



HARLOW'S
Your Transportation Solution

Corporate Office
1021 S 23rd St., Bismarck, ND 58504
Phone: 800.450.1767 Fax (701) 224.1127

Driver Application for Employment

Date of Application _____

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 related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires 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 interview may result in discharge, I certify that all information provided is true and complete and, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and previous employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23,

I understand that I have the right to:

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

Signature _____ Date _____

Applicant Name _____ Social Security No. _____
(Print) First M. Last

Current Address _____
Street City State Zip Code Years/Months

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

Street City State Zip Code

Phone: Home/Cell: () _____ Email: _____

Do you have the legal right to work in the United States? _____

The U. S. Department of Transportation requires that driver applicants provide their date of birth (391.21)

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Commercial Drivers per 391.21 (2))

How did you learn of this position? _____ Rate of pay expected: _____

Position Applying for: School Bus Driver Fire Bus Luxury Motor Coach Other

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ if yes, explain if you wish.

Have you ever been convicted of a felony? _____ if yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EMPLOYMENT HISTORY

All driver applicants applying for employment as an operator of a commercial motor vehicle must provide the following information on all employers during the preceding **10 years**. List complete Company name, mailing address, dates of employment, reason for leaving and certify that all information is true and complete.

If not employed during last 10 years, explain? _____

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer		Date	
Name		FROM Mo: Year:	To: Mo: Year:
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer		Date	
Name		FROM Mo: Year:	To: Mo: Year:
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer		Date	
Name		FROM Mo: Year:	To: Mo: Year:
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES	HAZ-MAT SPILL
1. _____				
2. _____				
3. _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY
1. _____			
2. _____			
3. _____			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

	STATE	LICENSE NUMBER	TYPE (CLASS)	EXPIRATION DATE
DRIVER LICENSES	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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, GIVE DETAILS _____

DRIVING EXPERIENCE

	Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approximate Number of Total Miles
			From:	To:	
Straight Truck					
Auto or Van					
Motor Coach/School Bus					
Tractor/Trailer					
Other _____					

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

	Name/Location	Circle Highest Grade/year	Did you Graduate?	If graduated, what was the degree/major?
Elementary/Junior High School		1 2 3 4 5 6 7 8		
High School and/or G.E.D.		9 10 11 12		
College		1 2 3 4		
Trade or Graduate School		How long?		



VOLUNTARY SELF-IDENTIFICATION FORM SURVEY

For statistical reporting we ask that you voluntarily
Provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of the Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is only reviewed by HR for Government reporting.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Check one: Male Female

Check one of the following:

Hispanic or Latino OR Black or African American (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 White (not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)

Check all, if applicable (Veteran Status):

_____ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

_____ I AM NOT A PROTECTED VETERAN

Harlow's is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Race/Ethnicity Definitions:

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African-American: A person, not Hispanic origin, with origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): A person who identifies with more than one of the above five races.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Affirmative Action Veteran Status Definitions

Disabled Veteran: A "disabled veteran" means (1) A veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or (2) A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veterans: Any veteran during the three-year (one-year for VETS 100) period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized by the Department of Defense or who participated in U.S. Military operation pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Post-Traumatic stress disorder (PTSD)
- Impairments requiring the use of a wheelchair
- Autism
- Cerebral Palsy
- HIV/AIDS
- Obsessive Compulsive Disorder (OCD)
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing Limbs or partially missing limbs
- Diabetes
- Schizophrenia
- Epilepsy
- Intellectual disability (previously called mental retardation)

Please Check One of the Boxes Below:

_____ YES, I HAVE A DISABILITY (or previously had a disability)

_____ NO, I DO NOT HAVE A DISABILITY

_____ I DO NOT WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in the alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (_____) _____ - _____
HireRight Account Code: _____

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: _____

Section 47 FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. 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 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 the Prospective Employer to make a determination regarding my suitability as an employee.

3. 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 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 the DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



HARLOW'S
Your Transportation Solution

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosure

Harlow's may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize **Harlow's** to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____