

PORT CITY TRANSPORTATION

1901 BURNETT BLVD
WILMINGTON, NC 28401

DRIVER APPLICATION DISCLOSURE

Thank you for your interest in becoming a Port City Transportation driver. The application you complete will be used for the purpose of investigating your safety performance driving history as required by Federal Regulation FMSCR 391.23(d) and (e). As part of the required investigation your previous employers from the last three years will be contacted. We will also use this information to determine if you meet our driver qualification standards and those of our insurance carrier.

The purpose of this disclosure is to advise you of your rights and to comply with Federal Motor Carrier Safety Regulations on Driver Background Investigations.

Information you provide and information we gather about you will be shared only with qualified persons responsible for making these determinations.

You have the right to receive upon your written request, information which was received by us from previous employers. You also have the right to disagree with any information which we receive. If you disagree with any information we receive from previous employers, you can make a written rebuttal to the previous employer and they must respond to you. If they change their response it may or may not affect our decision on your application. This right is given to you by FMCSR 391.23(l)

It is important to list **all jobs held over the past ten years**. This information is required by Federal Regulation. If you were unemployed at any time it is ok to say so. Your job history will be verified and we use DAC Services to confirm all trucking jobs and driver's licenses you have held.

Failure to list employers may prevent us from approving your application.

Please fill in the application completely. A complete application will help get you on the road driving with Port City quickly. If you have questions about the Application please ask them.

I have read and acknowledge receipt of this Disclosure.

Applicant Signature _____ SS# _____ - _____ - _____

APPLICATION
FOR QUALIFICATION OF DRIVER
PORT CITY TRANSPORTATION
1901 BURNETT BLVD
WILMINGTON, NC 28401

NOTICE TO APPLICANT-The information supplied within this application may be used and prior employers and/or agencies which supply past employer and driving record may be contacted for the purpose of investigating work and driving record as required by Federal Motor Carrier Safety Regulation 391.23

Please fill in this application completely. For any Yes/No questions please circle the correct answer.
Please sign the application on Page 3 and the Employment Verification on Page 5.

GENERAL INFORMATION

Name _____

SS# _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip Code _____

(If at current address for less than 3 years list additional addresses below)

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

If additional space is required check here _____ and use Page 5.

Home Telephone Number _____ Cell Phone Number _____

Email Address _____

Marital Status: _____ Single _____ Married _____ Divorced
_____ Separated _____ Widowed _____ Engaged

In case of emergency notify: _____ Relation _____

Address _____ City _____ State _____ Zip _____

Tel# _____ Backup Tel# _____

Position applied for _____ Owner Operator _____ Lease Purchase _____ Driver for O/O

Are you now employed? Yes / No (Circle One) May we check with current employer? Yes / No

If not employed, how long since leaving last job? _____

Do you have a TWIC? Yes / No If No, are you willing to get one? Yes / No

List any training or awards received which may help you as a driver:

DRUG AND ALCOHOL INFORMATION

Have you tested positive for a controlled substance or alcohol, refused to be tested in a pre-employment, random, probable cause, post accident, return to duty or follow up test or otherwise violated Controlled Substance or Alcohol Regulations? Yes / No

If Yes, when and where _____

DRIVER LICENSING INFORMATION

Have your driving privileges ever been suspended or revoked or have you ever been denied driving privileges or otherwise disqualified as a driver? Yes / No

If Yes, for what _____ When? _____

What is your Driver's License Number? _____ State _____ Expiration _____

Have you held another Drivers License within the past 3 years? _____

If so where (list all): _____

EXPERIENCE OF MOTOR VEHICLE OPERATION

Do you have Tractor Trailer Driving Experience? Yes / No If Yes, how long? ____ Years ____ Months

Do you have Port & Container experience? Yes / No If yes, how long? ____ Years ____ Months

Do you have Reefer experience? Yes / No If yes, how long? ____ Years ____ Months

ACCIDENTS

List ALL accidents that you have been involved in during the past 3 years. The circumstances and cause of each accident will be evaluated and does not automatically disqualify you.

