



Please fill out the driver application, pre-employment verification and background check consent.

PLEASE NOTE: On the pre-employment verification form, please only complete the highlighted fields. Driver name, social security number and driver signature. We will use information on the application before submitting the request.

Once completed, email your forms, drivers license and current MVR to:

amanda@vanhorntrucking.com

Please allow a least 1 week for a return phone call. If you have any questions regarding the hiring process, call the office at:

706-956-2445

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ 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 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.

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
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CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
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EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), 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

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years				

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 B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	_____			
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? _____

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: _____

FORMER EMPLOYER VERIFICATION REQUEST

To: _____ Fax/Email: _____

Please complete this form and return to Vanhorn Trucking, LLC via fax at 1-888-651-4604. If you have any questions, please call us at 706-956-4460. Thank you for your assistance.

(1st Attempt _____ / 2nd Attempt _____ / 3rd Attempt, Mailed _____)

Part 1: PREVIOUS EMPLOYEE AUTHORIZATION

Name: _____ Social Security Number: _____

I hereby authorize _____ to release the information requested to Vanhorn Trucking, LLC for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including pre-employment drug test results. Please note, you are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 C.F.R Parts 40,382 and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

Employee Signature: _____ Date: _____

Part 2: PREVIOUS EMPLOYEE WORK HISTORY per 49 C.F.R. 391.21

Dates of Employment: From _____ / _____ to _____ / _____. Additional dates: _____

Reason for leaving: (circle one) Discharged Resigned Laid off Comments: _____

Part 3: PERFORMANCE AND SAFETY HISTORY per 49 C.F.R 391.23(2)

Please check type of motor vehicle operated: (please circle all that apply)

Tractor Semi/Trailer Straight Truck Bus Tanker Doubles Triples Other: _____

ACCIDENTS: Please complete the following for any accidents that the applicant was involved in the last 3 years prior to the application date shown above. If more than three, list on separate sheet.

Table with 7 columns: Date, Location, Injuries, Fatalities, Hazmat Spill, Towed, Preventable

Part 4: DRUG AND ALCOHOL INFORMATION per 49 C.F.R 40.25

Was this applicant in a DOT controlled substance testing program with your company? Y N
Has this person had alcohol tests with a result of .04 or higher? Y N
Has this person tested positive / adulterated / substituted a test specimen for controlled substance? Y N
Has this person refused to submit a post-accident, random, reasonable-suspicion, or follow-up alcohol or controlled substance test? Y N
Has this person committed other violations of DOT agency drug and alcohol testing? Y N
If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Y N (If yes please send documentation back with this form)
For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Y N
Please include any required DOT Drug & Alcohol testing information obtained from prior employers in the last three years.

Name of person completing form _____ Title _____
City _____ State _____ Zip _____ Phone _____
Signature of Person Completing Form _____ Date _____

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I authorize _____ (“the Company”) to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners. The Company will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization. I understand that if the Company hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows. I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

- I authorize GoodHire and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name	
Legal Guardian Name (if applicant is under 18)	Applicant/Legal Guardian Email
Applicant/Legal Guardian Signature	Date

- Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com