



If more explanation is necessary, use a sheet of blank paper and include the required information.

Begin with your most recent employer or lessor; provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs, all full and part-time employment. All time must be accounted for, including military service, self-employment, periods of unemployment for greater than 2 weeks. Provide documentation for periods of self-employment (tax records, 1099's, and/or business invoices). You must indicate whether your prior job(s) were regulated by Federal Motor Carrier Safety Regulations (FMCSR) or subject to drug and/or alcohol testing. **If you require additional space to list past employers or lessors, photocopy this blank page or use a sheet of blank paper and include the same information as requested below.**

Period of Non-Employment: From _____ To _____ Reason: _____

Current or Last Employer/Lessor	Company Name: _____	From: _____ (mo/yr)	To: _____ (mo/yr)	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Address: _____				
	Street	City	State	Zip Code	
	Phone: _____		Contact Person: _____		
	Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____		
	States Driven In: _____		Reason for leaving: _____		
	Are you currently employed or leased on with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Were you subject to FMCSR's while employed or leased with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Period of Non-Employment: From _____ To _____

Employer/Lessor #2	Company Name: _____	From: _____ (mo/yr)	To: _____ (mo/yr)	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Address: _____				
	Street	City	State	Zip Code	
	Phone: _____		Contact Person: _____		
	Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____		
	States Driven In: _____		Reason for leaving: _____		
	Are you currently employed or leased on with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Were you subject to FMCSR's while employed or leased with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Period of Non-Employment: From _____ To _____

Employer/Lessor #3	Company Name: _____	From: _____ (mo/yr)	To: _____ (mo/yr)	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Address: _____				
	Street	City	State	Zip Code	
	Phone: _____		Contact Person: _____		
	Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____		
	States Driven In: _____		Reason for leaving: _____		
	Are you currently employed or leased on with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Were you subject to FMCSR's while employed or leased with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Period of Non-Employment: From _____ To _____

Employer/Lessor #4	Company Name: _____	From: _____ (mo/yr)	To: _____ (mo/yr)	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Address: _____				
	Street	City	State	Zip Code	
	Phone: _____		Contact Person: _____		
	Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____		
	States Driven In: _____		Reason for leaving: _____		
	Are you currently employed or leased on with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Were you subject to FMCSR's while employed or leased with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

NOTE: The Federal Motor Carrier Safety Regulations (FMCSR's) 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 lbs 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 placards.

List all accidents/incidents you have been involved in within the past 5 years, regardless of fault, severity or motor vehicle type. If None write NONE

Last Accident: Date: ____/____/____ Fault: ☐ Yes ☐ No Accident Type: _____
Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
Were any vehicles towed away? ☐ Yes ☐ No

Last Accident: Date: ____/____/____ Fault: ☐ Yes ☐ No Accident Type: _____
Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
Were any vehicles towed away? ☐ Yes ☐ No

Last Accident: Date: ____/____/____ Fault: ☐ Yes ☐ No Accident Type: _____
Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
Were any vehicles towed away? ☐ Yes ☐ No

Moving Convictions – List all tickets and forfeitures for the past 5 years (excluding parking tickets).

- | | | | | |
|----|----------------------|-------------|------------------|-----------------------|
| 1. | Date: ____/____/____ | State: ____ | Violation: _____ | Penalty Amount: _____ |
| 2. | Date: ____/____/____ | State: ____ | Violation: _____ | Penalty Amount: _____ |
| 3. | Date: ____/____/____ | State: ____ | Violation: _____ | Penalty Amount: _____ |
| 4. | Date: ____/____/____ | State: ____ | Violation: _____ | Penalty Amount: _____ |

**List ALL driver licenses numbers assigned to you in the past 10 years.
(Starting With Your Current License)**

State: ____ License No. _____ Type: _____ Endorsements: _____ Exp. Date: ____/____/____
State: ____ License No. _____ Type: _____ Endorsements: _____ Exp. Date: ____/____/____
State: ____ License No. _____ Type: _____ Endorsements: _____ Exp. Date: ____/____/____
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No
If yes, give details: _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 **College:** 1 2 3 4
Last School Attended: _____
Name _____ City _____ State _____
Did you attend a Truck Driving School? ☐ Yes ☐ No
School Attended: _____
Name _____ City _____ State _____
Phone Number: _____ Graduation Date: ____/____/____ Overall GPA: _____
Contact Person: _____ Total Hours Attended: _____

