

Driver's Application for Employment

Silence Lines LLC
9276 Marine City HWY
Casco, MI 48064

Phone: 586-826-9545
Fax 586-777-4474

Date: _____

Instructions: Please type or print in ink. Be sure to answer ALL questions and Submit ALL forms enclosed.

If any questions do not apply to you answer "not applicable" or N/A

Personal Information

Last Name _____ First _____ Middle _____
Telephone Numbers with Area Code _____
Home ()-_____-_____- Cell ()-_____-_____-
E-mail: _____

Current Address: _____
Street City State Zip

Previous Address: _____
(if less than 3 years) Street City State Zip

Date of birth ____/____/____ Social Security Number _____

Commercial drivers license number (CDL-A) _____ State of Issue _____ Expiration Date _____

Any License number held in the **last 3 years** _____ State of Issue _____ Expiration Date _____
If Different from above

How many years have you had a CDL-A license? _____ Can we verify the last 3 years? _____

General Information

Position Applied For: ☐ Team Driver ☐ Solo O.T.R. ☐ Local (with Fast Card)

Were you referred to our company?

☐ Walk In ☐ Advertisement ☐ Employee Referral-Name _____
☐ On-Line Search _____ ☐ Recruiter Referral-Name _____

Have you ever worked for or applied to this company before? ☐ Yes ☐ No When? _____

Are you currently working? _____ How long have you been unemployed? _____

If your application for employment is approved, what date are you available to begin working? _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Name of last school attended: _____

Experience and Qualifications

Please answer the following questions to the best of your ability and knowledge.

A) How did you obtain your CDL-A drivers license? _____ (school or grandfathered in?)

Name of school and year CDL was issued _____ Do you have a certificate? _____

B) Are you currently D.O.T. qualified per CFR 49-Part 391.11? YES _____ NO _____

Do you have any additional endorsements? If so list _____

C) Can you understand, read, write and speak the English language fluently? Yes _____ NO _____

D) What unique qualifications will you bring as a driver that will benefit our company?

E) What is your objective in gaining employment in our company. _____

F) Have you ever driven a commercial vehicle through CANADA? Yes _____ No _____ Do you have a FAST Card? _____

G) Do you have any D.O.T. recordable accidents in the past 3 years? _____

H) Have you ever used E-LOGS before? _____ if yes, for how long? _____

I) Do you have any of the serious traffic violations listed below while driving a commercial vehicle? If so when?

1. Reckless Driving? Yes _____ No _____

2. Improper Lane Change? Yes _____ No _____

3. Hours of Service? Yes _____ No _____

4. Following Too Close? Yes _____ No _____

5. Lane Restriction Violation? Yes _____ No _____

6. List any SAFETY violation you have had in the last 3 years _____

J) Can you legally work in the United State? Yes _____ No _____ Do you have documentation? _____

K) Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

Any Accidents in the past 3 years?

Date	Type of Accident	Fatalities or Injuries	If None check here <input type="radio"/>
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Last Accident

_____ Yes _____ No _____

Previous

_____ Yes _____ No _____

Traffic Tickets or Violations in the Past 3 Years

Location	Date	Charge	Penalty	If None check here <input type="radio"/>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Failure to disclose information may result in a decline decision for your employment

A requirement of The U.S. Department of Transportation requires that all driver applicants show ALL employment for the past 3 years. Drivers must also show any commercial driver employment for the seven years preceding the initial 3 years for a total of ten years. 391.21 (B) (10) & (11)

Do you have at least 2 years verifiable experience driving a commercial motor vehicle? Yes _____ No _____

Start with the last (or current) position you held. Include any military experience and work backwards from there.

History of Employment			
List present employer first			
Dates	Employers Name, Address & Contact Person	Type of Equipment	Your Position
From		Tractor/Trailer	
		Straight Truck	
		Tanker	
		Refrigerated	
To		Other	
		Phone Number ()	-
Reason for Leaving		Rate of Pay	
Dates	Employers Name, Address & Contact Person	Type of Equipment	Your Position
From		Tractor/Trailer	
		Straight Truck	
		Tanker	
		Refrigerated	
To		Other	
		Phone Number ()	-
Reason for Leaving		Rate of Pay	
Dates	Employers Name, Address & Contact Person	Type of Equipment	Your Position
From		Tractor/Trailer	
		Straight Truck	
		Tanker	
		Refrigerated	
To		Other	
		Phone Number ()	-
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		Refrigerated	
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		Tanker	
		Refrigerated	
To		Other	
		Phone Number ()	-
Reason for Leaving		Rate of Pay	
Dates	Employers Name, Address & Contact Person	Type of Equipment	Your Position
From		Tractor/Trailer	
		Straight Truck	
		Tanker	
		Refrigerated	
To		Other	
		Phone Number ()	-
Reason for Leaving		Rate of Pay	

If you run out of room, use the back of this sheet.

Past Drug and Alcohol Test Results

Do you understand that as a requirement required by law, you will be subject to pre-employment Drug testing, And entering into a pool for random drug and alcohol testing in accordance with the law? ☐ Yes ☐ No

Have you ever tested positive for drugs? ☐ Yes ☐ No Have you ever tested positive for alcohol? ☐ Yes ☐ No

If yes, please answer the following questions:

Date(s) you tested positive and for what substance did you test positive? _____

Where you counseled by a Substance Abuse Professional (SAP) and release to return to work? ☐ Yes ☐ No

If yes, please supply all written documentation showing your completion from the program.

Pre Employment Drug and Alcohol Testing Consent Form

In accordance with the requirements of the Federal Motor Carrier Safety Regulations, Title 49 C.F.R. part 40 and this Companies Drug and Alcohol Abuse Policy, I hereby give my full permission to submit to drug and alcohol testing.

