



DRIVER EMPLOYMENT APPLICATION			
Name (first, middle, last)		Date:	Hire Date (office use only)
			<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire
Position Applying For:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Are you at least 18 years old?		Yes No
Are you legally authorized to work in the U.S.?		Yes No	Email Address
Emergency Contact Name		Relation	
Address		Phone Number	
DRIVER LICENSE INFORMATION			
Driver License Number	State	Type	Expiration Date
DRIVER EXPERIENCE			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
REQUIRED QUESTIONS			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			Yes No
Has any license, permit or privilege ever been suspended or revoked?			Yes No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?			Yes No
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)			Yes No
If you answered yes to any of the above 4 questions, attach a statement of explanation.			
TICKETS / ACCIDENTS/ ETC.			
Accident Record for Past 3 Years			
Date	Description	# of Injuries / Fatalities	
Date	Description	# of Injuries / Fatalities	
Traffic Convictions & Forfeitures for Past 3 Years			
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



EMPLOYMENT RECORD		
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
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 & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
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 & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
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 & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
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 & alcohol testing requirements of 49 CFR part 40?		Yes No
DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)		
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:		
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No



TO BE READ AND SIGNED BY APPLICANT	
<p>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.</p> <p>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.</p> <p>I understand 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 49 CFR 391.23 (d) and (e). I understand that I have the right to:</p> <ul style="list-style-type: none"> ● Review information provided by the 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. <p>This certifies 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.</p>	
Signature	Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT	
<p>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 and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.</p>	
Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.



CORI RELEASE FORM

In connection with your application for employment with **LOCAL MOTION OF BOSTON**, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **LOCAL MOTION OF BOSTON** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
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ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE	
Have you ever refused to be tested for drugs or alcohol?	Yes No
Have you ever tested positive for drugs or alcohol?	Yes No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes No
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.	
<p>I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.</p> <p>Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies (please check all):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Employment, to determine employment eligibility <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post Accident <input type="checkbox"/> Follow Up (see company policy) <input type="checkbox"/> Return-to-duty (see company policy) <p>I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.</p>	
Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements. The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature	Date	

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

Name:	Years Known:
Telephone:	Occupation:
Name:	Years Known:
Telephone:	Occupation:
Name:	Years Known:
Telephone:	Occupation:

EMPLOYMENT INFORMATION	
How were you referred to Local Motion?	
<input type="checkbox"/>	Walk In
<input type="checkbox"/>	Online Job Posting - Website: _____
<input type="checkbox"/>	Employment Agency Posting: _____
<input type="checkbox"/>	Employee Referral - Name: _____
Have you ever worked for Local Motion? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Dates & Reason for leaving:	

EQUAL OPPORTUNITY EMPLOYER
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.

Custom solution developed by:



**DOT
 Compliance
 Help, Inc.**

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