



Applicant Name: _____

Address: _____

Driving License No: _____ D. L Exp Date: _____

Class: _____ Province/State: _____ Date of Birth: _____

(mm/dd/yyyy)

Nationality: _____ Experience: _____

SIN/SSN #: _____ Residence Status: _____

Home Phone: _____ Cell #: _____

Email: _____

Has any other license, permit or privilege ever been suspended, denied or revoked: YES NO

Three Year Address History:

Address 1: _____ How Long: _____

Street City Province/State Postal/Zip Code

Address 2: _____ How Long: _____

Street City Province/State Postal/Zip Code

Address 3: _____ How Long: _____

Street City Province/State Postal/Zip Code

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

Note: Originals of the following must be presented for copying: Driver's License, Passport.

Please attach **originals** of the following documents: Current Drivers Abstract, CVOR and Police Check (no older than 30days).

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 a 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 rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Driver's Signature: _____ Date: _____



- Do you have the legal right to work in Canada/US? YES NO
- What is your current Citizenship? _____ Do you have a Work Visa: _____

- Can you legally cross the US/Canadian Border? YES NO
- If no, please explain: _____

- Are you currently employed: YES NO
- Is there any reason you might be unable to perform the functions of the job for which you have applied? YES NO
- If yes, please explain: _____

Driving Experience:	From Date	To Date	Approx. Miles/Hours
Class of Equipment			
Tractor & Semi-trailer			
Straight Truck			
Tractor – Two Trailers			

Please report **ALL** collisions, commercial, personal, preventable, non-preventable, on road and private property for the past 1 year. (Attach sheet if more space is needed).

Date: _____ Nature of Accident: _____

Fatalities: YES NO Injuries: YES NO Preventable: YES NO Charges: YES NO

Date: _____ Nature of Accident: _____

Fatalities: YES NO Injuries: YES NO Preventable: YES NO Charges: YES NO

Please report **ALL** traffic convictions, citations and forfeitures for the past 1 year (other than parking violations). (Attach sheet if more space is needed).

Date: _____ Location: _____

Charge: _____

Penalty: _____

Date: _____ Location: _____

Charge: _____

Penalty: _____

- Have you ever been denied a license or permit to operate a motor vehicle? YES NO
- Has any license or permit ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES PLEASE ATTACH A STATEMENT GIVING DETAILS.

AFFIDAVIT AND PROMISE (Reporting Violations)

I, _____ state on _____ day of _____, 20____ that my current Lic # _____ is not under Suspension or Invalid. I also promise to report all traffic violations, convictions, collisions, License suspensions and/or Medical conditions immediately to All Star Truck Lines.

Signature: _____ Date: _____

(mm/dd/yyyy)



List your employment history for the past **10 years** starting with the most current.
All time for the past 10 years must be accounted for even if you were unemployed.

EMPLOYER		DATE			
NAME:		FROM MO:	YR:	TO MO:	YR:
ADDRESS:		POSITION HELD:			
CITY, PROV/STATE, POSTAL/ZIP CODE		SALARY/WAGE:			
CONTACT PERSON: _____ PHONE NUMBER: _____		REASON FOR LEAVING:			

Employment gaps (if any) with date and reason: _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

EMPLOYER		DATE			
NAME:		FROM MO:	YR:	TO MO:	YR:
ADDRESS:		POSITION HELD:			
CITY, PROV/STATE, POSTAL/ZIP CODE		SALARY/WAGE:			
CONTACT PERSON: _____ PHONE NUMBER: _____		REASON FOR LEAVING:			

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NAME:		FROM MO:	YR:	TO MO:	YR:
ADDRESS:		POSITION HELD:			
CITY, PROV/STATE, POSTAL/ZIP CODE		SALARY/WAGE:			
CONTACT PERSON: _____ PHONE NUMBER: _____		REASON FOR LEAVING:			

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If you have more to list please print another Page 3 and complete.

**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 _____ (“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 _____ (“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 12/22/2015