



## Driver Applicant Requirements

Bear Trucking, Inc. requires 3 years of verifiable Class-A driving experience, with no more than 3 points on your driving record in the last 3 years, and no more than 3 employers in the last 5 years. Additionally, applications must not have had any reckless driving violations, negligent operator and/or DUI within the last ten years.

Please complete the attached driver application in as much detail as possible, including the last ten (10) years of employment without any history gaps. Explain any gaps in employment (example: in military from xx/xx to xx/xx, unemployed from xx/xx to xx/xx, etc.).

***We require copies of the following:***

- Valid Driver's License
- Valid Medical Certificate \*\*
- Social Security Card
- CA DMV H6 (10 year history) dated within the last 20 days

*\*\* We require a copy of your Medical Examination Report (Long Form). Please provide it on your next visit. If you do not have one, please contact the clinic listed on your Medical Certification to obtain a copy.*

**REMEMBER TO SIGN THE APPLICATION IN ALL FOUR (4) PLACES.**

Please retain this cover sheet for your information.

For follow-up, please contact:  
Wayne Jacobi - (909)799-1616 x122

19768 Kendall Drive  
PO Box 9158  
San Bernardino, CA 92407

# Commercial Driver Employment Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security No. \_\_\_\_\_

*In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or any other protected group status.*

## Applicant Must Read and Sign Consent for Information

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters and 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 authorize the release of information from all employers, schools, health care providers and other persons from any and all liability in responding to inquiries and release of information in connection with this application. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation 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 previous employers
- Have errors in the information corrected by my 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 in the accuracy of the information.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Under Section 40.25 (j), 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, a safety –sensitive transportation work covered under covered by DOT agency drug & alcohol testing rules during the past two years?

Yes  No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Yes  No

Signature \_\_\_\_\_ Carrier Representative \_\_\_\_\_

*Per Section 40.25 (j): As the employer, you must also ask the 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 applicant applied for, but did not obtain, safety sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. If the applicant admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b) (5) and (3) of this section).*

**Applicant to Complete - Answer all questions – Please type or print**

Name: \_\_\_\_\_  
Last First MI

List your address of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street City State Zip Code How Long

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code How Long

Previous Address: \_\_\_\_\_  
Street City State Zip Code How Long

Previous Address: \_\_\_\_\_  
Street City State Zip Code How Long

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**Do you have the legal right to work in the United States?**  Yes  No

Have you worked for this company before?  Yes  No

Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving \_\_\_\_\_

Currently employed?  Yes  No If no, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected: \_\_\_\_\_

CDL Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_

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

**If the answer to either A or B is Yes, describe below:**

\_\_\_\_\_  
\_\_\_\_\_

Endorsements:  Double  Triples  Tanks  Passengers  Hazardous  TWIC Expires: \_\_\_\_\_

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Have you received any Safe Driving Awards and from whom? \_\_\_\_\_

List any courses, training, and/or other experience not previous noted. \_\_\_\_\_

List any special equipment you can work with other than previous noted. \_\_\_\_\_





**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 12/22/2015*