

# DRIVER APPLICANT

Please fill out Application completely.

You may mail, fax or drop off application at  
the following locations:

**Stiles Truck Line, Inc.**  
**1901 Jasmine**  
**Pasadena, Texas 77503**  
**800-877-4790 (Toll Free)**  
**713-472-0716 (Fax)**

or

**Stiles Truck Line, Inc.**  
**2980 Old Hwy 67N**  
**Midlothian, Texas 76065**  
**972-723-2699 (Ph.)**  
**972-775-2699 (Fax)**

**STILES**

**TRUCK LINE, INC.**

SAFETY DIRECTOR

1901 JASMINE  
PASADENA, TEXAS 77503

PASADENA (713) 472-0861  
NAT. WATS 1-800-877-4790  
FAX (713) 472-0716

**STILES TRUCK LINE, INC.**  
**1901 Jasmine**  
**Pasadena, Texas 77503**  
**713-472-0861**

**COMPLETE THE FOLLOWING ITEMS IN THE APPLICATION PACKET**

1. All items on the Application Form must be filled in Completely.
2. All CDL Drivers must list all Previous Employers from the previous Full **10 YEARS**.
3. If there are GAPS IN EMPLOYMENT, please state so and fill in Dates.  
(Note: Dates considered as Student or Self-Employed)
4. Be sure to List all Phone Numbers on all Job References for the Previous Three (3) Years.  
(Note: We must Verify the Previous Three (3) Years of Employment)
5. When filling out the Former Employer Verification Form, please only Print Your Name, Social Security Number, then Sign and Date the Form.  
(Note: Do Not Fill in any Former Employer Information)
6. The Following Sections must be Filled in Completely:
  - ❑ Accident Record Section (If No Accidents – write None)
  - ❑ Traffic Convictions Section (If No Tickets in the Past Three (3) Years – write None)
  - ❑ Licenses And Permits Section
  - ❑ Qualifications and Experience Section
7. Sign the Following Completely:
  - ❑ The Request For Check of Driving Record Form
  - ❑ Certification of Compliance With Driver License Requirements
  - ❑ DOT Drug/Alcohol Disclosure Authorization Part 1 & Part 2
8. If Self Employed or Previous Employer has GONE OUT OF BUSINESS we may need a Copy of your W-2 FORMS, or a Copy of your 1099 Forms to Verify Employment.
9. Be sure to **SIGN AND DATE** the **FRONT** and **REAR** of THE APPLICATION.
10. **You may Mail, Fax or Personally Deliver Completed Application Forms at either Stiles Truck Line, Inc. location. (Note: Main Terminal is located in Pasadena, Texas)**

# DRIVER'S APPLICATION FOR EMPLOYMENT

(ADD ADDITIONAL SHEETS AS NECESSARY TO PROVIDE COMPLETE INFORMATION)

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print) **Stiles Truck Line, Inc.**  
Company \_\_\_\_\_  
**1901 Jasmine**  
Address \_\_\_\_\_  
**Pasadena, TX 77503**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may 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 the Company.

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 investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)  
SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that Texas Motor Transportation Association is not engaged in rendering legal, accounting, or other professional services. Texas Motor Transportation Association assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

# APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List Your Residence Address(es) For The Last 3 Years:

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr./Mo.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr./Mo.

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr./Mo.

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code Yr./Mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for commercial drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish: \_\_\_\_\_

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The following page is for information on your "Employment History". All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Provide the complete mailing address showing the street number, city, state and zip code.

Applicants to drive a commercial motor vehicle \* (see page 3), in intrastate or interstate commerce shall provide a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3-years required in the paragraph above.

**List employers starting with the most recent employer. Add another sheet as necessary.**

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# EMPLOYMENT HISTORY

LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

2nd LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

3rd LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

4th LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

5th LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

6th LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

7th LAST EMPLOYER: NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON/TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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 \_\_\_\_\_

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.  
†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD**

List all accidents for past 3 years in which you were the driver. If none, write NONE.

<u>Date</u>	<u>Nature (Head-on etc.)</u>	<u># Fatalities</u>	<u># Injuries</u>	<u>Hazardous Material Spill</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS**

And forfeitures for the past 3 years (other than parking violations). If none, write NONE.

