



# SMOOT BROTHERS transportation

1995 North 2800 West  
Brigham City UT 84302  
435-744-0119  
435-744-0124 fax

## Employment Application

Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State ZIP Code

### Previous Three Years Residency

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State ZIP Code

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State ZIP Code

### License Information

State	License Number	Type	Expiration Date

**Driving Experience**

Class of Equipment	Type (Van, Tank, Flat, etc.)	Dates		Approximate Miles
		From	To	
Straight Truck				
Semi-Tractor & Trailer				
Semi- Tractor & Multiple Trailers				
Other				

**Accident Record for Past 3 Years (Attach additional sheet if needed)**

Date	Nature of Accident (Head-on, Rear-end, etc.)	Number Fatalities	Number Injuries	Chemical Spills (Yes/No)

**Traffic Convictions and Forfeitures for the Past 3 Years (Attach additional sheet if needed)**

Date Convicted	Violation	Location of Violation (State)	Penalty (Bond/Fine/Points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

---

Has any license, permit or privilege ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

**Employment Record (Attach additional sheet if needed)**

(Applicants who desire to drive in interstate/intrastate commerce must provide the following information on all employers during the pervious three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record.)

**List the complete mailing address: street number and name, city, state and zip code**

**Most Recent Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Next Most Recent Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Next Most Recent Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Next Most Recent Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Next Most Recent Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Additional Information

Do you possess a current U.S. passport? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime (misdemeanor or felony, including DUI)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the crime? \_\_\_\_\_

Have you ever tested positive for controlled substances or alcohol during testing required by any employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If you are hired as a company driver, Smoot Brothers Transportation will require you to leave your assigned truck at yard on your days off. With that in mind, do you have your own transportation available to get from the yard to your home and back again?

Yes \_\_\_\_\_ No \_\_\_\_\_

***The information provided in this application may be used, and previous employers will be contacted for the purpose of investigating an applicant's safety performance history as required by Federal Motor Carrier Safety Regulations.***

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

My signature, below, 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR part 40.25 (j) requires the employer to ask any 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 employee applied for, but did not obtain, safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25 (b)(5) and (e).*

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions:

1. 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, safety-sensitive transportation work covered by DOT agency and alcohol testing rules during the past two years?

Yes  
 No

2. If you have answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirement?

Yes  
 No

My signature below certifies that the information provided is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



PO Box 340  
Brigham City, UT 84302  
435-744-0119  
435-744-0124 fax

## Request for Driver's Safety Performance History Information From DOT Regulated Previous Employers

As a Commercial Motor Vehicle (CMV) Driver, I understand that, per the Federal Motor Vehicle Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSRs Parts 390 and/or 40, 382 & 383, *within the past three years*, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employees, as described in the FMCSRs part 391.21.

I, \_\_\_\_\_, hereby authorize the following previous employers to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of a SAP/MRO to each and every company, or their authorized agents, which may request such information in connection with my application for employment with said company. I hereby release this company and its employees, officers, directors and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

\_\_\_\_\_  
Signature Last 4 of Your Social Security Number

\_\_\_\_\_  
Date of Birth Date

### Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

### Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Next Most Recent Employer - Only go back 3 years

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_



**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*