



## Driver Application for Employment

(Please Print)

Local Motion, Incorporated is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. As a member of the Local Motion team, you will be expected to contribute your talents and energies to improve the environment and quality of our organization. Local Motion practices include a substance abuse policy which requires all drivers to participate in our random drug testing program, as well as pre-hire drug screen and an annual drug screen when renewing license.

Date: \_\_\_ / \_\_\_ / \_\_\_

### I. Personal Information:

<b>NAME:</b> _____					
_____	_____	_____	_____	_____	_____
Last		First		Middle	
<b>ADDRESS:</b> _____					
_____	_____	_____	_____	_____	_____
Number	Street	City	State	Zip	
Permanent Address (if different than above)					
_____					
<b>HOME PHONE:</b> _____			<b>CELL PHONE:</b> _____		

### II. Driving Position Applied For: \_\_\_\_\_

Full Time       Part Time

### III. Availability

Date available to start work: \_\_\_\_\_

Preferred Hours: \_\_\_\_\_ Preferred Days: \_\_\_\_\_

Do you have any objection to working overtime?     YES     NO

Can you work overtime without prior notice?     YES     NO

Can you work on Saturday?     YES     NO

Can you work on Sunday?     YES     NO

Can you travel if required by this position?     YES     NO



**How were you referred to Local Motion?**

Walk In

Online Job Posting - Website: \_\_\_\_\_

Print Advertisement – Name: \_\_\_\_\_

Referral - Name: \_\_\_\_\_

Employment Agency Posting

**Have you ever worked for Local Motion?**     YES     NO

**If yes, Dates & Reason for leaving:** \_\_\_\_\_

\_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, proof of citizenship, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Please be prepared to submit proper documentation.

**Are you a US Citizen?**     YES     NO

**Are you authorized to work in the United States?**     YES     NO

**Have you ever been convicted of a felony?**     YES     NO

**If you HAVE been convicted of a felony, please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Any offer of employment is contingent upon a successful CORI, SORI, employment verification, reference check and pre-hire drug screening.



**IV. Educational History/Other:**

	Name and Location of School or College	Circles Highest Grade Completed	Did you Graduate?
High School and/or GED		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
College		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Military Service		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical Training		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

**V. Experience and Qualifications – Driver**

How many years have you been a licensed driver: \_\_\_\_\_

	STATE	LICENSE #	TYPE / CLASS	EXPIRATION DATE	EXPERIENCE
<b>DRIVER LICENSES</b> (Previous 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 C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? YES / NO D. Have you in the past two (2) years failed or refused a DOT-mandated Pre-employment test(s)? YES / NO If you answered YES to any of the above questions A-D please explain below: _____ _____ _____					

<b>DTE CERTIFICATES</b>	TYPE	EXPIRATION DATE



ACCIDENT HISTORY (Previous 3 Years)		Commercial or Personal	Nature of Accident	Injuries	Fatalities
	Last Accident				
	Next Previous				
	Next Previous				

NOTE: In order to be considered for a driving position at Local Motion, you will be required to supply a recent driving record prior to employment.

TRAFFIC CONVICTIONS AND FORFEITURES (Previous 3 Years)	LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE (Previous 3 Years)	CLASS OF EQUIPMENT <i>Circle all that apply</i>	TYPE	DATES	APRX. NUMBER OF MILES
	STRAIGHT TRUCK			
	TRACTOR AND SEMI-TRAILER			
	TRACTOR – TWO TRAILERS			
	TRACTOR – THREE TRAILERS			
	MOTORCOACH – SCHOOL BUS More than 8 passengers – less than 15			
	MOTORCOACH – SCHOOL BUS More than 15 passengers			
	OTHER			



**VI. 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 codes.

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 a vehicle.

NOTE: Employment records will be verified by Human Resources. Use a separate sheet to list additional employers, if necessary

<b>Employer Name</b>	<b>Dates Employed (Month/Year)</b>		<b>Hourly Rate/Salary:</b>	
<b>Address:</b>	<b>From:</b>	<b>To:</b>	<b>Starting:</b>	<b>End:</b>
<b>Supervisor's Name</b>	<b>If current employer may we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position Held:</b>	<b>Contact Number:</b>			
<b>Reason for leaving:</b>				
<b>Were you subject to the FMSRs while employed? YES / NO</b>				
<b>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</b>				
<b>Comments:</b>				

<b>Employer Name</b>	<b>Dates Employed (Month/Year)</b>		<b>Hourly Rate/Salary:</b>	
<b>Address:</b>	<b>From:</b>	<b>To:</b>	<b>Starting:</b>	<b>End:</b>
<b>Supervisor's Name</b>	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position Held:</b>	<b>Contact Number:</b>			
<b>Reason for leaving:</b>				
<b>Were you subject to the FMSRs while employed? YES / NO</b>				
<b>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</b>				
<b>Comments:</b>				



<b>Employer Name</b>	<b>Dates Employed (Month/Year)</b>		<b>Hourly Rate/Salary:</b>	
<b>Address:</b>	<b>From:</b>	<b>To:</b>	<b>Starting:</b>	<b>End:</b>
<b>Supervisor's Name</b>	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position Held:</b>	<b>Contact Number:</b>			
<b>Reason for leaving:</b>				
<b>Were you subject to the FMSRs while employed? YES / NO</b>				
<b>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</b>				
<b>Comments:</b>				

