

# Application for Qualification

Atlantic Carriers, Inc.  
P.O. Box 457  
Atlantic, IA 50022

Office: (712) 243-1258  
Watts: (800) 831-5740  
Fax: (712) 243-1367

The purpose of the application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Atlantic Carriers, Inc.

## Instructions to Applicant

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Please answer all questions. If the answer to any question is "no" or "none," do not leave them blank, but write "no" or "none."

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date \_\_\_\_\_ Circle One: Company Driver Owner/Operator

Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
(First, Middle, Last)

Home Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Exam Expiration Date \_\_\_\_\_

### Current and Three Years Previous Addresses:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### Education and Employment History

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Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4

Give a **complete record** of all employment for the past 10 years, including any unemployment, or self employment, and all commercial driving experience for the past 10 years. Any gaps in employment and/or unemployment must be explained.

### Present or Past Employer:

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Present or Past Employer:**

(m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street, City, State, Zip)

Reason for Leaving \_\_\_\_\_ Phone \_\_\_\_\_

**Driving Experience**

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Class of Equipment	Date/To	Date/From	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two Trailers			
Other			

List states operated in for the last five years:

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List special courses/training completed (PTD/DDC, Haz Mat, etc.):

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List any Safe Driving Awards you hold and from whom:

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**Accident Record for the past three years** (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years** (other than parking violations)

Date	Location	Charge	Penalty

**Driver's License** (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- 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 tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?.....YES/NO
- D. Have you ever been convicted of a felony?.....YES/NO

If the answers to A, B, C, or D is "YES," give details: \_\_\_\_\_

**Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To be Read and Signed by Applicant**

*It is agreed and understood that the falsification, misrepresentation, or omission of fact on this application for qualification (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment without benefits, regardless of when or how it was discovered.*

*I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.*

*I agree to furnish such additional information and complete such examination as may be required to complete my employment file.*

*It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.*

*It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true, accurate, and complete.*

\_\_\_\_\_  
**Applicant's name (printed)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete sections 2, 3, and 4, and then return to Atlantic Carriers, Inc. shown in section 1.

**APPLICANT:** Complete SECTION 1 and submit to Atlantic Carriers, Inc.

**ATLANTIC CARRIERS, INC.:** Complete SECTION 5a and send to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	<b>TO BE COMPLETED BY ATLANTIC CARRIERS, INC.</b>
<p>I, (Print Name) _____  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>First, M.I., Last</span> <span>Social Security Number</span> </div> </p> <p>hereby authorize:            Previous Employer: _____            Street: _____            City, State, Zip: _____</p> <p>to release and forward the information regarding employment verification, accident history, and drug &amp; alcohol history.            To: <b>Atlantic Carriers, Inc.</b>            Attention: <b>Ryan Richter</b> Telephone: 1 (800) 831-5740 (toll free)            Street: <b>501 Ash St.</b> 1 (712) 243-1258            City, State, Zip: <b>Atlantic, IA 50022</b></p> <p>In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.            Atlantic Carriers, Inc.'s confidential fax number: <b>1 (712) 243-1367</b>            Atlantic Carriers, Inc.'s confidential email address: <b>ryan@atlanticcarriers.com</b></p> <p>_____            Applicant's Signature Date</p>	

SECTION 2:	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>EMPLOYMENT VERIFICATION</b>	
<p>The applicant named above was or is employed or used by us. Yes _____ No _____</p> <p>Is the applicant named above eligible for re-hire? Yes _____ No _____</p> <p>If "No," explain: _____</p> <p>Employed as (job title) _____ from (m/y) _____ to (m/y) _____</p> <p>Did he/she drive a motor vehicle for you? Yes _____ No _____</p> <p>If "Yes," what type? Straight Truck _____ Tractor-Semitrailer _____ Bus _____ Cargo Tank _____            Doubles/Triples _____ Other (specify) _____</p> <p>Completed by: _____            Company: _____            Street: _____            City, State, Zip: _____ Telephone _____            Signature _____ Date _____</p>	



***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 Atlantic Carriers, Inc. (“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 violation, 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 Atlantic Carriers, Inc. (“ 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 FMSCA 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.