



1134 East McPherson Hwy • Clyde, Ohio 43410 • Phone: (419) 547-1117

DRIVERS APPLICATION FOR QUALIFICATION

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.

Please check: \_\_\_\_\_ Company Driver \_\_\_\_\_ Owner Operator \_\_\_\_\_ Driver for Owner Operator

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

Name: \_\_\_\_\_
Last First Middle Cell Number \_\_\_\_\_

Current Address \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Previous addresses (5 years)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Have you worked for this company before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

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

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How did you hear about us? \_\_\_Internet \_\_\_Newspaper \_\_\_Employee \_\_\_Walk-in Desired Pay? \_\_\_\_\_

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

---

**Employment History**

List all employers for the last three years and any employment as a commercial vehicle operator for the last ten years. Please do not leave any gaps. If you worked for an Owner Operator please list the Motor Carrier the truck was Leased to.

**Present or Last Employer:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No

---

**Previous Employer:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

---

**Previous Employer:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

---

**Previous Employer:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

---

**Previous Employer:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

---

**Previous Employer:** Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No  
 Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

**Previous Employer:** Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Type Equipment: \_\_\_\_\_ No. Accidents: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed? \_\_\_\_ Yes \_\_\_\_ No  
 Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? \_\_\_\_ Yes \_\_\_\_ No

**Driving Experience:**

Straight truck	Dates: From _____ to _____	Miles driven: _____
Tractor and Semi-trailer	Dates: From _____ to _____	Miles driven: _____
Tractor-two trailers	Dates: From _____ to _____	Miles driven: _____
Other	Dates: From _____ to _____	Miles driven: _____

**Traffic Convictions and Forfeitures for the last five years (other than parking violations)**

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>

**Accident Record for past five years:**

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>

**Driver's License (List each driver's license held in past three years)**

State	License No.	Type	Endorsements	Expiration Date

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 A or B is Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List states operated in for the last 5 years \_\_\_\_\_

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

**DISCLOSURE OF PREVIOUS DRUG AND ALCOHOL RESULTS**

In accordance with Federal Administration Regulations (FMCSA 391.23), we are requested to obtain from all previous employers/lessors in the last three years information concerning your past drug and alcohol test results, including test refusals. Please answer the following questions and sign the certification at the bottom.

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 years? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
2. Have you tested positive for a controlled substance in the past three years? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
3. Have you had an alcohol test with a breath alcohol concentration of 0.02 or greater BA, in the last three years? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
4. Have you refused a required test for drugs or alcohol in the last three years? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If you answered "yes" to any of the above question, please provide the name of the employer/lessor you worked for at the time, the date of the incident, and the name and address of the Substance Abuse Professional you consulted. If you did not undergo the required substance abuse program, please indicate.

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that if any of my previous employers/lessors provide information that I tested positive to a controlled substance, had a BAC of 0.02 or greater, or refused a drug or alcohol test, I am subject to immediate termination without recourse.

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

**To be Read and Signed by Applicant**

In accordance with the provisions of Section 604(b) (2) (A) of 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 reports verifying you previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant. It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

I authorize you to make 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 inquires and releasing information in connection with application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

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

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

Employer Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicant's Signature and Date)  
Spader Freight Services  
Clyde, Ohio 43410

**PLEASE FAX TO: SAFETY**  
**(419) 547-2997**



USDOT #

Name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_

The above named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as a(n) \_\_\_\_\_ (1)from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ (2)from \_\_\_\_\_ to \_\_\_\_\_

If these dates are incorrect, please enter correct employment dates: \_\_\_\_\_ to \_\_\_\_\_

**TYPE OF EQUIPMENT:**

- Tractor Trailer
- Transmission  Manual  Auto
- Straight Truck
- Over the road – How many States? \_\_\_\_\_
- Flatbed
- Tanker
- Van / Reefer \_\_\_ 48' \_\_\_ 53'

**WORK RECORD:**

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
|                      | YES                      | NO                       |
| Customer Complaints  | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment Abuse      | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Attitude        | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely Deliveries    | <input type="checkbox"/> | <input type="checkbox"/> |
| Absenteeism Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Cargo Claims         | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____          |                          |                          |

Did driver complete logs (395.8) accurate and complete. Yes / No Paper log or E-log

**ACCIDENT HISTORY:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date. Check here  if none.

Date	P / NP	Location (City/State)	Inj.	Fatalities	Hazmat	Damage Amount	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

REASON FOR SEPARATION:  QUIT  DISCHARGE  LACK OF WORK  
ELIGIBLE FOR REHIRE:  YES  NO  NO (Company Policy)  UPON REVIEW

**DRUG AND ALCOHOL HISTORY:**

\* Was individual subject to substance abuse testing in accordance with the requirements of 49 CFR Part 40 and 382?  
 YES  NO

\* Any positive drug tests.  YES  NO

\* Any alcohol test result of .04 or greater.  YES  NO

\* Any refusal to test for drugs or alcohol.  YES  NO

\* Any other violations of DOT agency drug & alcohol testing regulations  YES  NO

\* Have you received information from a previous employer that this individual has violated any DOT drug/alcohol regulations?  YES  NO

\* With respect to any violation of a DOT drug & alcohol testing regulation, please include any documentation of successful completion of DOT return-to-duty requirements (including follow-up tests)

PREPARED BY \_\_\_\_\_

POSITION \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

1<sup>st</sup> Request  
Date: \_\_\_\_\_

2<sup>nd</sup> Request  
Date: \_\_\_\_\_

3<sup>rd</sup> Request  
Date: \_\_\_\_\_

# Driver Authorization and Release of Information

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Print)

Company: **Spader Freight Services, Inc.**  
Address: **1134 E. McPherson Hwy.**  
**Clyde, Ohio 43410**  
Telephone: **419-547-1117 Ext. 3120 / 3121**  
Fax: **419-547-2997**

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, veteran status, non-job related disability, or an other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

**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. (General 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.**

**I hereby authorize \_\_\_\_\_ (previous employer) to release the following information to Spader Freight Services, for the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. Previous employer is released from any and all liability which may result from furnishing such information. I hereby authorize my previous employer to release all and any information regarding my alcohol and controlled substance testing records to Spader Freight Services Inc., as required under DOT regulations 49 CFR 382.405 and 382.413. I also hereby authorize Spader Freight Services, Inc., to obtain my previous (5) years of crash data and previous (3) years of inspection data from the Pre-Employment Screening Program (PSP) Online Service.**

**I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required.**

**I understand that I have a right to:**

- 1) Review information provided by previous employers;**
- 2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers;**
- 3) 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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_