All prospective drivers must submit to a drug and alcohol test. A urine sample will be collected and tested for controlled substances and a breath test shall be taken for alcohol concentration. By signing below I am giving my consent for this test.

If you test positive for use of a controlled substance or the use of alcohol or are unable to pass a physical examination or refuse to sign authorization for releasing your past 3 years of drug test results, you will not be considered for employment with this company.

I hereby give my full consent to for the release of my drug and alcohol test results to the Medical Review Officers, the Collection Company performing the test and to:

Silence Lines 9276 Marine City HWY, Casco MI 48064

After you have read and understand the policy and procedure of this company, please sign below in agreement.

Agree to on: (date)

By: X
(print)

$$\frac{x}{(\text{sign})}$$

Applicants Statement

I certify that all entries on this application and the information provided by me are true and complete to the best of my knowledge. I further certify that all information on the medical questionnaire and driving record questionnaire are true and correct. I have read the above statement and understand that any false information on this application my result in termination of my candidacy for employment. Or if hired and information is found to be false, may result in my employment being terminated.

Name: X X
(print) (sign)

Release

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law 94-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record will be obtained on you for employment purposes. They reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Having completed an application for employment at Silence Lines, I request their representative be informed as to my previous records. I hereby authorize the investigation of my past record to ascertain any and all information which may concern my past employment, credit history, criminal record and MVR (driving record), whether same is of record or not, now and throughout the course of your employment to the extent of the law. If applicable, this authorization includes the release of maintained information under 382.413 concerning previous alcohol and controlled substance testing records and the refusal to submit to such testing for the past three (3) years. You and your company are hereby released from any and all liability which may result from furnishing such information.

I understand I have the right to review any information provided by a previous employers, have errors corrected by that previous employer and have the corrected record resubmitted to Silence Lines and/or have a rebuttal statement attached to erroneous information if my previous employer and I can not agree on the accuracy of the information first provided. I understand that I must request any past employer information obtained by Silence Lines in writing within 30 days of my application.

X
(sign)

X
(date)

X
(witness)

X
(date)

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

From: **Silence Lines LLC**

To: _____

Date: _____

Social Security Number: _____

_____ has applied to Silence Lines for as position a driver and states he/she was employed by you as a driver from _____ to _____. Will you please reply to the inquiry below regarding this applicants employment? Your reply will be help in strict confidence and will in no way involve you in any responsibility.

- 1) Are the employment dates with your company as listed above correct? _____
- 2) What kind of work did the applicant do while employed for you? _____
- 3) What kind of CMV did the applicant drive for you? Tractor/Trailer _____ Straight Truck _____ Other _____
- 4) Was the applicant a safe and efficient driver? _____
- 5) Please give the dates of any vehicle accidents in which he/she was involved. _____
- 6) Reason for leaving your employment: Discharged _____ Laid Off _____ Resigned _____
- Remarks: _____
- 7) How was the applicants general conduct? Satisfactory? _____
- 8) Was the applicant competent for a CMV driving position? _____

	Excellent	Good	Fair	Poor
Quality of work	_____	_____	_____	_____
Cooperates with others	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Remarks: _____

Name of Company: _____

Date: _____

Signature: X _____

You are hereby authorized to give to Silence Lines

all information regarding my driving, services, character and conduct while employed by you. I release you from any and all Liability which may result from furnishing such information.

Applicants signature: X _____

Date: _____

Release of Information Form - 49 CFR Part 40 Drug and Alcohol Testing

Employee's printed name: _____

Employee's social security number: _____

I authorize the release of information from my Department of Transportation regulated drug and alcohol testing records from my previous employer (listed below) to Silence Lines. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. The 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 tests.
- 3) Any refusal to be tested.
- 4) Has this person committed other Part 40 violations?
- 5) If this person had a violation, did they complete a SAP program?
If yes, please send any documentation.
- 6) For a driver who has completed a SAP program, have they had any further violation?

Prospective Employee: X _____
(sign)

X _____
(date)

Designated Employer

Representative: X _____
(sign)

X _____
(date)

Previous Employer: _____

Address: _____

Phone Number: _____

To be Completed by Previous Employer

To be completed by the previous employer and **FAXED** back to **586-777-4474**

In the two (2) years prior to the date of the prospective employee's signature, for DOT regulated testing:

- | | | |
|--|-----------|--------------------|
| 1) Did the employee have alcohol tests with a result of 0.04 or higher. | Yes _____ | No _____ |
| 2) Did the employee have verified positive drug tests. | Yes _____ | No _____ |
| 3) Did the employee have any refusal to be tested. | Yes _____ | No _____ |
| 4) Did the employee have any other Part 40 violations? | Yes _____ | No _____ |
| 5) Did a previous employer report a violation to you? | Yes _____ | No _____ |
| 6) If they answer was "yes" to any of the above, did the employee complete the return to duty process? | N/A _____ | Yes _____ No _____ |

Note: If you answered "yes" to 5 or 6 above you must transmit the appropriate return to duty documentation.

Name of person providing information: _____

Title: _____

Phone Number: _____

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 Silence Lines LLC, Prospective Employer, it's 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 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 part on information obtained from FMCSA; the name, address and the toll free telephone number of FMCSA; the 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 the you may, upon providing proper identification, request a free copy of a report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driving 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 <http://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 Silence Lines LLC ("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 correct. I understand I may challenge the accuracy of the data by submitting a request to <http://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 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 FMCSA 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 the 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: _____

Sign: _____

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 electric 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.

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