



"The Drive to Deliver"

ATTENTION: Applicants need to complete all items and sign where indicated.

Dear Applicant,

Please complete, sign and date all sections of the attached application. Included with the application are important documents which also require your completion. Indicated on the forms are highlighted areas that require your information and signature.

Please include photo copies of your Driver's License, DOT Physical and Social Security cards. FAX the completed application and other necessary documentation to the attention of Milton Herget, Operations Manager, MTS Transport, LLC at 410-355-1184.

Should you have any further questions please don't hesitate to call. My contact information is listed below. Thank you for your interest in MTS Transport.

Very best regards,

A handwritten signature in black ink that reads "Milton Herget".

Milton Herget
Operations Manager
MTS Transport, LLC
6401 Arundel Cove Ave.
Baltimore, Maryland 21226
410-355-1118 ext. 300



6401 Arundel Cove Ave Baltimore MD 21226
(P) 888-612-7224 (F) 410-355-1184

DRIVER APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Today's Date: _____

Name _____
First M Last

Present Address _____
Street City State Zip Code How Long (Months) _____

List Addresses _____
for Past 3 Street, City, State, Zip Code How Long (Months) _____

Years: _____
Street, City, State, Zip Code How Long (Months) _____

Social Security # _____ Date of Birth _____ Drivers License # _____

Class A B C State _____ Expiration Date _____ Endorsements _____

Cell Phone: _____ Emergency #: _____

EDUCATION AND SKILLS

Circle Highest Grade Completed:

First through Ninth Grade
1 2 3 4 5 6 7 8 9

High School
10 11 12

College

Graduate School
1 2 3 4 1 2 3 4 5 6

Type of School	Name and City/State	From Month/Year	To Month/Year	Did You Graduate ?	Type of School	Name and City/State	From Month/Year	To Month/Year	Did you Graduate ?
High School					College				
Other					Specialized Training				

DRIVER PAST RECORD (must check 'Yes or No')

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

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

Has any license, permit or privilege ever been forfeited, suspended or revoked? Yes No

Describe: _____

Do you have a CDL? Yes No

Do you have driving Experience? Yes No

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Please list any other relevant experience: _____

Please list ALL states and provinces you have operated a commercial motor vehicle during the past 3 years: _____

How many years have you been driving an 18-Wheeler with a Class A CDL?: _____

ACCIDENTS AND INCIDENTS

Have you been involved in any accidents in the past 3 years? Yes No

Date of Accident 1 _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was Haz-Mat (other than fuel from tanks) released? _____

Type of Vehicle Operated: _____ DOT Regulation Cited: _____

Date of Accident 2 _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was Haz-Mat (other than fuel from tanks) released? _____

Type of Vehicle Operated: _____ DOT Regulation Cited: _____

Date of Accident 3 _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was Haz-Mat (other than fuel from tanks) released? _____

Type of Vehicle Operated: _____ DOT Regulation Cited: _____

Have you had any warnings, tickets or moving or out of service violations in the last 3 years? Yes No

Violation: _____ Date: _____ Location: _____

Violation: _____ Date: _____ Location: _____

Violation: _____ Date: _____ Location: _____

Violation: _____ Date: _____ Location: _____

EMPLOYMENT INFORMATION

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years history to be verified and 7 subsequent years to be recorded for a total of **10 years employment history -- including Non-DOT related Employment**, or to the extent of which the applicant has worked.

CURRENT EMPLOYER

Employer 1 Name		Telephone # () - _____		Facsimile # () - _____	
Address _____		Address _____		Position _____	
(Street, City, State, Zip Code)					
Supervisor's Name _____	Employed From _____ To _____	Reason for Leaving _____	Ending Salary _____		
		(month/yea) (month/yea)			
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer 2 Name		Telephone # () - _____		Facsimile # () - _____	
Address _____		Address _____		Position _____	
(Street, City, State, Zip Code)					
Supervisor's Name _____	Employed From _____ To _____	Reason for Leaving _____	Ending Salary _____		
		(month/yea) (month/yea)			
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

EMPLOYMENT INFORMATION (CONTINUED: IF NEEDED)

Employer 3 Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ **Position** _____
(Street, City, State, Zip Code)
Supervisor's Name _____ **Employed From** ____/____/____ **To** ____/____/____ **Reason for Leaving** _____ **Ending Salary** _____
(month/year) (month/year)
CDL Required? Yes No **Were you subject to the FMCSR's while employed?** Yes No **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer 4 Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ **Position** _____
(Street, City, State, Zip Code)
Supervisor's Name _____ **Employed From** ____/____/____ **To** ____/____/____ **Reason for Leaving** _____ **Ending Salary** _____
(month/year) (month/year)
CDL Required? Yes No **Were you subject to the FMCSR's while employed?** Yes No **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer 5 Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ **Position** _____
(Street, City, State, Zip Code)
Supervisor's Name _____ **Employed From** ____/____/____ **To** ____/____/____ **Reason for Leaving** _____ **Ending Salary** _____
(month/year) (month/year)
CDL Required? Yes No **Were you subject to the FMCSR's while employed?** Yes No **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer 6 Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ **Position** _____
(Street, City, State, Zip Code)
Supervisor's Name _____ **Employed From** ____/____/____ **To** ____/____/____ **Reason for Leaving** _____ **Ending Salary** _____
(month/year) (month/year)
CDL Required? Yes No **Were you subject to the FMCSR's while employed?** Yes No **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer 7 Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ **Position** _____
(Street, City, State, Zip Code)
Supervisor's Name _____ **Employed From** ____/____/____ **To** ____/____/____ **Reason for Leaving** _____ **Ending Salary** _____
(month/year) (month/year)
CDL Required? Yes No **Were you subject to the FMCSR's while employed?** Yes No **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