<u>Date</u>	<u>Nature of Accident</u>	<u>Injuries?</u>	<u>Fatalities?</u>
_____	_____	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No

If more space is needed, check here _____ and use Page 5.

TRAFFIC VIOLATIONS

List ALL traffic convictions or forfeitures over the past 3 years

<u>Date</u>	<u>Charge</u>	<u>Type of vehicle</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed, check here _____ and use Page 5.

WORK HISTORY

List **ALL** work for **past 10 years**. Begin with most recent Company and work backwards.

Most recent or Current Company _____ Tel# _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No

Job Title _____ Reason for leaving _____

Previous Company _____ Tel# _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No

Job Title _____ Reason for leaving _____

Previous Company _____ Tel# _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No

Job Title _____ Reason for leaving _____

Previous Company _____ Tel# _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No

Job Title _____ Reason for leaving _____

Previous Company _____ Tel# _____

City _____ State _____ Zip _____

Contact Name _____ Contact Number _____

From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No

Job Title _____ Reason for leaving _____

If more space is needed check here _____ and use Page 5.

This certifies that this Application was completed by me, and that all entries on it and information in it are true to the best of my knowledge

Date _____ Applicant's Signature _____

ADDITIONAL INFORMATION

Use this page if you need to list additional information such as addresses or accidents not already listed.

ADDRESSES (Continued from Page 2)

Address _____ City _____ State ____ Zip _____
Address _____ City _____ State ____ Zip _____
Address _____ City _____ State ____ Zip _____
Address _____ City _____ State ____ Zip _____

ACCIDENTS (Continued from page 3.)

<u>Date</u>	<u>Nature of Accident</u>	<u>Injuries?</u>	<u>Fatalities?</u>
_____	_____	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No

TRAFFIC VIOLATIONS (Continued from page 3.)

<u>Date</u>	<u>Charge</u>	<u>Type of vehicle</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY (Continued from page 4.)

Previous Company _____ Tel# _____
City _____ State _____ Zip _____
Contact Name _____ Contact Number _____
From _____ to _____ Job Required Drug & Alcohol Testing? Yes / No
Job Title _____ Reason for leaving _____

PREVIOUS EMPLOYMENT VERIFICATION
Port City Transportation USDOT 223391
Return by FAX# to 1-800-646-9313

To: _____ Fax# _____

Address _____

For Applicant: _____ SS# _____

49 CFR 391.23 requires that we as a Motor Carrier obtain record of the driver's employment record for the past 3 years. 40.25 (b) requires that we must after obtaining an employee's written consent (which is below) that we obtain drug and alcohol information from previous DOT regulated employers during the past three years. 40.25 (h) requires that an employer from whom this information is requested must immediately release the requested information to the employer making the inquiry.

As the previous employee of the company or individual from whom this information is being requested, I consent to the release of the information requested below to Port City Transportation by fax to the number listed above.

Signed by Applicant _____ **Date** _____

Witness to Signature _____

To Be Completed by Previous Employer

Applicant states he /she worked for your Company from _____ to _____
as _____.

Are these dates correct? Yes / No If No, the correct dates are: from _____ to _____

Is the Applicants title correct? Yes / No If No, the correct title is : _____

Did he/she operate (circle all that apply): Tractor Trailer / OTR / Local / Hazmat / Containers / Reefers

Number of Accidents _____ Preventable _____ DOT Reportable _____

Was his/her conduct satisfactory? Yes / No Was he/she: Terminated / Resigned / Laid Off

Would you re-employ? _____ If not, why? _____

Based on your company's records:

Did this individual have a Breath Alcohol concentration of 0.04 or greater during the past three years? YES / NO

Did this individual have a Controlled Substance Test with a positive result within the past three years? YES / NO

Did this individual refuse a Controlled Substance Test and/or Alcohol Test within the past three years? YES / NO

Did this individual violate any Controlled Substance or Alcohol Regulation within the past three years? YES / NO

Signature of person supplying information

_____ **Date** _____

Printed Name: _____ **Phone #** _____