



6770 5th Street
Northport, AL 35476

_____ Incorporated _____
Employment Application

Office (205) 333-9511

Fax (205) 330-1011

Date Applied: _____

Position Desired: _____ Desired Pay: _____

Name: Last _____ First: _____ M.I. _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Alt #: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Expiration Date: _____ State: _____

CDL? Yes No If yes, what class? _____

Can you fulfill the requirements for the position for which you have applied? Yes No

Is there any physical impediment that might hinder you from performing the requirements of the position? Yes No

If yes, explain _____

Have you had any previous on the job injuries? Yes No

If yes explain _____

Do you have any pre-existing injuries? Yes No

If yes explain _____

Do you have reliable transportation? Yes No

Driving Record (List all accidents and/or violations for the past 3 years):

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

If you answered yes to either of these 2 questions please give a reason: _____



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Work References (Please do not list relatives)

Name: _____ Phone: _____

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COMPANY POLICY

If you are considered for employment, All Pro, Inc., requires a \$50.00 deposit on pre-employment drug tests and this is due before the test is taken. The \$50.00 will be reimbursed to you when you have successfully completed your 90 day probation period.

The employee is required by Section 40.25 to respond to the following question:

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 in the past three years.

Circle one: YES NO

I have read and understand the above policy.

Applicants Signature: _____ Date: _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (driving *positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)

CURRENT OR LAST EMPLOYER	DATES
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Yes / No

All Pro, Inc.
Driver Safety Performance History
Records / Information Request Authorization

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years. This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer _____
Address _____
City, State, Zip _____
Contact Phone _____ Contact Fax _____

From: Applicant _____
Social Security Number _____
Address _____
City, State, Zip _____
Contact Phone Number _____

I request this information be requested in the manner identified below: (check one)

Send the Information to the address below within five (5) business days via **MAIL** _____

I, the driver applicant, will arrange to **PICK UP** the information within 30 days _____

Please **FAX** the information to the number provided below within five (5) business days _____

Information should be sent to the following agent for my prospective employer:

Transportation Safety Services
27540 World Court, Suite A
Daphne, AL 36526
Phone: (251) 661-9700
Fax: (251) 661-9667

Signature of Applicant

Date

All Pro, Inc.
Driver Safety Performance History
Information Request

In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391, 382, and 40, please provide the following information regarding my Safety Performance History.

Driver Name: _____

Dates of Employment: From _____ (MO/YR) To _____ (MO/YR)

Did applicant driver a commercial vehicle while employed by you? Yes or No (Circle one)

Type of vehicle driven: Straight Truck / Tractor-Semi-trailer / Other _____ (Circle one)

Type of trailer pulled: Vans / Reefer / Flatbed / Tanker/ Not applicable (circle one)

Length of Trailer pulled (if applicable) _____ (FT)

How many states did the applicant drive in? _____ (estimate)

Reason for leaving your employment: (Circle one or more, as appropriate)

Resignation	Lay Off	Military Duty
Voluntarily Quit	Violation of Company Policy	Discharge

Reason for discharge: _____

Is applicant eligible for rehire? Yes or No (circle one)

Please list all DOT Recordable Accidents (as defined in 49 CFR Part 390.15 (b) in a vehicle over 10,001 lbs in which the applicant was involved for a period of three (3) years back:

Date	Location,	Type Of Accident	Injuries?	Fatalities?	Towed?

Drug and Alcohol History for Prior Three (3) Years.

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirements of 49 CFR Part 391.

1. Has applicant refused alcohol or drug testing required by DOT rules? Yes or No (circle one)
2. Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your Company? Yes or No (circle one)

3. Has applicant had an alcohol test result of $>.04$ during your employ? Yes or No (*circle one*)
4. If yes to #2 or #3 above, was the applicant referred for SAP evaluation? Yes or No (*circle one*)
Do you know if SAP program has been successfully completed? Yes No Not Sure (*circle one*)
5. Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware?
Yes or No (*circle one*)

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of 49 CFR Part 391 that became effective 10/30/2004.

<i>Signature of Applicant</i>	<i>Social Security Number</i>	<i>Date</i>
<i>Print Driver Name</i>		

Previous Employer Safety Performance History provided by:

Company Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Information Provided by: _____

(Please print name legibly)

I provided the above information was in the following manner: *(check one)*

I sent the information within five (5) business days of receipt via **MAIL**. _____

I provided a copy of this information to the driver applicant who **PICKED UP** the information personally at our office _____

I **FAXED** the information within five (5) business days of receipt _____

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 ALL PRO 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 ALL PRO 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