

ART Transport, Inc

2505 Industrial Park Rd
Van Buren, AR 72956
479-474-5600

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: _____

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

Accidents- List all commercial motor vehicle accidents in which you have been involved in during the past 3 years.

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures in the past 3 years.

Location	Date	Charge	Penalty

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Date</u>	<u>Approx. Miles</u>
Straight Truck: _____			
Tractor and Semi-Trailer: _____			
Tractor-Two Trailers: _____			
Other: _____			
How many states have you driven in the past 5 years? _____			
List any special courses or training that will help you as a driver. _____			
List any safe driving awards you may have received: _____			

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**)

	DATES OF EMPLOYMENT
Current or Last Employer: _____	
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

	DATES OF EMPLOYMENT
Current or Last Employer: _____	
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

	DATES OF EMPLOYMENT
Current or Last Employer: _____	
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

DATES OF
EMPLOYMENT

Current or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Position: _____

Reason for Leaving: _____

Was this job designated as a safety sensitive function that required DOT
drug/alcohol testing? YES ___ NO ___

Is this company regulated by DOT? YES ___ NO ___

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

Current or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Position: _____

Reason for Leaving: _____

Was this job designated as a safety sensitive function that required DOT
drug/alcohol testing? YES ___ NO ___

Is this company regulated by DOT? YES ___ NO ___

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

Current or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Position: _____

Reason for Leaving: _____

Was this job designated as a safety sensitive function that required DOT
drug/alcohol testing? YES ___ NO ___

Is this company regulated by DOT? YES ___ NO ___

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

Current or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Position: _____

Reason for Leaving: _____

Was this job designated as a safety sensitive function that required DOT
drug/alcohol testing? YES ___ NO ___

Is this company regulated by DOT? YES ___ NO ___

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

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

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

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

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

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

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

DATES OF
EMPLOYMENT

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

End: ____ / ____
MO YR

Beg: ____ / ____
MO YR

What you will need to bring

- 1) CDL
 - 2) Social Security Card
 - 3) MVR
 - 4) Physical Long Form
 - 5) Physical Card
 - 6) 10 Year Work History
- Employment History- Start with yesterdays date, there cannot be more than a 30-day gap. If the applicant was unemployed, sick or took time off of work between jobs, they must list this in the appropriate time slot. This includes all driving jobs and all NON- driving jobs within the past 10 years. All areas must be filled out City, Sate, Position, and Reason for leaving, whether it was a safety sensitive function and if the past employer was regulated by DOT. Month and Year is all that is required for dates of employment.
 - If you will bring all of the following it will make your orientation go a lot faster. Also, make sure when you come you put aside at least two hours for the Application Process, Log Class, Aggressive Driver Training and Drug Test.
 - Pro-Logic is located at 518 N Plaza Dr Suite 3 Van Buren, AR 72956 in between Subway and Sweet Bay Coffee. If you have any questions please feel free to call the office at 479-262-6098. We will not be able to release you to drive until we have all of the above requirements completed.

ALL ACCOUNT HOLDERS

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

In connection with your application for employment with ART 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 ART 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