

# LBT Transport, Inc.

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PO Box 10  
Buffalo Center, IA 50424

641.562.2048  
800.458.2048  
641.562.2137 (fax)

## Driver Application of Employment

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

**Applying For:** Lease Operator \_\_\_\_\_ Company Driver \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**Today's Date** \_\_\_\_\_ **DATE AVAILABLE FOR WORK** \_\_\_\_\_

### General Information

*Please print thoroughly in ink. Incomplete applications will not be processed.*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ Past address if less than five years at present address:

Past Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

### **Driver's License Information**

State	License Number	Class	Endorsements	Expiration Date
_____	_____	_____	_____	_____/_____/_____

**DOT Physical Expiration Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

How did you hear about L.B. Transport, Inc or who referred you? \_\_\_\_\_

### Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

**Employment History:**

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. **All periods of time must be accounted for during this ten-year period**, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address and phone numbers**, including area codes and zip codes.

The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Includes vehicles having a GVWR of 26,001 or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*(Use a separate sheet of paper if needed)*

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES \_\_\_ NO \_\_\_

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES \_\_\_ NO \_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES \_\_\_ NO \_\_\_

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES \_\_\_ NO \_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES \_\_\_ NO \_\_\_

Was your job designated as a safety sensitive function in any DOT -regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES \_\_\_ NO \_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES \_\_\_ NO \_\_\_

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES \_\_\_ NO \_\_\_

**Driving Experience**

Class of Equipment	Dates From	Dates To	Approx # of Miles (total)
Straight Truck			
Tractor & Semi-trailer			
Tractor – two trailers			
Tractor- three trailers			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC. Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

*Please provide us with traffic violations and accident information for the last five years. Any deletions or omissions will be sufficient reason for denial of your application.*

**Traffic Violations:**

Date	State	Charge	Penalty

**Accident Information:**

Date	Type of Vehicle	Nature of Accident (head on, rear end, upset)	Location	# of Fatalities	# of people injured	Preventable Non Preventable

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_ Yes \_\_\_ No

Has your license ever been denied, revoked, or suspended? \_\_\_ Yes \_\_\_ No

Are you able to perform the functions of the job for which you are applying? \_\_\_ Yes \_\_\_ No

*If you answered "Yes" to any of the above, please explain.*

\_\_\_\_\_

**Personal References (Do not use relatives or former employers):**

1. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name Occupation Phone Number

2. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name Occupation Phone Number

3. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name Occupation Phone Number

**L.B. Transport, Inc., is an equal opportunity employer.**

*It is agreed and understood that any misrepresentation given on this document shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not, and I release the employers and persons named herein from all liability for any damages on account of their furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.*

*This certifies that the above information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Driver Name (Printed): \_\_\_\_\_

(OVER)

## REGARDING BACKGROUND REPORTS FROM THE: *PSP Online Service*

1. In connection with your application for employment with L.B.Transport, Inc., it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize L.B. Transport, Inc., 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 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 the Prospective Employer to make a determination regarding my suitability as an employee.**

3. 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 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 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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) \_\_\_\_\_