

# Hayes Transport Inc.

## *Driver Application*



**Applicant Name:**

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Return to:  
Hayes Transport Inc.  
Po Box 930279;  
Verona WI 53593  
Fax: 608 845-7181  
Email: [thayes@hayestransport.com](mailto:thayes@hayestransport.com)



# DRIVER'S APPLICATION FOR EMPLOYMENT

**Dear Applicant:** Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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; (iii) 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.

Driver Applicant \_\_\_\_\_ Driver Applicant \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name Hayes Transport Inc.

Street Address Po Box 930279 City, State, Zip Verona WI 53593

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_

Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address \_\_\_\_\_

Street City State Zip

Previous Address \_\_\_\_\_

Street City State Zip

Date of Birth\* \_\_\_\_\_ \*Drivers only to complete Date of Birth Social Security No. \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ (\_\_\_\_)  
 Name Phone

Contact's Address \_\_\_\_\_

Street City State Zip

Position Applying For: \_\_\_\_\_ Rate of Pay Expected? \_\_\_\_\_

Temporary  Part Time  Full Time  Who referred you? \_\_\_\_\_

Have you worked for this company before?  Yes  No Dates \_\_\_\_\_

Where? \_\_\_\_\_ Rate of Pay? \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Have you ever worked for this company under another name?  Yes  No \_\_\_\_\_

(If job requirement) Have you ever been bonded?  Yes  No Name of Bonding Company \_\_\_\_\_

List names of relatives working for this company: \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

## EDUCATION

Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Colege: 1 2 3 4

Last School Attended \_\_\_\_\_

Name Address

List special courses that will help you as a driver \_\_\_\_\_



# DRIVER'S APPLICATION FOR EMPLOYMENT

## DRIVER EXPERIENCE & QUALIFICATION

**LICENSES** List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

Do you currently hold more than one valid license?  Yes  No  
 Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's?  Yes  No  
 If answered Yes to any of the above questions please give details : \_\_\_\_\_

EXPERIENCE	Class of Equipment	Type (Van, Tank, Etc.)	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List states operated in during last five years \_\_\_\_\_  
 List safe driving awards and who presented by \_\_\_\_\_

Accident Review for past 3 years:				Nature of Accident
<u>Date</u>	<u>City, State</u>	<u># Fatalities</u>	<u># Injuries</u>	<u>(Head-on, Rear-end, etc.)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation			
<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Applicant Read and sign before submitting this application.***

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d)&(e). 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.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date



# DRIVER'S APPLICATION FOR EMPLOYMENT

**EMPLOYMENT RECORD** Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1 1987, they **must also show commercial driver employment for the seven years preceding this three year period.** Sec 391.21 (b)(10)(11). Account for any gaps in employment between employers.

**Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**Second Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**Third Last Employer**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**Fourth Last Employer**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_



# DRIVER'S APPLICATION FOR EMPLOYMENT

**EMPLOYMENT RECORD** Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1 1987, they **must also show commercial driver employment for the seven years preceding this three year period.** Sec 391.21 (b)(10)(11). Account for any gaps in employment between employers.

**5<sup>th</sup> Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**6<sup>th</sup> Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**7<sup>th</sup> Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_

**8<sup>th</sup> Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Was this job a FMCSA safety sensitive function position subject To DOT regulated controlled substance an alcohol testing?

Areas Driven In \_\_\_\_\_ Yes  No

Reason for Leaving \_\_\_\_\_



# SAFETY PERFORMANCE HISTORY INVESTIGATION (Background Check)

I, Printed Name \_\_\_\_\_ Social Security \_\_\_\_\_

hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug test;
3. Refusals to be tested;
4. Other violation of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigative purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_ . We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1 Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ 2 Job Title(s): \_\_\_\_\_

3 Did s/he drive a motor vehicle?  Yes  No If yes, what type: \_\_\_\_\_

4 **3-YR ACCIDENT HISTORY**  No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5 Was s/he a  company driver,  contractor, or a  contractor's driver? 6 Reason for leaving your company?  
 Discharged  Resignation  Lay-off  Military Duty  Other: \_\_\_\_\_

7 General areas traveled? \_\_\_\_\_ 8 Commodities transported? \_\_\_\_\_

9 Would you re-employ this person?  Yes  No  Upon Review

In the **3 years** prior to the employee's dated signature above, for DOT regulated testing did the employee have...

10 Alcohol tests with a result of 0.04 or higher?  Yes  No 11 Verified positive drug tests?  Yes  No

12 Any refusals to be tested?  Yes  No 13 Other violations of DOT agency drug & alcohol testing regulations?  Yes  No

14 Did a previous employer report a drug and alcohol rule violation to you?  Yes  No

15 If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?

Yes  No  Uncertain

16  No safety performance history exists for this driver with our Company

**If YES to 14, you must provide the previous employer's report. If you answered "YES" to 15, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).**

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return to: Hayes Transport Inc. Tim Hayes 608 845-8468 608 845-7181  
**Company Name Attention Phone # Fax #**

**PROSPECTIVE EMPLOYER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT)**  Employer not subject to FMCSRs

Date Contacted: \_\_\_/\_\_\_/\_\_\_ 2<sup>nd</sup> Attempt: \_\_\_/\_\_\_/\_\_\_ 3<sup>rd</sup> Attempt: \_\_\_/\_\_\_/\_\_\_ Received back: \_\_\_/\_\_\_/\_\_\_



## DISCLOSURE STATEMENT

***Applicant: Read and sign before submitting this application.***

By this document, Hayes Transport Inc discloses to you that a consumer report including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

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Applicant's Printed Name

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Applicant's Signature

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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 Hayes Transport Inc. (“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 Hayes Transport Inc. (“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

**Submission Instructions:** Please email your completed form to [thayes@hayestransport.com](mailto:thayes@hayestransport.com). If you have opened this in Adobe Reader, click the small envelope in the top left to send the completed form as an email attachment (see Figure 1). If you do not have Adobe Reader, save this PDF to your device and attach it to a newly composed email in the email client of your choice.

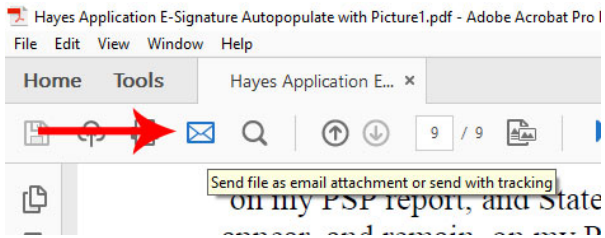


Figure 1