MCKISSICK TRUCKING INC APPLICATION

Below you will find some helpful information on what is needed to complete an application for us. Once the application is completed you may return it to our office via the following:

Drop off in person at: 780 Bentleyville Road, Charleroi, PA or 699 Pinegrove School Road, Venus PA

Or

Mail to: PO Box 62, Venus PA 16364

Or

Fax to: 814-354-2938

Or

Email to: kcarbaugh@mckissicktrucking.com

Helpful tips for completing the application:

Page 2 & 3 – Complete all questions that pertain to you.

Page 4 – Sign & date

Page 5 to 9 – Complete all questions that pertain to you.

Make sure you complete a full 10 YEAR work history, if any gaps please explain.

Page 10 & 11 – Simply sign, print name, ssn & date

Page 12 – Complete sections 2 & 3 then sign & date where it states Commercial Driver Signature

Page 14 – Simply sign, date & print

Once your application had been accepted we will need to set up a pre-employment physical & a pre-employment drug test. We will also need a copy/ picture of your license, DOT medical card, SS card, & bank check to set up your direct deposit. If you need further assistance filling out the application please contact Kayla at 814-354-2934 Ext. 110.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print) _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

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

- Review information provided by 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 employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

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(800) 327-6868 - www.~keller.com - Printed in the United States

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

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

Date of Birth _____/_____/_____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ TO _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

_____

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	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo, YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

*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.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 1 0,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo, YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

*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.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 1 0,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo, YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

EMPLOYER	DATE
NAME	FROM Mo. YR. / TO Mo. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐YES ☐NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐YES ☐NO	

*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.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 1 0,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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 6 IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN)	TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☐YES ☐NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	☐YES ☐NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR -TWO TRAILERS	☐YES ☐NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	☐YES ☐NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	☐YES ☐NO More than 8 passengers	—			
MOTORCOACH - SCHOOL BUS	☐YES ☐NO More than 15 passengers	—			
OTHER					

LIST STATES OPERATED IN FOR 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? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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) _____

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.

Signature: _____ **Date:** _____

Print Form

Company Name: McKissick Trucking Inc

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 your previous employment, previous drug & alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413,391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature Date

Applicant's Printed Name Social Security Number

REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: _____

ADDRESS: _____

CITY: _____ DRIVER'S CDL #: _____

MAIL TO FORMER EMPLOYER:

_____

_____

_____

REQUESTED BY PROSPECTIVE EMPLOYER:

_____

_____

_____, _____

Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER_____ TRUCK DRIVER _____ BUS DRIVER_____ OTHER_____ FROM_____ TO_____. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: _____

SIGNATURE OF CARRIER OFFICIAL: _____ DATE: _____

1. Is the employment record with your company correct as stated?_____
2. What kind(s) of work did the applicant do?_____
3. Did the applicant drive motor vehicles for you?_____ Passenger car _____ Straight truck _____ Bus _____
   Tractor-Semi-trailer _____ Other(specify)_____
4. Was the applicant a safe and efficient driver?_____
5. Give the dates of vehicle accidents in which he/she was involved._____
6. Reason for leaving employment: Discharged _____ Laid off _____ Resigned _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought?_____
9. Did the applicant drink any alcoholic beverages while on duty?_____

Alcohol & Drug History

		Yes	No
1.	Has the above named driver had an alcohol test with a result of 0.04 alochol concentration or greater?	[ ]	[ ]
2.	Has the above named driver verified positive for a controlled substances test result?	[ ]	[ ]
3.	Has the above named driver refused a required test for alcohol or drugs during the past 12 months?	[ ]	[ ]

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ _____ or [ ] check here if it is unkown if the driver received treatment.

Name Telephone

Authorization to Release

I, , do hereby authorize
to contact my previous employer(s) in accordance with current US DOT rules and regulations as setforth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

_____ _____ _____ _____

Driver's signature Date Witness's Signature Date

ERIE INSURANCE GROUP

COMMERCIAL DRIVER QUESTIONNAIRE #10

1. POLICYHOLDER'S NAME	POLICY NUMBER	AGENT NO.	AGENT NAME

2. DRIVER INFORMATION

DRIVER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	☐ MALE ☐ FEMALE

LICENSE NUMBER	STATE	PRIOR STATE AND OPERATOR'S NUMBER IF LESS THAN 3 YEARS	DATE FIRST LICENSED OR DATE OF PERMIT	DATE OF BIRTH	SOCIAL SECURITY NUMBER

COMMERCIAL DRIVER'S LICENSE? ☐ YES ☐ NO	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY	HOME PHONE NUMBER

3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.

Has Driver:	YES	NO
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years? ..... **OHIO ONLY:** Had any auto insurance refused,cancelled or expired for:	☐	☐
(1) Material misrepresentation in application or in submission of claims?	☐	☐
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	☐	☐
(b) Been required to file evidence of financial responsibility in the past 5 years?	☐	☐
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	☐	☐
(d) Received a ticket for speeding, a PBJ (PJC in NC) or any other vehicle code violation within the past 5 years? (If "Yes," give date and description of violation(s). If speeding, include your actual speed and speed limit.)	☐	☐
(e) Ever receive any felony convictions? Give date, description and penalty.	☐	☐
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed	☐	☐
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	☐	☐
(h) While driving any motor vehicle,commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under No. 8 below.	☐	☐
(i) **FOR MD ONLY:** Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	☐	☐

(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c),(d), (g), (h) & (i), ask for 3 year record only.**)**
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.**)**
(NOTE FOR WI ONLY: Question 3(f) not applicable.**)**

Details for "Yes" answers:

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed # Yrs Experience?

5. Does driver take home any company autos on a regular basis? ☐ Yes ☐ No If yes, what vehicle(s) .....

6. Does driver have any restrictions on license? ☐ Yes ☐ No If yes, what are the restrictions? .....

7. Were MVRs/CLUEs ordered on any/all drivers? ☐ Yes ☐ No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION _____

AGENT: Do you consider this an acceptable risk? .....

Agent's Signature .....

DC APPLICANT(S) PLEASE READ	**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**
OHIO APPLICANT(S) PLEASE READ	**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**
NY APPLICANT(S) PLEASE READ	**Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.**
PA APPLICANT(S) PLEASE READ	**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.**
TN &VA APPLICANT(S) PLEASE READ	**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**
WV APPLICANT(S) PLEASE READ	**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**
OTHER APPLICANT(S) PLEASE READ	**Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.**
COMMERCIAL DRIVER SIGNATURE	**I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.** DRIVER'S SIGNATURE X ..... Date .....
POLICYHOLDER SIGNATURE	POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE ..... Title ..... Date .....

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with McKissick Trucking 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 McKissick Trucking Inc ("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