



Duane Livingston Trucking and Brokerage

P.O. Box 7606

169 Blankenship Lane

Texarkana, Texas 75505

OFFICE - 903-832-5373

1-800-441-0697

FAX# - 903-832-1385

APPLICATION FOR EMPLOYMENT

DRIVER QUALIFICATIONS

MUST MEET ALL FEDERAL MOTOR CARRIER SAFETY

ADMINISTRATION GUIDELINES

MINIMUM OF 25 YEARS OF AGE

MINIMUM OF 2 YEARS VERIFIABLE OTR EXPERIENCE

**BE ABLE TO PASS PRE-EMPLOYMENT D.O.T. PHYSICAL AND
DRUG SCREEN**

NO RECKLESS/CARELESS DRIVING VIOLATIONS

**NO MORE THAN 2 MOVING VIOLATIONS IN PREVIOUS 12
MONTHS, NO MORE THAN 4 MOVING VIOLATIONS IN
PREVIOUS 36 MONTHS**

**TANKER AND HAZ-MAT ENDORSEMENTS REQUIRED ON A
VALID CLASS A CDL**

**MUST ALSO HAVE A TWIC CARD, (TRANSIT WORKERS
IDENTIFICATION CREDENTIAL).**

Hire Date _____

DRIVER EMPLOYMENT APPLICATION

DUANE LIVINGSTON TRUCKING INC USDOT# 349674

169 BLANKENSHIP ST

TEXARKANA, TX 75501

(903) 832-5373

APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City) (State, Zip) How Long?

Previous Address(es): _____
(Street) (City) (State, Zip) How Long?

Must list all addresses for previous 3 years.

_____ (Street) (City) (State, Zip) How Long?
_____ (Street) (City) (State, Zip) How Long?

Phone #: (____) _____ Date of Birth: _____ Soc. Security #: _____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: (____) _____

DRIVER'S LICENSE INFORMATION

| State | License # | Type | Expiration Date |
|-------|-----------|------|-----------------|
| / | / | / | / |
| / | / | / | / |

DRIVER EXPERIENCE

| Type of Equipment | From (Date) | To (Date) | Approx. # of Miles |
|-------------------|-------------|-----------|--------------------|
| | | | |
| | | | |

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 convicted of any criminal act involving the use of a Commercial Motor Vehicle or while driving a Commercial Motor Vehicle? Yes No

If you answered yes to any of the above 3 questions, attach a statement of explanation.

TICKETS / ACCIDENTS / ETC.

| Accident Record for Past 3 Years | | # of Injuries / Fatalities |
|----------------------------------|-------------|----------------------------|
| Date | Description | |
| | | |
| | | |
| | | |

| Traffic Convictions & Forfeitures for Past 3 Years | | | |
|--|------|--------|---------|
| Location | Date | Charge | Penalty |
| | | | |
| | | | |
| | | | |

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before Yes No (if yes, please indicate hire and termination dates)
 Note: This information should also be reflected in employment record section.

I have applied for work with this company before Yes No (if yes please indicate date(s).)

How did you hear about this employer? _____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.
PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

| | | |
|---|---------------------------|-----------|
| Employer: _____ | Employed From: _____ | To: _____ |
| Address: _____ | | |
| Phone: (____) _____ | Supervisor: _____ | |
| Position: _____ | Reason for Leaving: _____ | |
| Were you subject to the FMCSRs while employed? <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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|---------------------------|-----------|
| Employer: _____ | Employed From: _____ | To: _____ |
| Address: _____ | | |
| Phone: (____) _____ | Supervisor: _____ | |
| Position: _____ | Reason for Leaving: _____ | |
| Were you subject to the FMCSRs while employed? <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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Note: if needed, make additional copies of this page to capture info regarding all employers during the past 10 yrs.

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

DECLARATION OF EMPLOYMENT STATUS

-This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

| | | |
|--|-----|----|
| Have you ever refused to be tested for drugs & alcohol? | Yes | No |
| Have you ever tested positive for drugs or alcohol? | Yes | No |
| Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? | Yes | No |

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License #: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

LIVINGSTON TRUCKING INC.

PRE-EMPLOYMENT BACKGROUND SCREENING

CONSENT POLICY

In connection with your application for employment with Livingston Trucking Inc., it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Livingston Trucking Inc. uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, Livingston Trucking Inc. 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, Livingston Trucking Inc. will notify you that action has been taken and that the action was based in part or in whole on this report. Livingston Trucking Inc. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Livingston Trucking Inc. may obtain such reports, please read the following and sign below:

I authorize Livingston Trucking Inc. 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 consenting to 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 Livingston Trucking Inc. to make a determination regarding my suitability as an employee.

I further understand that neither Livingston Trucking Inc. 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://datags.fmcsa.dao.gov>. If I am challenging crash or inspection information reported by a state, FMCSA cannot change or correct this data. I understand my request will be forwarded by Data'Qs system to the appropriate State for adjudication.

I have read the above notice regarding background reports provided to me by Livingston Trucking Inc. and I understand that if I sign this consent form, Livingston Trucking Inc. may obtain a report of my crash and safety inspection history. I hereby authorize Livingston Trucking Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

| | |
|-------------------------|---------------------------------|
| HireRight Customer: | |
| Company Name: | <u>LIVINGSTON TRUCKING, INC</u> |
| Company Contact Name: | <u>ROHN HANSON</u> |
| Fax #: | <u>(903) 832 1385</u> |
| HireRight Account Code: | <u>DUANE</u> |

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City | State | Phone Number |
|---------------------------------|-------|-------|-------------------|
| _____ | _____ | _____ | () _____ - _____ |
| _____ | _____ | _____ | () _____ - _____ |
| _____ | _____ | _____ | () _____ - _____ |
| _____ | _____ | _____ | () _____ - _____ |
| _____ | _____ | _____ | () _____ - _____ |
| _____ | _____ | _____ | () _____ - _____ |

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____