

**APPLICATION FOR EMPLOYMENT** Hire date : \_\_\_\_\_

**NAME** \_\_\_\_\_  
 (First) (Middle) (Last)

**ADDRESS** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**DATE OF BIRTH** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**PREVIOUS ADDRESSES FOR PAST 3 YEARS**

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

**DRIVER LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS – ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been convicted of a Felony, DUI or DWI? Yes  No

If yes, please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes  No

FORS CORP 7630 Ogden Ave. Lyons, IL 60534

**Past Employment Record**

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

**Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Second Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Third Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fourth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fifth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Sixth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Seventh Last employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eighth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ninth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Tenth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. In addition, during this time, I was convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle:  **Yes, I was convicted**  **No, I was not convicted**  
**If you answered yes to the above questions, attach a statement of explanation and provide proof of return to duty process.**

Any gaps in employment longer than 1 month are explained as follows: \_\_\_\_\_

**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. 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and 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 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. I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

**PROSPECTIVE EMPLOYEE - Applicant's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROSPECTIVE EMPLOYEE - Applicant's Print Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**PROSPECTIVE EMPLOYER - Witness** \_\_\_\_\_ **PROSPECTIVE EMPLOYER - Company Name** \_\_\_\_\_

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with FORS CORP (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize FORS CORP (“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 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



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 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**