Military

Branch: _____ Dates of Service: From _____ To _____
Type of Discharge _____ MOS _____

Truck Driver (intrastate, interstate and Canadian commerce) Job Description

Qualifications

- Operate commercial motor vehicle in a safe and efficient manner.
- Comply with all Federal, state or local regulations that govern the trucking industry. This includes but is not limited to DOT and FMCSR.
- Have a working knowledge of FMCSR regulations and Hours of Service regulations.
- Possess and maintain a valid CDL – Class A (A copy of your valid Class A CDL will be required for DOT files).
- Must meet all Federal DOT required medical standards, including controlled substances.

Duties

- Conduct yourself in a manner that promotes professionalism within the company and the industry and provide safe, superior customer service in an efficient, professional manner.
- Have and demonstrate the necessary driving skills to operate a commercial combination vehicle at varying speeds in difficult situations that may include, but is not limited to heavy traffic, inclement weather or at shipper or receiver locations that may include docking situations.
- Conduct pre-trip and post-trip inspections on tractor-trailer combination vehicles.
- Load and unload general freight products by hand when necessary.
- Operate mobile (satellite) in truck communication systems to include utilizing electronic on board logs.
- Install and remove tire chains when required by local law or as required by weather conditions.

Statements included in this Truck Driver job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the truck driving job.

Applicants – Are you able, with or without accommodation:

- ☐ Yes ☐ No Operate a commercial vehicle for up to 11 hours per day?
- ☐ Yes ☐ No Move freight weighing up to 70 lbs. from floor level to shoulder height to a distance of more than 53 feet?
- ☐ Yes ☐ No Pull a 5th wheel pin with an average of 200 lbs. of force?
- ☐ Yes ☐ No Raise and lower the landing gear which involves repetitious turning of trailer dolly handle (crank)?
- ☐ Yes ☐ No Pull yourself in the tractor at 60% of your body weight?
- ☐ Yes ☐ No Reach shoulder level or above to load and unload freight for extended periods of time?
- ☐ Yes ☐ No Climb in and out of a tractor or trailer 8 to 10 times per day?
- ☐ Yes ☐ No Complete written daily record of duty status forms (Logs)?
- ☐ Yes ☐ No Conduct thorough pre-trip and/or post-trip inspections on tractor and trailer?
- ☐ Yes ☐ No Fuel and perform minor or preventive maintenance on a tractor or trailer?
- ☐ Yes ☐ No Operate a commercial motor vehicle in a safe and efficient manner during daytime and/or nighttime hours?
- ☐ Yes ☐ No Can you read, write and speak English sufficiently to converse with the general public, understand highway and traffic signs and signals, respond to official inquiries, read a bill of lading and make accurate entries in the driver's daily log or electronic on board recorder as required by Federal regulations?
- ☐ Yes ☐ No Legally enter and exit Canada?
- ☐ Yes ☐ No Can you transport all commodities, including alcohol or all types of food products?

AUTHORIZATION AND CERTIFICATION
PLEASE PRINT NAME, SIGN AND DATE BELOW

Must be carefully read and authorized by applicant. If you have any questions or require an explanation of the terms of this Authorization and Certification, please call Veriha Trucking (Carrier) 800-333-9291.