<b>Employer Name</b>	<b>Dates Employed (Month/Year)</b>		<b>Hourly Rate/Salary:</b>	
<b>Address:</b>	<b>From:</b>	<b>To:</b>	<b>Starting:</b>	<b>End:</b>
<b>Supervisor's Name</b>	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Position Held:</b>	<b>Contact Number:</b>			
<b>Reason for leaving:</b>				
<b>Were you subject to the FMSRs while employed? YES / NO</b>				
<b>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</b>				
<b>Comments:</b>				

*For additional jobs, please list on back of application*



**VI. REFERENCES**

List three references. Please do not include relatives or former employers

<b>Name:</b>	<b>Years Known:</b>
<b>Telephone:</b>	<b>Occupation:</b>

<b>Name:</b>	<b>Years Known:</b>
<b>Telephone:</b>	<b>Occupation:</b>

<b>Name:</b>	<b>Years Known:</b>
<b>Telephone:</b>	<b>Occupation:</b>

**VII. ADDITIONAL COMMENTS**

If necessary, add any additional comments Local Motion should be aware.

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**VIII. Notification & Applicant’s Statement:**

*Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and that the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that employment will be subject to proof of a safe driving record (by applicant and LMI), ability to meet the requirements for a 7-D license, and the taking of a physical exam (including substance screening), and reference check.*

*Driver applicants: In addition to the above, I agree to document all employment for the previous three years, regardless of the length of any employment. I agree to allow authorized Local Motion personnel to investigate my driving records and the results of any drug/alcohol tests for the previous three years.*

*In the event of employment, I understand that false or misleading information given in my application or failure to comply with substance abuse screening requirements may result in discharge. I understand, also, that I am required to abide by all rules and regulations established by Local Motion, Incorporated.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_/\_\_\_/\_\_\_  
Date



## **Drug & Alcohol Testing Policy**

Local motion is committed to providing safe and reliable transportation for its customers and a safe and productive workplace for its employees. All employees are subject to a pre-hire drug screen. Drivers are also subject to random drug testing throughout their employment at Local Motion.

The unlawful possession, sale, distribution or use of a controlled substance while on company premises is inconsistent with our company's objective of operating in a safe and efficient manner and is absolutely prohibited. Accordingly, no employee shall use or have illegal drugs or alcohol in his or her possession during work hours or on Company property at any time.

Additionally, no employee shall report to work while under the influence of illegal drugs, alcohol or under the influence of a controlled substance except as directed by a health care provider. Employees who engage in such conduct will be subject to disciplinary action up to and including termination. Working or reporting to work, conducting Company business or being on Company property while under the influence of an illegal drug or alcohol, or in an impaired condition.

### **I. Pre-Employment Drug Testing**

All applicants considered for employment with Local Motion will be screened for drugs. Applicants will be requested to sign consent / release form authorizing the drug screening and the submission of its results to the Company. Applicants who refuse to sign a consent / release form or who test positive for illegal drugs will not be considered for employment.

### **II. Local Motion Random Drug Testing of Drivers**

The U.S. Department of Transportation has mandated additional ongoing (random) drug and alcohol testing for employees who are engaged in safety sensitive position and who are required to hold a commercial drivers license in order to perform their jobs. Local Motion takes this one step further by requiring all Local Motion drivers to submit to regular random drug tests. This test is considered a requirement of your position as a Local Motion driver.

Upon offer of employment and hire, Local Motion will provide employees with a copy of the extensive Drug & Alcohol Policy.



### **Drug & Alcohol Testing Acknowledgment & Authorization**

I hereby certify that I have received a copy of Local Motion's drug and alcohol policy; that I have read and understood its contents and understand that I must be drug free as a condition of employment. In addition to this policy, I have been trained in the effects of drugs and alcohol and understand that as a condition of my employment

I authorize Local Motion and / or the testing laboratory utilized by Local Motion to conduct a pre-employment drug screen I will provide to the testing laboratory in accordance with its and Local Motion's procedures. I also authorize the testing laboratory to share the test results with Local Motion and / its agents for employment purposes.

I understand that a positive pre-employment drug test may result in Local Motion's withdrawal of an employment offer, while a positive drug test at anytime during my employment with Local Motion will result in disciplinary action, up to and including immediate termination from employment.

I understand that a condition of my employment requires me to be in the random drug and alcohol program, and a positive drug or alcohol test will result in my immediate termination from Local Motion.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PREVIOUS PRE EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

**Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return –to-duty process. (See Sed. 40.25 (b)(5) and e))**

Prospective Employee Name: \_\_\_\_\_

The prospective employee is required by Sec, 40.25(j) to respond to the following questions.

1. Have you 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 an alcohol testing rules during the past two years?

YES / NO

2. If you answered yes, can you provide/obtain proof that you’ve successfully completed the DOT return-to-duty requirements?

YES / NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_



**Disclosure to Employment Applicant Regarding Procurement of A Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800/367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Give copy with Summary of Rights to applicant. Retain a copy for your files.