

OWNER OPERATOR

DRIVER



AMERI-CO CARRIERS, INC., 1702 E OVERLAND, SCOTTSBLUFF NE 69361

CERTIFICATION RECORD FOLDER

A DOT DRUG TEST WILL BE REQUIRED OF ALL APPLICANTS

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations

Driver Name: _____

Owner Operator Name: _____

Signature of Applicant Date

NAME: _____ PHONE: _____

ADDRESS: _____ How long: _____
(Street) (City, State, ZIP)

ADDRESS: _____ How long: _____
for last 3 years (Street) (City, State, ZIP)

ADDRESS: _____ How long: _____
(Street) (City, State, ZIP)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

SOCIAL SECURITY # _____ Date of Birth: _____

(not discriminated against due to age) (Must answer if applying for driving position)

Are you a citizen of the United States YES NO

IF, no do you possess a valid work permit? YES NO

Do you have any physical, mental or medical impairment or disability that would limit your ability to perform the position (s) for which you are applying? YES NO

IF yes please explain: _____

IN case of emergency notify: _____
(Name, Address, Phone)

POSITION APPLIED FOR: _____ Temporary Permanent

Have you been certified for this company before: YES NO

DATES From: _____ To: _____

RATE OF PAY _____ POSITION: _____

REASON FOR LEAVING: _____

Names of relatives in our employ, or leased to our company: _____

Are you employed now: YES NO If "NO" how long since leaving _____

Who referred you? _____

Rate of pay expected? _____

PHYSICAL HISTORY

Date of last DOT physical examination _____

Doctor's name and address: _____

Ever injured on the job YES NO

Give nature and degree of such injuries: _____

How much time lost from work on past three years for illness _____

Have you received workman's compensation YES NO

When _____

AMERI-CO CARRIERS, INC., 1702 E OVERLAND, SCOTTSBLUFF NE 69361
CERTIFICATION RECORD FOLDER

EDUCATION

Circle Highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College 1 2 3 4

Last school attended: _____

(Name)

(City, State)

GENERAL

Have you ever been bonded? YES NO

Name of Bonding Company _____

Have you ever been refused bond? YES NO

If yes, why? _____

Have you ever been convicted of any crime or felony? YES NO

Have you ever been known by any name other than the one on this application? YES NO

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

Has any license, permit or privilege been suspended or revoked? YES NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTION IS YES - ATTACHED STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
OTHER				

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (attach sheet if more space is needed)

	DATES	Nature of Accident (Head-On, Rear -End, Upset, ETC)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

Driver Name:

Owner Operator
Name:

AMERI-CO CARRIERS, INC., 1702 E OVERLAND, SCOTTSBLUFF NE 69361
CERTIFICATION RECORD FOLDER

PLEASE PRINT ALL INFORMATION, ALL INFORMATION MUST BE COMPLETE WITH DATES, NAME OF EMPLOYERS, NAMES OF SUPERVISORS AND LEGIBLE. WE CANNOT PROCESS YOUR APPLICATION IF WE DO NOT HAVE THIS INFORMATION

1 DOT requires a minimum of ten years past employment and company requires ten years past employment.

ALL TIMES MUST BE ACCOUNTED FOR

2 Photo-copy of C.D.L. license held by applicant, front and back.

3 Photo-copy of Medical Examiner's Certificate. **A MUST.**

4 Photo-copy of Social Security Card.

5 Motor Vehicle Drivers Record.

6 Release forms for request for previous employment furnished with this application **must be signed and dated only.**

IF you do not want your present employer contacted *-Please note so in writing .*

7 Owner/Operator applicants are required to furnish photo-copy of title and lease/purchase agreement that prove ownership of equipment. Also requires is current proof of payments of Federal Heavy Vehicle Tax Form 2290.

TO BE READ AND SIGNED

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the background information to ascertain any and all information of this record, whether same is or record or not, and I release employers and persons named herein all liability for any damages on account of his furnishing such information.

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

I agree to furnish such additional information and complete such examinations as may be required to complete my file.

(Massachusetts, Georgia, Kansas only) - I understand that, as a condition, I will obtain from the Registry of Motor Vehicles, within my probationary period, a copy of my motor vehicle violation record.

(Pennsylvania only) - I give authorization to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicles Violations record. It is agreed and understood that I may be on a probationary period during which I may be discharged without recourse.

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

Date

Signature

You may fax data back to 847-851-9856
Thank - You, Ameri-Co Safety Department

Driver Name:

Owner/Operator Name:

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 Ameri-Co Carriers 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 Ameri-Co Carriers (“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



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ hereby provide consent to Ameri-Co Carriers to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug and alcohol violation information about me exists in the Clearinghouse. I further consent that Ameri-Co Carriers may run multiple limited queries for the duration of my employment with Ameri-Co Carriers.

I understand that if the limited query conducted by Ameri-Co Carriers indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Ameri-Co Carriers without first obtaining additional specific consent from me.

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

Driver Signature

Date