- I understand, agree and authorize that Veriha Trucking (Carrier) may procure one or more reports regarding my Motor Vehicle Record, driving record, credit history, criminal background history and/or past employment or lease records from any law enforcement agency, court of record, HireRight, any third party consumer reporting agency and/or other sources as the Carrier deems necessary for the consideration of entering into an Owner Operator Operating Agreement ("OOO Agreement") with me.
- I authorize Veriha Trucking to make such investigations and inquiries of my personal, employment and lease records, financial or medical history and other related matters as may be necessary in arriving at a decision to enter into an OOO Agreement. I further agree to provide access to previous medical records if required.
- I understand, agree and authorize that Carrier may procure my safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years from the Federal Motor Carriers Safety Administration Pre-Screening Program or any other third party consumer reporting agency.
- I understand, agree and authorize the release of any information about my education, experience, abilities, or work related characteristics or traits held or known by my present or former employers, carriers/lessors, supervisors, co-workers or by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Carrier might contact in the course of conducting a reference check or background investigation of my suitability to provide services under an OOO Agreement.
- I hereby authorize, without liability, any person or organization whose name I have given as a reference, or my whom I have been previously employed or contracted with, to furnish Veriha Trucking any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSSE, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work related characteristics, reasons for leaving employment or ending contract/lease and all information concerning my employment/contract/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.
- I understand that if I had employment with a DOT employer, or was an Owner Operator leased to a DOT carrier in the past (3) three years, I have: 1) the right to review information provided by previous employers or carriers/lessors and/or consumer reporting agencies. 2) The right to have errors in information corrected by the previous employer or carrier/lessor and/or consumer reporting agency and for that previous employer or carrier/lessor and/or consumer reporting agency to re-send the corrected information to Veriha Trucking. 3) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer or carrier/lessor and/or consumer reporting agency on the accuracy of the information.
- I understand and I agree to the terms and conditions of the Truck Driver Job Description.
- I understand that this application to enter into an OOO Agreement will not be accepted as final until satisfactorily completing a medical examination including drug testing, a driving skill exam, a personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.
- I understand and agree, that as a condition of the OOO Agreement with Veriha Trucking, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR) parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to enter into an OOO Agreement or immediate termination of my OOO Agreement should one exist.
- I understand that any point in the future, whether I am actively providing services under an OOO Agreement with the Carrier or not, the Carrier may provide information concerning my services with the Carrier to HireRight, Inc. and/or TenStreet or any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.
- I understand and agree that my submitting this application to the Carrier in no way obligates the Carrier to agree to an OOO Agreement or offer me work or employment.
- I understand that if I enter into an OOO Agreement with Veriha Trucking it will be for no definite period, regardless of the period of payment of revenue. I further understand that I have the right to terminate my OOO Agreement at any time with or without notice, and the Veriha Trucking has the same right.
- I am familiar with and understand the Federal Motor Carrier Safety Regulations (FMCSR) Parts 383, 390-399, Subchapter B, Title 49 of the Code of Federal Regulations.
- I certify that this application and all information provided by me in connection with my application, whether on this document or not, is true and complete to the best of my knowledge. Any false, misleading, incomplete or omission of information shall be sufficient grounds for disqualification of this application, refusal to enter into an OOO Agreement or termination of my OOO Agreement should one exist.
- I attest I have read and understand the terms of this Authorization and Certification by placing my name at the bottom of said document.
- By placing my name below, I authorize Carriers and its employees, agents, and affiliates to obtain the information authorized in this Authorization and Certification document.

Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

1. In connection with your application to enter into an Owner Operator Operating Agreement ("OOO Agreement") with Veriha Trucking, Inc. ("Carrier"), 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).

If Veriha Trucking uses any information it obtains from FMCSA in a decision to not enter into an Owner Operator Operating Agreement ("OOO Agreement") with you, Veriha Trucking will provide you with a copy of the requested report upon which our 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, Veriha Trucking will notify you that the action has been taken and that the action was based in part or in whole on this report from the FMCSA. Veriha Trucking will, at your request, provide you with the name, address, and the toll free telephone number of the FMCSA.

The FMCSA did not make, or does not make, the decision to take adverse action and is unable to provide you the specific reasons why the adverse action was taken. You may, upon providing proper identification, request a free copy of the FMCSA PSP report and you may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from Veriha Trucking, who procured the report, within 3 business days of receiving your request, together with proper identification, Veriha Trucking will send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Veriha Trucking cannot obtain background reports from FMCSA unless you provide consent.

If you agree that Veriha Trucking may obtain PSP and background reports, please read the following and sign below:

2. I authorize Veriha Trucking to access the FMCSA Pre-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 Veriha Trucking to make a determination regarding my suitability to provide services under an OOO Agreement.
3. I further understand that neither Veriha Trucking 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 that 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.
4. Please note: Any crash 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Veriha Trucking and I understand that if I sign this consent form, Veriha Trucking may obtain report of my crash and inspection history. I hereby authorize Veriha Trucking and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Social Security # or EIN #

REQUEST FOR VERIFICATION OF EMPLOYMENT or SERVICE PROVIDER HISTORY and SAFETY PERFORMANCE

FROM: Veriha Trucking, Inc. – Recruiting PO Box 456 – Marinette, WI 54143 Return Fax: 888-750-1649