<u>Date</u>	<u>Charge</u>	<u>Penalty</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LICENSES AND PERMITS**

List all driver licenses or permits held in the past 3 years.

<u>State</u>	<u>License No.</u>	<u>Type</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**QUALIFICATIONS AND EXPERIENCE**

<u>Class of Equipment (Check Yes or No)</u>	<u>Circle Type of Equipment</u>	<u>Dates: From (M/Y) To (M/Y)</u>	<u>Approx. No. Total Miles</u>
Straight Truck <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor and Semi-Trailer <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor - Two Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Tractor - Three Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N		_____	_____
More than 8 passengers		_____	_____
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N		_____	_____
More than 15 passengers		_____	_____
Other _____		_____	_____

LIST STATES OPERATED IN FOR LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN). \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

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: \_\_\_\_\_ Date: \_\_\_\_\_

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 01, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued you license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No.: \_\_\_\_\_ State: **Texas** Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to STILES TRUCK LINE, INC.  
(Prospective Employer)  
for the purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

X \_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

- In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:
1. The consumer (applicant) has authorized in writing the procurement of this report;
  2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
  3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
  4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
  5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 30002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: FleetScreen, Ltd.

6000 Western Place, Ste. 480

Fort Worth, Texas 76107

Attn: Sylvia Madrid

## SIR/MADAME:

The following named person has made application with our company for the position of Truck Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of Truck Driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

REQUESTED BY:

Stiles Truck Line, Inc.  
1901 Jasmine  
Pasadena, Texas 77503



# INQUIRY TO PAST EMPLOYERS ~ Stiles Truck Line – Pasadena, TX

To Company Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize you to release the requested information on employment, accidents and drug/alcohol to Stiles Truck Line for the purpose of employer investigation as required by Sec 391.23 & 382.413 of the FMCSR. You are hereby released from any and all liability, which may result from furnishing this information.

Applicant Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

1. The applicant named above lists dates of employment with your firm as: \_\_\_\_\_ to \_\_\_\_\_. Is this correct?  Yes  No  
If no, list dates: \_\_\_\_\_ Was employment:  Full Time  Part Time.
2. Was applicant employed as a driver?  Yes  No. If yes, please indicate the type of equipment driven:  
 Tractor Trailer  Van  Reefer  Tank  Flat Bed  Other: \_\_\_\_\_
3. Circle Areas Pulled: Local – All 48 states – Southeast – Southwest – Northwest – Northeast
4. Number of Accidents \_\_\_\_\_ / Number of Preventable \_\_\_\_\_ / Number of Non Preventable \_\_\_\_\_  
 P  NP Date: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries?  Yes  No.  
 P  NP Date: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries?  Yes  No.  
 P  NP Date: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries?  Yes  No.
5. To your knowledge, was this person's license suspended or revoked while in your employ?  Yes  No.
6. Was applicant required to complete daily logs?  Yes  No.
7. Was the employee's general conduct satisfactory?  Yes  No.
8. Why did the employee leave your company? (Circle all that apply)  
Resigned Discharged Laid off Abandoned equipment Company Policy Violations  
Other: \_\_\_\_\_ Would you re-employ this person?  Yes  No

## CONTROLLED SUBSTANCES AND ALCOHOL TESTING INFORMATION FOR THE PAST 3 YEARS

1. Take a pre-employment Controlled Substance Test?  Yes  No.
2. Participate in a Random Testing Program for Controlled Substances & Alcohol, compliant with Part 40 of the FMCSRs?  Yes  No.
3. Fail a Controlled Substances Test or Alcohol Test?  Yes  No.
4. Refuse to take any Controlled Substances Test or Alcohol Tests?  Yes  No.
5. Has this individual ever violated other DOT drug/alcohol regulations in the past 3 years?  Yes  No.
6. Have you received information from a previous employer that this individual ever violated DOT drug/alcohol regulations in the past 3 years?  Yes  No.

3 Year requirement took effect on April 30, 2004

If yes to questions 3, 4, 5, or 6, please provide the SAPs (Substance Abuse Professional) name, address, and phone number:

Remarks: \_\_\_\_\_

Information provided by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person supplying information)

Printed Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

For questions call Safety: 713-472-0861

Fax to Safety: 713-472-0716

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with Stiles Truck Line ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Stiles Truck Line ("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 consenting to 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.