

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 \_\_\_\_\_

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**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
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:







**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**

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.

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Driver Signature

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Date