



## Employment History

All drivers to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (**Note:** List employers starting with the most recent. Add another sheet as necessary.)

Employer	Date
Name	From                      To Mo.           Yr.           Mo.           Yr.
Address	Position held
City                                      State                      Zip	Salary/wage
Contact person                      Phone number	Reason for leaving

Employer	Date
Name	From                      To Mo.           Yr.           Mo.           Yr.
Address	Position held
City                                      State                      Zip	Salary/wage
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Accident record for past three years or more. (Attach sheet if more space is needed.) If you are accident free, indicate none here. ☐

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries or Disabling Damage
Last accident			
Next previous			
Next previous			

Traffic convictions or forfeitures for the past three years (other than parking). If you are violation free, indicate none here. ☐

Location	Date	Charge	Penalty

(Attach sheet if more space is needed.)

### 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)

### Experience and Qualifications—Driver:

	State	License No.	Type	Expiration Date
Driver's				
License				
List endorsements currently on your CDL:				

- 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
- C. Have you ever been disqualified under the Federal Motor Carrier Safety Regulations for the following?  
☐ Serious violations    ☐ Operating under the influence of alcohol or drugs
- D. Have you ever been convicted of a felony or driving under the influence, or are you currently in non-compliance with a support order that would preclude your entering any Canadian Province?  
☐ Yes    ☐ No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- E. Do you have mountain-driving experience? ☐ Yes ☐ No  
 If yes, in what areas of the country? NW ☐ SW ☐ W ☐ E ☐  
 Have you “chained up” before? ☐ Yes ☐ No
- F. Do you have Haz/Mat experience? ☐ Yes ☐ No If yes, what classified materials have you transported? \_\_\_\_\_
- G. Have you failed or refused any DOT-mandated Pre-Employment Substance Abuse screens in the previous 24 months? ☐ Yes ☐ No

### Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
Straight truck				
Tractor and semitrailer				
Tractor-two trailers				
Other				

### Experience and Qualifications—Other:

What safe driving awards do you hold and from whom? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### To Be Read and Signed by Applicant:

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you 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 decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

**I also agree that should I be hired or leased and not maintain that status for 90 days, the pre-employment costs will be deducted from my final payroll or settlement.**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Signature



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

**HireRight Customer:**  
**Company Name:** Bold Transportation  
**Company Contact Name:** Sharon Melvin  
**Fax #:** ( 816 ) 559 - 8351  
**HireRight Account Code:** BOLDT

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____
_____	_____	_____	( _____ ) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Part 2 - FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**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 **Bold Transportation** (“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 **Bold Transportation** (“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 12/22/2015*

## BOLD Transportation, Inc.

### Release Information Form

I hereby authorize BOLD Transportation, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. If hired, I understand that this authorization shall be effective throughout my employment, authorizing the Company to conduct comprehensive background checks at any time during my employment.

I hereby authorize BOLD Transportation, Inc., to do a complete background investigation in accordance with state and federal laws. I authorize the release of any information, including all information related to my alcohol and controlled substances testing and training records conducted under the Federal Highway Administration (FHWA) 49 CFR Parts 40, 382 or 391, by any former employers and held them harmless of any liability from the release of said information.

I hereby authorize BOLD Transportation, Inc., to conduct an investigation of my accident history for the past three (3) years while employed in any position that is safety sensitive as defined by the DOT in Federal Motor Carrier Safety Regulations part 391, 390 and 382. I also authorize BOLD Transportation, Inc., to perform an inquiry into my driving record for every state in which I have held a vehicle operator's license or permit in the last three (3) years.

I understand that I have the right under FMCSR 391 and 390 to review information provided to BOLD Transportation, Inc., by my previous employers. I also have the right to request that any errors in the provided information are corrected by my previous employer(s) and that the corrected information be re-sent to BOLD Transportation, Inc. I have the right to have a written rebuttal statement attached to any erroneous information if my previous employer and I cannot come to an agreement of any of the provided information.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal state and county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I hereby release BOLD Transportation, Inc., and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Lic #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE FAX BACK TO:** 816-559-8351

**HP-1**

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