Supervisors Name: _____

Dates of Employment: Beginning date ____/____/____ Ending Date ____/____/____

Reason for Leaving: _____ Did you return truck to terminal? yes no

Was this job subject to Federal Motor Carrier Safety Regulations? yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR part 40? yes no

Account for period between jobs [include dates and reason]

Dates: _____ Reason: _____

Used additional sheet if necessary to provide the 10 years of required work information

Driving Experience

Equipment Class	Type of Trailer	Dates	Approx Miles
	[van, flat, tank, etc]	[from - to]	
Tractor/Semi Trailer			
Straight Truck			

List commodities hauled: _____

List states operated in during the last 5 years: _____

List safe driving awards [include carrier and number of years]: _____

List other training/seminars which have contributed to your professional development as a driver: _____

Traffic Convictions/Forfeitures

Applicant must list all traffic convictions and/or forfeitures other than parking citations [in both commercial and private vehicle] which have occurred within the prior three [3] years from the date of this application . *If no citations, print 'none'*

Date	Location	Charge	Penalty	Type of Vehicle

Collisions/Crashes

Please list all motor vehicle collisions in which you were involved regardless of fault [in both commercial and private vehicle] which have occurred within the prior three [3] years from date of this application. **If no crashes; print 'none'**

Date	Description	State	# of injuries	# of fatalities	Hazmat spill	Type of vehicle

Applicant must read and sign the following

I hereby authorize the carrier {Genova Products} to make such inquiries and investigations of my personal, employment, driving, financial, or medical history and other related matters as may be 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, 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 agree to abide by the rules and regulations of the carrier {Genova Products} as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if am selected to drive for the carrier {Genova Products} that I will be on a probationary period for the first 90 days of solo operation during which time I may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information contained herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Printed name of applicant

Driver Notification and Release

In connection with my application for contractor with Genova Products I understand they will obtain one or more reports regarding my credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. This report may include the following types of information: names and dates of previous employers, reason for termination and contractor, work experience, accidents, drug and alcohol testing in accordance to 49 CFR Part 40, 382 and 391 requirements, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by other from such state agencies, and state provided driving records.

I authorize Genova Products, Inc. to contact any organization or individual that I have listed on my contractor application, resume, mentioned during job interviews, or determined to be a relevant source from other information; and obtain from them any information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data, citations and inspection history relevant to CSA rulemaking, as well as any reference-related information about me held or know by former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work related characteristics from any party contacted by my the prospective employer during the conduct of a reference check or background investigation to determine my suitability for contractor.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for contractor. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or any work related characteristics that are in the possession of the requested organizations; their managers or representatives.

In exchange for Prospective Employer's consideration of my contractor application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to my prospective employer or any employee, representative, or agent arising out of their efforts to obtain work-related information about me.

I have read the above notice provided to me by Genova Products, Inc and I understand that if I sign this consent form, Genova Products, Inc. and/or any entity it retains may obtain the above mentioned reports and I specifically authorize the above mentioned parties to obtain all information listed above.



Print Name

Social Security Number



Applicants 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 _____ Genova Products _____ (“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 _____ Genova Products _____ (“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.
LAST UPDATED 12/22/2015