

*******ATTENTION*******

Please provide signatures where needed.

- Top of 1st page to allow Duffy Bros. to contact previous employers as well as conduct a pre-employment screening.
- Bottom of 3rd page attesting to the honesty of the application and that it was completed by you.
- Page 5 allowing Duffy Bros to access your PSP report.
- Page 6 allowing Duffy Bros to conduct a query with the FMCSA Drug and Alcohol Clearinghouse.



Duffy Bros Inc
 PO Box 250
 Columbus, WI 53925

APPLICATION FOR QUALIFICATION

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. By signing below you are also authorizing Duffy Bros., Inc to access the FMCSA Pre-Employment Screening Program system to seek information regarding your commercial driving safety record and information regarding your inspection history, including five years of crash data and three years of inspection history.

Driver Applicant Printed Name _____ Driver Applicant Signature _____ Date _____

Name _____ Phone () _____

Current Address _____
 Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
 Street City State Zip

Previous Address _____
 Street City State Zip

Date of Birth* / / * Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: _____ () _____
 Name Phone

Contact's Address _____
 Street City State Zip

Position Applying for: _____ Rate of pay expected? _____

Temporary Part Time Full time Who referred you? _____

Have you worked for this company before? Yes No Dates: / / - / /

Where? _____ Rate of Pay? _____

Position _____ Reason for leaving? _____

Have you ever worked for this company under another name? Yes No _____

(If job requirement) Have you ever been bonded? Yes No Name of bonding company _____

List names of relatives working for this company: _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
 Name Address

List special courses or training that will help you as a driver _____

APPLICATION FOR QUALIFICATION

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Reasons for Leaving _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

APPLICATION FOR QUALIFICATION

DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes No
 Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No
 Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes No
 If answered Yes to any of the above questions, please give details: _____

EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc.)	Dates From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

List states operated in during last five years _____
 List safe driving awards held & who presented by _____

Accident Review for past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? _____ If Yes, when _____

A conviction record will not necessarily bar you from employment. Such factors as age, time of the offense, seriousness, and nature of the violation will be taken into account.

Have you ever been denied a bond? _____ Do you have a valid drivers license? _____

Have you ever had your drivers' license suspended or revoked? _____

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d)&(e). 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.

Signature of Applicant _____

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 Duffy Bros., 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 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 Duffy Bros., 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 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

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Duffy Bros., Inc. to conduct a limited query 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.

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

I further understand that if I refuse to provide consent for Duffy Bros., Inc. to conduct a limited query of the Clearinghouse, Duffy Bros., Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date