



APPLICATION FOR EMPLOYMENT

Name: _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security NO. _____ Hire Date _____

Telephone Number: _____ Email Address: _____

Previous Three Years Residency

(Street) (City) (State & Zip Code) # of years _____

(Street) (City) (State & Zip Code) # of years _____

(Street) (City) (State & Zip Code) # of years _____

License Information

Section 383.21 FMCSR state "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License NO.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. Number of miles (Total)
		From:	To:	
Straight Truck				
Tractor and Semi-trailer				
Tractor-two trailers				
Other				

Accident Record For Past 3 Years or More (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number Fatalities	Number Injuries	Chemical Spills Yes or No

Traffic Convictions and Forfeitures For the Past 3 Years (Other than Parking Violations)

Date Convicted (Month/year)	Violation	State of Violation Location	Penalty (Forfeited bond, points, etc.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes, explain _____

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

If yes, explain _____

Employment Record

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). Federal Motor Carrier Safety Regulations (FMCSR)

Last Employer: Name _____

Address: _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and /or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the FMCSR while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

Second Last Employer: Name _____

Address: _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and /or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the FMCSR while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

Third Last Employer: Name _____

Address: _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and /or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the FMCSR while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

To be Read and signed by applicant

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as many 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 understand, also, that I am required to abide by all rules and regulations of Phil Dornbier Trucking.

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand 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.*

Date

Applicants Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicants Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

100 Prairie Energy Dr. Garner, IA 50438

michelle@dornbiertrucking.com
Phone 641-923-3279 Fax 641-923-2924



I, _____ hereby provide consent to Phil Dornbier Trucking Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

A limited query report will be completed no less than annually and as needed. This consent is good for the duration of my employment with Phil Dornbier Trucking Inc.

I understand that if the limited query conducted by Phil Dornbier Trucking Inc indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Phil Dornbier Trucking Inc without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Phil Dornbier Trucking Inc to conduct a limited query of the Clearinghouse, Phil Dornbier Trucking Inc must prohibit me from performing safety-sensitive functions, including driving a commercial vehicle, as required by FMCSA's drug and alcohol program regulations.

New employees will be a full query report prior to hire.

The consortia/ third party administrators and Phil Dornbier Trucking Inc are obligated to report any refusal of drug or alcohol testing and any positive results of drug and alcohol tests.

Employee 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 Phil Dornbier Trucking ("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 Phil Dornbier Trucking ("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 2/11/2016