

ART Transport, Inc

2505 Industrial Park Rd

Van Buren, AR 72956

479-474-5600 E-Mail: _____

Name: _____ (_____) _____
(First) (Middle) (Last) (Phone)

Current Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

If at above address for less than three years, list below all residences for past three years.

Next of Kin: _____ (NAME) _____ (RELATIONSHIP) _____ (VALID PHONE NUMBER)
_____ (NAME) _____ (RELATIONSHIP) _____ (VALID PHONE NUMBER)
_____ (NAME) _____ (RELATIONSHIP) _____ (VALID PHONE NUMBER)

Experience & Qualifications

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____ Expiration: _____

List all Driver's License's held within last 3 years. Include driver's license #, issuing state, and expiration.

Have you been denied a license, permit, or privilege to operate a motor vehicle? If so, explain circumstances.

Have any licenses, permits, or privileges ever been suspended or revoked? If so, explain below.

General

Have you ever been convicted of a felony? _____ If Yes, please explain on a separate sheet of paper.
Conviction of a crime is not an automatic bar to certification, all circumstances will be considered.

How did you hear about our Company? (If from another driver please list their name.)

Have you ever failed or refused a DOT drug screen? Yes: _____ No: _____

Employment History

Driver applicants must list ALL past and present employers for the past 3 years. This means **EVERY** job you have had, whether it was a driving or non-driving job. If you were self-employed, unemployed, or not working, you **MUST** also fill in those dates. **YOU MUST PROVIDE DATES FOR THE PAST 36 MONTHS.** This is a Department of Transportation requirement.

Applicants for driving positions must also provide **AN ADDITIONAL 7** years of information on **ALL DRIVING POSITIONS** you have had. (*List ALL jobs in the past 36 months – ALL DRIVING POSITIONS in the past 10 years.*)

Information **MUST** be **COMPLETE**. Add another sheet if necessary. (**LIST EMPLOYERS IN REVERSE ORDER – STARTING WITH THE MOST RECENT**)

Current or Last Employer: _____ DATES OF EMPLOYMENT
Address: _____
City: _____ State: _____ Zip: _____ End: ____/____
Phone #: (____) _____ Position: _____ MO YR
Reason for Leaving: _____
Was this job designated as a safety sensitive function that required DOT
drug/alcohol testing? YES ___ NO ___ Beg: ____/____
Is this company regulated by DOT? YES ___ NO ___ MO YR

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Is this company regulated by DOT? YES ___ NO ___

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MO YR

Beg: ____ / ____
MO YR

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End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

CONFIDENTIAL

Motor Vehicle Report Check Authorization

Print Name _____
(First) (Middle) (Last)

Current Address _____

DOB: _____ Social Security Number: _____

Drivers License #: _____ State: _____ Expiration: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize ART Transport, Inc and its designated agents and representatives to conduct a search for my Motor Vehicle Report. A report will be generated for employment and/or volunteer purposes. I understand that the scope of the report/ investigative report may include, but is not limited to the following areas: Driving Records, Physical Certification and License Suspensions. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to ART Transport, Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. ART Transport, Inc and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Pro-Logistic
Compliance L.L.C.

479.208.3797

Company and Drug and Alcohol Policy Receipt

I, _____, have received a copy of both the Company Policies and Procedures and the Drug and Alcohol Policies and Procedures, that are mine to keep for the duration of my employment with the company. I have read and understand the policies and guidelines set forth in these manuals, and have had any and all questions relating to these policies and guidelines answered to my satisfaction by a Company Supervisor. I have also been instructed that should any further questions arise, to address them to the Safety Department. I also understand that I must notify Pro-Logic Compliance before taking any prescription medications and before I perform any safety sensitive function.

Driver Signature

Date

Company Representative

Date

Pro-Logic Compliance L.L.C.

479.208.3797

PRE-CERTIFICATION URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 code of Federal Regulations, Section 382.301, all certification-applicants of this company must be tested for controlled substances as pre-condition for certification.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to the certifying company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

(Print Name)

(Date)

(Applicants Signature)

ALL ACCOUNT HOLDERS

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

In connection with your application for employment with A.R.T. Transport, Inc. (“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 A.R.T. Transport, Inc. (“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.

LAST UPDATED 12/22/2015