

Commercial Carriage, LLC  
Email: [commercialcarriagellc@gmail.com](mailto:commercialcarriagellc@gmail.com)  
Fax: 1-866-869-5301

## DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions please print)

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 or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Email \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you been convicted of a felony within the last five years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If no, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_  
If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			
NAME	FROM		TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			

EMPLOYER			
NAME	FROM		TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			

EMPLOYER			
NAME	FROM		TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			

EMPLOYER			
NAME	FROM		TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			

EMPLOYER			
NAME	FROM		TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers. or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

<b>DATES</b>	<b>NATURE OF ACCIDENT</b>	<b>FATALITIES</b>	<b>INJURIES</b>
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING) IF NONE, WRITE NONE

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

**EDUCATION**

HIGHEST GRADE COMPLETED:

LAST SCHOOL ATTENDED \_\_\_\_\_  
 (NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

<b>DRIVER LICENSES</b>	<b>STATE</b>	<b>LICENSE NO.</b>	<b>TYPE</b>	<b>EXPIRATION DATE</b>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT</b>	<b>DATE FROM</b>	<b>DATE TO</b>	<b>APROX # OF MILES (TOTAL)</b>
STRAIGHT TRUCK				
TRACTOR – TWO TRAILERS				
HYDROCRANE				

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

\_\_\_\_\_

January 1, 2024

The Liberty Company Insurance Brokers, Inc.  
Attention:

Dear Liberty Company Insurance Brokers, Inc.,

I am aware that consumer and motor vehicle reports may be obtained as part of The Liberty Company Insurance Brokers, Inc. evaluation of my job application and/or employment. The reports may be procured by The Liberty Company Insurance Brokers, Inc. or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for The Liberty Company Insurance Brokers, Inc. or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

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Signature Applicant/Employee

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Name as it appears on Driver License

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Driver License Number/State of Issuance

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Date of Birth

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THE COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Commercial Carriage, LLC, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of any way related in such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interviews, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or WESTSTAR and that no promises or representations contrary to the foregoing are binding on Commercial Carriage, LLC unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ Should search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Commercial Carriage, LLC. I am entitled to copies of any such public records obtained by Commercial Carriage, LLC unless I mark the line below. I am not hired as a result of such information; I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE



**FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse Consent Form**

I, \_\_\_\_\_ hereby provide consent to Commercial Carriage LLC to conduct a full query for pre-employment as well as multiple limited queries for the duration of employment of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse. This is to determine whether drug or alcohol violation information about me exists in the clearing house.

I understand that if the limited queries conducted by Commercial Carriage LLC indicate that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Commercial Carriage LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Commercial Carriage LLC to conduct limited queries of the Clearinghouse, Commercial Carriage LLC must prohibit me from performing safety-sensitive functions including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Employee Authorization Letter**

**Authorizing Consumer Reports and/or Driving Records to be Obtained**

Name of Job Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Commercial Carriage, LLC:

Consumer reports may be obtained as part of Commercial Carriage LLC's evaluation of my job application/employment. The reports may be procured by Alliant Insurance Services, Inc. and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

PREVIOUS PRE EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

(Sec.40.250) 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-work process. (See Sec.40.25 (b)(5) and (e))

Commercial Carriage LLC

Prospective Employee Name: \_\_\_\_\_

TX Drivers License: \_\_\_\_\_

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

1. Have you 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 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?

Check one:  Yes  No

Prospective Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 Commercial Carriage LLC (“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 Commercial Carriage LLC (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*