

APPLICATION FOR DRIVER EMPLOYMENT

Revised 7/2020

with

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ABBA CORPORATE TRANSPORTATION
17610 NORTHWEST FREEWAY, BUILDING A, HOUSTON, TX, 77065

I wish to apply for a CDL DRIVER POSITION:

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ - _____ - _____

PHONE NUMBER _____ CELLPHONE: _____

E-MAIL ADDRESS _____

May we text or email you? ___ Yes, ___ No

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

Are you authorized to work in the United States of America? ___ Citizen ___ Resident ___ Permit

COMMERCIAL DRIVERS LICENSE INFORMATION:

STATE	NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one Driver's license".

I certify that I do not have more than one motor vehicle license at this time. _____ initials

Did you hold a license in another state/country during the past three (3) years? ___ Yes (please list) ___ No

STATE / COUNTRY	NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

Are you part of the USDOT Under 21 Military Pilot Program? ___ Yes ___ No

Did you receive your CDL license under the Military Even Exchange Program (Knowledge Test Waiver)?
___ Yes ___ No, If yes, please indicate which state issued the CDL? _____

Have you ever been denied a license, permit or privilege to operate a motor license, permit or privilege ever been suspended or revoked in the United States? ___ Yes ___ No If you answered "yes," please explain why:

Do you have a current medical examiners certificate (medical card)? ___ Yes ___ No

Do you have a medical exemption? ___ Yes ___ No If you answered "yes," please explain your exemption:

Name: _____

Controlled Substance Testing

Did you ever test POSITIVE while working in a “safety sensitive function” in any DOT regulated position when subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40?

___ Yes ___ No

If “yes,” can you provide evidence that you completed a rehabilitation program? ___ Yes ___ No

Are you registered in the FMCSA Clearinghouse as a CDL driver? ___ Yes ___ No

You must be registered in the FMCSA Clearinghouse in order to work with this company. If you need help with registration, please let us know.

EMPLOYMENT RECORD *(attach sheet if more space is needed)*

All applicants that desire to drive in intrastate/interstate commerce must provide the following information on ALL PREVIOUS AND CURRENT EMPLOYERS **during the previous TEN (10) years**. All applicants MUST provide a company name, supervisor name, phone number for each.

DRIVING EXPERIENCE

EQUIPMENT	TYPE OF VEHICLE	DATES OF EXPERIENCE	MILES DRIVEN

ACCIDENT RECORD FOR THE PAST 10 YEARS

DATE OF INCIDENT	NATURE OF INCIDENT (rear-end collision, roll-over, head-on, please explain.)	# OF FATALITIES	# OF INJURED

If you have more than 5 previous employers to list, please use a separate page and check “Yes” here. ___ Yes, attached.

1) Date hired: _____, **Last day of work:** _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?

Yes No

Was this job position designated as a “safety sensitive function” in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? Yes No

Name _____

EMPLOYMENT RECORD, Continued

2) Date hired: _____, Last day of work: _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?

Yes No

Was this job position designated as a “safety sensitive function” in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? Yes No

3) Date hired: _____, Last day of work: _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?

Yes No

Was this job position designated as a “safety sensitive function” in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? Yes No

4) Date hired: _____, Last day of work: _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?

Yes No

Was this job position designated as a “safety sensitive function” in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? Yes No

Name _____

EMPLOYMENT RECORD, Continued

5) Date hired: _____, Last day of work: _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?

Yes No

Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? Yes No

ACKNOWLEDGEMENT TO BE READ AND SIGNED BY APPLICANT

I understand I am applying for a "safety sensitive" position and that I will be required to submit to a pre-employment drug test before being offered work. I further understand and authorize the company to make investigations and inquiries to my personal history, employment background, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release previous 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 and regulations of the USDOT for commercial drivers. I understand that information I provide regarding current and/or previous employers will 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 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 employer(s) 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.

Applicant's signature

Date

Please be advised that additional steps are required by the United States Department of Transportation Federal Motor Carrier Safety Administration regulations in order to process your application and offer you employment. If you are not able to complete these steps in a timely manner, it will delay the completion of the application process. You can find out about these requirements by visiting www.fmcsa.dot.gov where the regulations are available for public information.

We thank you for your cooperation!

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with ABBA CORPORATE CHARTER LLC ("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 ABBA CORPORATE CHARTER LLC ("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

ABBA CORPORATE TRANSPORTATION LLC (herein known as “the company”)

**CDL Driver General Consent for LIMITED QUERIES
of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, _____, hereby confirm that I am registered as a CDL driver in the FMCSA Drug and Alcohol Clearinghouse. I hereby provide consent to THE COMPANY to conduct LIMITED queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

With this general consent form, I consent to allow THE COMPANY to conduct queries as required to satisfy the requirements of the FMCSRs for employers of drivers of commercial vehicles and passenger carriers. I understand that the company has retained the services of a C/TPA (consortium and third-party administrator) and that this consent extends to the services of these companies and a copy of this consent form may be provided to them. I understand that a LIMITED QUERY will be conducted as part of the pre-employment screening process. I understand that a periodic LIMITED QUERY will be conducted at least annually and that if the limited query conducted by THE COMPANY indicates that drug or alcohol violation information about me exists in the Clearinghouse, the company can request an additional consent to conduct a FULL QUERY of my information at that time.

I understand that if the limited query conducted by THE COMPANY indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to THE COMPANY without first obtaining additional specific consent from me.

I further understand that if I refuse to provide or revoke my consent for THE COMPANY to conduct queries of the Clearinghouse, the company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations. I understand that this is required of all contractors, temporary or part-time workers, and full time employees of the company who are involved in performing safety-sensitive functions. This consent will remain valid even if my position in the company should change.

This consent is valid for the duration of my employment with the company. Under this agreement, the company may conduct a limited query of my information at any time to perform a review of my qualifications as a commercial driver or other safety-sensitive position. I understand that if I leave the employment of the company for any reason, a new consent form will be required before I may return to performing safety-sensitive functions for the company.

Employee Signature

Date

CDL # and State of issue

This consent form will be retained by the company for three years after the final query is conducted.

To complete your application, please provide the following:

- A copy of your current CDL driver's license
- A copy of your current medical card
- A copy of your social security card or "green card" if applicable
- A copy of any other licenses or permits which qualify you for the position.

IF YOU ARE SELECTED TO CONTINUE THE HIRING PROCESS,

you will be required to take an FMCSA mandated Pre-employment Drug and Alcohol test and have a clean "negative" result BEFORE YOU WILL BE ALLOWED TO DRIVE ANY COMPANY VEHICLES. The company will pay the clinic for this test. You are expected to provide a date when you will be available for the testing. You are required to provide your own transportation to the testing clinic. **If you do not complete the testing, your application will be put on hold.**

Additional steps are required by the United States Department of Transportation Federal Motor Carrier Safety Administration regulations in order to process your application and offer you employment.

1. You must provide consent for the company to request your safety record from previous employers.
2. You must be available for a driving performance test with a company representative.
3. You must be present for any training provided by the company.

If you are not able to complete these steps in a timely manner, please advise us of your situation so that we can work with your schedule to complete the hiring process.

You can find out about these requirements by visiting www.fmcsa.dot.gov where the regulations are available for public information.