(Additional Employers may be listed on another sheet – please ask attendant for this document)

Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by § 383.21 of the FMCSA's, CFR I only have one commercial motor vehicle operator's license.
- **"ALL"** violations other than parking violations have been listed in the above application for a period of no less than the last 12 months.
- I have never tested positive on any pre-employment drug test during the application process, for any motor carrier, nor am I currently under the auspice or control of a Substance Abuse Program (SAP) as prescribed by § 40 & 382 of the FMCSA's CFR for a positive test result. *(Secondary certification on page 8 of this application.)*

Furthermore, I authorize you (the company or their designated agencies) 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 or contract decision. I hereby release any and all of: the employers, the schools, the health care providers, *MTS* and their subsidiaries, as well as the other persons associated with or listed on this application for employment or contract and the subsequent processes and procedures for continuous review and maintenance of records from all liability in response to inquiries and the releasing of information in connection with my application and other hiring or personnel documents, utilized in this the initial offer determination and possible future review. In the event of an employment or contract offer, I understand that false or misleading information granted or given in this application or interview(s) may be considered fraud and could be construed as criminal, and will be grounds for termination and permanent discharge from this company or subsidiaries. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies, guidelines and corporate statements.

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 and evaluating my safety performance history as required by 49 CFR § 391.23(d) and furthermore I understand that I have the right to:

- a.) Review information provided by previous employers;
- b.) Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- c.) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

MTS is an equal opportunity employer. MTS does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

For Completion by a MTS Representative

Reviewed by: _____ Date: _____

Comments: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS
(MUST BE SENT TO ALL PREVIOUS EMPLOYERS FOR THE PAST 3 YEARS)

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to **MTS** as required by § 391.23 and allowed by § 383.35 of the Federal Motor Carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR § 382.413. You are released from any and all liability that may result from furnishing such information.

Applicant's Printed Name _____ Date: _____

Applicant's Signature: **X**

SSN: _____

PREVIOUS EMPLOYER INFORMATION: *(DRIVER LEAVE BLANK - TO BE FILLED OUT BY COMPANY REPRESENTATIVE)*

Company Name: _____ Telephone #: _____
Supervisor Name: _____ Facsimile #: _____
Address: _____
Street City State Zip

First Attempt Date: _____ Second Attempt Date: _____ Third Attempt Date: _____
Called for follow up verification: Yes No Who you spoke to: _____ Date: _____ Time: _____

To be Completed by Previous Employer - Required by FMCSR § 391.23 and § 40.25

Driving & Accident History

The applicant named above was employed by our company - Yes No

Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____
Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck (ST) Tractor-Trailer (TT)
Bus (P) Cargo Tank (T) Hazmat Tank (X) Doubles/Triples Other (specify) _____
Reason for leaving? Resignation Discharge Lay-Off Military Duty Other _____

If there is no safety performance history to report, check here sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant

Check here if there is no accident register data for this person.

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

Check this box if the driver was "NOT" subject to DOT testing requirements while in your employ

- Driver was subject to DOT testing requirements from _____ to _____.
- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person violated a drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below:

Company Name/Address: _____ Best Time to Call: _____ AM/PM Phone: (____) _____

Completed by: _____ Position: _____ Date: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize **MTS** to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

X

Applicant's Signature

Date

Certification of Compliance with Driver's License Requirements

MOTOR CARRIER INSTRUCTIONS:

Part 383 requirements apply to every driver who operates a vehicle weighing 26,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that require placarding in intrastate, interstate, or foreign commerce.

Part 391 requirements apply to every driver who operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding in interstate commerce.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) contain requirements with which you, as a driver, must comply. These requirements went into effect on July 1, 1987 and are as follows:

- 1.) POSSESS ONLY ONE LICENSE:** As a commercial motor vehicle driver, you may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. Destroying a license does not close the record in the state that issued it; you must actually notify them via telephone or mail.

If a multiple license has been lost, stolen, or destroyed, you can close your record by notifying the state of issuance via telephone or mail that you no longer want to be licensed by that state.

- 2.) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** § 391.15(b)(2) and 383.33 of the FMCSR's require that you notify your employer/company: Immediately you must contact no later than the next business day of any revocation or suspension of your driver's license. We additionally require that **"ALL"** violations too must be reported in like manner: Immediately, no later than the next business day.

In addition, § 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing / contracting motor carrier and the state that issued your license (if the violation occurs in a state other than the one which issued your license). Both notifications must be in writing.

The following license is the only one I will possess.

Driver's License No: _____ State of Issue: _____ Exp. Date: _____

Authorization for verification of driving record -- (MVR Request Authorization)

I hereby authorize **MTS** to generate a Motor Vehicle Report for the purpose of investigation as required by § 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations; at this time and any future or subsequent time during my employment or contract with **MTS**. You are released from any and all liability that may result from furnishing such information.

By signing below I certify that I have read and understand the above requirements and do also authorize a verification of my CDL and driving record, as defined above.

Applicant's Name (Printed): _____ Alias: _____ Date of Birth: _____

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

Notes: _____

Pre-Employment / Drug & Alcohol Statement

FMCSR §40.25(j) As the employer; you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See §40.25(b)(5) and (e).)

Prospective Employee/Contractor Name (please print): _____

Social Security Number: _____ Date of Birth: _____

The prospective employee/contractor is required by §40.25(j) to respond to the following questions.

- 1.) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three (3) years?

Check one: Yes No

- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Applicant: **X** _____ Date: _____
(Signature)

Witnessed By: _____ Date: _____
(Signature)

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.

LAST UPDATED 12/22/2015