

DRIVING EXPERIENCE FOR PAST 10 YEARS

Last workplace: _____ Supervisor: _____

From: ____/____/____ To: ____/____/____ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ____/____/____ To: ____/____/____ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ____/____/____ To: ____/____/____ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ____/____/____ To: ____/____/____ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ____/____/____ To: ____/____/____ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.*

Are you physically capable of performing the essential functions of truck driving and trailer unloading?

Yes No

EQUIPMENT OPERATED	DATE FROM	DATE TO	APPROXIMATE MILES
Straight Truck			
Tractor and Chassis/Container			
Tractor and Van			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List courses and training or Safe Driving Awards other than shown elsewhere in this application: _____

List special equipment you can work/own (straps, chains) _____

Have you worked for Excargo Services before? Yes No When? From ____/____/____ to ____/____/____

Reason for leaving _____

Are you leased now? _____ If not, how long since leaving last job? _____

ACCIDENT & VIOLATION EXPERIENCE

List all accidents within past three years:

	Date	Type of Accident or Ticket	Fatality?	Injury?
Last Accident				
Previous Accident				
Previous Accident				

List all moving violations within past three years:

Last Ticket				
Previous Ticket				
Previous Ticket				

Tractor Information: I certify that I own the following truck or am the authorized business agent for same.

Year _____ Color _____ Registered Weight _____

Make _____ VIN# _____ FHWA Exp. _____

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. In the event of lease, I understand that false or misleading information given in my application or interview(s) may result in lease termination. I understand, also, that I am required to abide by all rules and regulations of **Excargo Services Inc.**, as permitted by law.

Signature _____ Date _____

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain “consumer reports” to prepare an investigative report. The investigative report may consist of contacting all listed prior employers to verify your employment history. It may also include criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1861 et. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit **Excargo Services Inc.** to obtain an investigative report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, civil record, workers’ compensation (post-offer only) and drug testing;
3. In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that the above items, which constitute an investigative report, may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Excargo Services Inc.** from liability that might otherwise result from the request for use of and/or disclosure of any or all the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any “consumer report” from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Excargo Services Inc.** to obtain an investigative report as set forth above, as part of its investigation of my lease application.

Print Name

Signature

Date

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Signature: _____ Date: _____

Name (Printed): _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No

Contractor? Yes No

Contractor's Driver? Yes No

Other? Yes No

General area traveled: _____ Commodities transported: _____

While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

Reason for leaving: _____

Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date