I, (print name) _____, hereby authorize you to release to Veriha Trucking, Inc., all records of my employment and/or service provider background including, assessments of my job performance, safety record, background, ability, and fitness. Per 49CFR Part 40, the release or information from my DOT regulated drug and alcohol testing records by the carriers. I authorize the carrier to release any dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period, DOT drug and alcohol testing violations including pre-employment or pre-lease tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers or lessors of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation and the name and phone number of any substance abuse professional who evaluated me during the past three years. I hereby, release the above named company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

I understand that if I had employment with a DOT employer or provided lease services to a DOT regulated Carrier in the past three years: 1. I have the right to review information provided by previous employers or Carriers. 2. The right to have errors in the information corrected by the previous employer(s) and Carrier(s) and for that previous employer or Carrier to re-send the corrected information to Veriha Trucking, Inc. 3. The right to have a rebuttal statement attached to the alleged erroneous information, if I cannot agree with my previous employer(s) or Carrier(s) on the accuracy of the information. I understand that in order to review information provided by previous employers or Carriers I must submit a written request to Veriha Trucking, Inc. no later than 30 days after entering into an Owner Operator Operating Agreement or being notified of denial of entering into an Owner Operator Operating Agreement.

Applicant's Signature _____ **Date:** _____

SS#: _____ **Job Applying For:** _____

APPLICANT SIGN AND DATE ABOVE ONLY! DO NOT SIGN BELOW THIS BOX!

Inquiry into Employment or Service Provider History/Alcohol & Controlled Substance Testing per FMCSA 49 DFR Parts 40 and 391.23

Company _____ **Address** _____ **Phone/Fax** _____

Dates of Employment: ____/____/____ to ____/____/____ and ____/____/____ to ____/____/____ ☐ **Full Time** ☐ **Part Time**

Position held with company _____ **Driving Experience:** ☐ **OTR** ☐ **Regional** ☐ **Local** ☐ **Team**

Equipment: ☐ **Straight Truck** ☐ **Tractor-Semi** **Trailer Type:** ☐ **Van** ☐ **Reefer** ☐ **Flat** ☐ **Other**

Type of Operation: ☐ **Company Driver** ☐ **Owner/Operator** ☐ **Driver For Owner/Operator**

Accidents: ☐ **Yes** ☐ **No**

1. **Preventable:** ☐ **Yes** ☐ **No** **DOT Recordable:** ☐ **Yes** ☐ **No** **Description:** _____

2. **Preventable:** ☐ **Yes** ☐ **No** **DOT Recordable:** ☐ **Yes** ☐ **No** **Description:** _____

3. **Preventable:** ☐ **Yes** ☐ **No** **DOT Recordable:** ☐ **Yes** ☐ **No** **Description:** _____

Why did this employee leave your company: ☐ **Quit** ☐ **Discharge** ☐ **Layoff** ☐ **Other** **Rehire:** ☐ **Yes** ☐ **No**

Work Record: ☐ **Outstanding** ☐ **Satisfactory** ☐ **Unsatisfactory** ☐ **Other:** _____

Did this person return all company property in a timely manner? ☐ **Yes** ☐ **No**

Did this person give proper notice upon leaving? ☐ **Yes** ☐ **No** **Problem with attendance?** ☐ **Yes** ☐ **No**

Did this person pick-up and deliver on time? ☐ **Yes** ☐ **No**

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS

1. **Alcohol tests with a result of 0.04 or greater?** ☐ **Yes** ☐ **No** **If yes, please give date(s)** _____

2. **Verified positive controlled substances test results?** ☐ **Yes** ☐ **No** **If yes, please give date(s)** _____

3. **Did applicant ever refuse to be tested?** ☐ **Yes** ☐ **No** **If yes, please give date(s)** _____

4. **Was rehabilitation completed as required?** ☐ **Yes** ☐ **No** **If yes, please give date(s)** _____

5. **Any other violations of DOT agency drug or alcohol testing regulations?** ☐ **Yes** ☐ **No** **Date(s)** _____

6. **Have you ever been notified of a positive drug or alcohol test from any previous employer about this employee?** ☐ **Yes** ☐ **No** **If yes, please give date(s)** _____

Person providing the above information:

Name: _____ **Title:** _____

Company: _____ **Date:** _____

The Federal Motor Carrier Safety Regulations require all previous employers or Carriers for which services were provided by this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25 for which you may be prosecuted.

OOAPP020513