

O · A · K · L · E · Y

T R U C K I N G, *Inc.*

NORTH LITTLE ROCK, AR

PO 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 Applicants

Please answer all the 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 Address:

_____ 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

Work History

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

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed/working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed /working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed / working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed/working or contracted here? Yes 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? Yes 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.*

Work History

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

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed/working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed /working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed / working or contracted here? Yes 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? Yes No

Month/Year Month/Year Present or Last Employer / Work Experience:
From ___/___/___ To ___/___/___ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____ - _____

Where you subject to the Federal Motor Carriers Safety Regulations* while employed/working or contracted here? Yes 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? Yes 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.*

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. If the answer to A, B, or C is "Yes," give details _____

O ♦ A ♦ K ♦ L ♦ E ♦ Y

INQUIRY OF PAST WORK HISTORY

From: Oakley Trucking, Inc.

Company

Rep: _____

Email: _____

To: _____

address: _____

City, St, zip _____

Attn: _____

Phone: _____

Fax: _____

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: _____ / _____ / _____

Work Dates:	From: _____	To: _____
	From: _____	To: _____
Reason for Leaving:	Driver Terminated Lease / Co. Terminated Lease / Laid-Off / Still Leased	
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? N/A Yes No

Completed by _____ / _____ Title _____ Date _____

Signature of Co Rep **Print**

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

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 or qualify the applicant.

I understand that I have the right to: (1) review any information obtained from former employers or motor carriers for whom I have worked; (2) have errors in the information corrected by former employers and motor carriers for whom I have worked, and have them send the corrected information to the company, and (3) attach a written rebuttal statement to any information for which I perceive to be inaccurate and which is the subject of a disagreement between me and a former employer or motor carrier.

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.

Applicant's signature _____ Date ____/____/____

Oakley Trucking requires the independent contractor to wear a respirator occasionally for safety reasons therefore, 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.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-QUALIFICATION STATEMENT

CFR Part 40.25 (j) requires the motor carrier 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 motor carrier to which the applicant 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 applicant admits that he or she had a positive test or refusal to test, we must not use the applicant to perform safety-sensitive functions, until and unless the applicant 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 or motor carrier 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016