

OAKLEY TRUCKING

SOLID

P O BOX 17880
NORTH LITTLE ROCK, AR 72117
PH # 800-662-0875 FAX # 501-945-5722

The purpose of this 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 Oakley Trucking Inc.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application ____/____/____ Truck Model _____ Year _____ Weight _____ lbs.

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Cell Phone Number (____) _____ - _____ e-mail address _____

Date of Birth ____/____/____ Social Security Number _____ - _____ - _____

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

Physical Exam Expiration Date: ____/____/____ Position applying for End Dump Vac Pneumatic

Past Three Years Previous Addresses:

_____ From ____/____/____ To ____/____/____

_____ From ____/____/____ To ____/____/____

_____ From ____/____/____ To ____/____/____

Have you worked for Oakley Trucking before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____

Reason for leaving? _____

Referred to Oakley Trucking by? _____

Education History

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

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. (Please start with most recent employer)

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. (Please start with most recent employer)

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mo/Yr From _____ / _____	Mo/Yr To _____ / _____	Present or Last Employer: Name _____
Position Held _____	Address _____ (Street) (City) (State/Zip)	
Reason for Leaving _____	Phone # () _____ - _____	
Were you subject to the Federal Motor Carriers Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed: _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for 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 (City and State)	# 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. Is there any reason you might be unable to perform the functions of the job for which you have applied?..... Yes No
- D. Have you ever been convicted of a felony?..... Yes No
- If the answer to A, B, C, or D is "Yes", give details _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application on file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to lease the applicant.

It is agreed and understood that if qualified and leased, I may be on a probationary period during which time 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 and complete to the best of my knowledge.

I am aware of my rights according to section 391.23 of the Federal Motor Carriers Safety Regulations.

Applicant's signature _____ Date ____/____/____

Oakley Trucking requests that facial hair is maintained as follows.....



Unacceptable
A full beard is not permitted.



ACCEPTABLE
No Hair below the Collar!
No Ponytails ! No Earrings !



Unacceptable
Any hair below bottom lip is not permitted.

INQUIRY OF PAST EMPLOYMENT

From: Oakley Trucking, Inc.

Company

Rep: _____ **Company:** _____
address: _____
city, st., zip _____

Attn: _____
Phone: _____
Fax: _____

3700 Lincoln Avenue
North Little Rock, AR 72114
Ph# 501-945-0875 Fax# 501-945-5722

I hereby authorize you to release the following information to Oakley Trucking, Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any liability, which might result from furnishing such information. In answering these questions, include any drug or alcohol testing information obtained from previous employers under section 40.25 or other applicable DOT agency regulations.

Name: _____ **SSN:** _____ / _____ / _____

Signature: _____ **Date:** _____ / _____ / _____

Employment Dates From: _____ To: _____
 From: _____ To: _____

Reason for Leaving: Driver resigned terminated Laid-off

Eligible for Re-Lease: Yes No Upon Review

If no, please explain:

Status: Owner Operator Lease Company Other:

Experience: Non Driving Regional Local OTR

Equipment Operated: Tractor/Trailer Straight Bus Other:

Trailer Type:

Loads Hauled?

Was applicant dependable and on time? Yes No

Was any equipment abandoned? Yes No

General Comments:

Number of Accidents:	Preventable:	Non-Pre:	Dot-Rec:	Hzmt:
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Date	Nature of Acc.	Injury/Fatality	Est. Cost

Drug And Alcohol Investigation

- | | | | |
|---|-----|----|-----|
| 1. Has this person had a verified positive drug test in the past 3 years? | Yes | No | |
| 2. Has this person had an alcohol test with a result of 0.04 or greater in the past 3 years? | Yes | No | |
| 3. Has this person refused a drug and/or alcohol test in the past 3 years (including adulterated or substituted drug test results)? | Yes | No | |
| 4. Has this person committed other violations of DOT drug and alcohol testing regulations? | Yes | No | |
| 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? | Yes | No | |
| 6. If you answered "yes" to any of the above items, did the driver complete the return-to-duty process? | Yes | No | N/A |

Completed by _____ / _____ Title _____ Date _____
 Signature of Co Rep Print

PLEASE FAX COMPLETED FORM BACK TO: OAKLEY RECRUITING AT 501-945-5722

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 (j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25 (b) (5) and (e).

Applicant Name: _____ SSN# _____ / _____ / _____
(Please print)

As an applicant, applying to perform safety-sensitive functions for Oakley Trucking, you are required by CFR Part 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 and alcohol testing rules during the past two years?

YES NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____ / _____ / _____

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 _____ (“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 _____ (“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.

LAST UPDATED 12/22/2015