



MCD EXPRESS

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COMMERCIAL DRIVER APPLICATION

Fill in ALL Blanks & Provide ALL Requested Information

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Relationship: _____

ADDITIONAL ADDRESS INFORMATION

If Above Address is Less than 3 Years

Address: _____ City: _____

State: _____ Zip: _____ Dates: From: _____ To: _____

Address: _____ City: _____

State: _____ Zip: _____ Dates: From: _____ To: _____

Address: _____ City: _____

State: _____ Zip: _____ Dates: From: _____ To: _____

DRIVER'S LICENSE INFORMATION

List All Licenses Held in Past 3 Years

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

EXPERIENCE

List Equipment Driven

_____	_____	to	_____	_____
Type of Vehicle Driven	Start Date		End Date	Approximate Mileage Driven
_____	_____	to	_____	_____
Type of Vehicle Driven	Start Date		End Date	Approximate Mileage Driven
_____	_____	to	_____	_____
Type of Vehicle Driven	Start Date		End Date	Approximate Mileage Driven

ACCIDENTS

List All Within Last 3 Years

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

TRAFFIC VIOLATIONS AND CONVICTIONS

List All Within Last 3 Years

Date: _____ Violation: _____ State: _____

Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____

Commercial Vehicle: Yes No

Date: _____ Violation: _____ State: _____

Commercial Vehicle: Yes No

Have you ever had any driver's license denied, suspended, revoked, or cancelled by any issuing state agency?

Yes No

If Yes, State of Issuance: _____

Explanation: _____



EMPLOYMENT HISTORY

Last 10 Years (383.35) Account for gaps Between Employers

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____



EMPLOYMENT HISTORY CONTINUED

Last 10 Years (383.35) Account for gaps Between Employers

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Employer: _____ Dates: _____ to _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Supervisor: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____



For Driver Applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the Requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review the information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to resend the corrected information to prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three (3) years, and wish to review previous investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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

To Be Completed by the Employer:

Application Received By:

Application Reviewed for Completeness By:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time and Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:



AUTHORIZATION TO RECEIVE DRIVING RECORD

I hereby authorize MCD Express, Inc. to obtain a copy of my driving record (MVR), for the purpose of establishing and maintaining eligibility as a driver, as required by the insurance providers and FMC. I release MCD Express, Inc. and the provider of my driving record from any and all liability which may result from receiving and furnishing such information.

Name of Applicant:

Last

First

Middle

Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____

Social Security Number: _____

License Number: _____

State License Issued: _____

License Expires: _____

Years of Experience: _____

Signature of Applicant: _____ Date: _____

Print Name: _____

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 MCD Express, 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 MCD Express, 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.

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

LAST UPDATED 12/22/2015