

Zaczkowski Trucking Service Inc. (ZTS)

6939 135th Ave NE
Columbus, MN 55025
Phone 651-464-1500
Fax 651-464-1501

Driver Application

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Current Phone _____ E-mail address _____ Date of Birth _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City State Zip How Long?

Previous _____
Addresses Street City State Zip How Long?

Street City State Zip How Long?

Street City State Zip How Long?

Driver License Information

List Driver's license number and following information. Include your current, valid license plus past 3 years including permits.

State	License No.	Class and Endorsements	CDL Class Y/N	Expiration Date

Driving Experience and CDL Date Required

	Month	Day	Year
My COMMERCIAL driver's license (A B or C) was first obtained on			

Type of Equipment (van, tank, flat, etc.)	Dates		Nature and Extent or Approximate Miles
	From	To	

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
(Name) (City)

Summarize any special job related skills or qualifications acquired from training or other experience.

EMPLOYMENT HISTORY

List names and addresses where you were employed during the last 10 years. You must include the complete address including street, city, state, zip and phone. (List Employers in reverse order, starting with the most recent)

Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:	Wage	
Supervisor: Phone:		
Did you drive a vehicle requiring a CDL? Yes No	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:	Wage	
Supervisor: Phone:		
Did you drive a vehicle requiring a CDL? Yes No	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

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Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

Motor Vehicle Accidents for past 3 years.

Check box if NO accidents in past 3 years. ☐

Dates	Location	Details

Traffic Violations Last 3 years (other than parking violations).

Check box if NO violation in past 3 years. ☐

Date	Violation	Location	In a CMV Y or N

Revocations and Suspensions

Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?

NO ☐ Yes ☐ if yes, give circumstances in detail.

Date	Violation	Explanation

Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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 the prospective employer; (i)(1)(iii) 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. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **ZTS** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form, I authorize **ZTS** to obtain a Motor Vehicle Report pursuant to §391.23 requirements.

Applicant's Signature

Date

RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)

Each motor carrier shall require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the **preceding 3 years (at the time of employment)** and then at least once every 12 months thereafter.

By signing this form, I authorize **ZTS** to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

Completed by Driver – Certification of Violations

Legal Name	Social Security Number	Birth Date

Driver's License Number	State	License Expiration Date	Hire Date

Check box if NO violation in past 12 Months. ☐ (If new driver or transfer to active complete for the past 3 years)

Date	Violation	Location	Type of Vehicle

I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.

Driver's Signature: _____ Date: _____

Completed by Company – Annual & Initial Review of MVR Record

ZTS, shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, ZTS must consider any evidence that the driver has violated applicable provisions of the FMCSR. ZTS must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR. This review should occur at the **time of employment (for the last 3 years of driving history)** and at **least once every twelve months thereafter**.

On _____, 20____, I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that this driver; (Check One):

☐ Meets minimum requirements for safe Driving

☐ Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR.

Signature of Reviewer	Date

Printed Name of Reviewer	Title

Zaczkowski Trucking Service Inc. (ZTS)

EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (§382.413, §383.35, §390.15, §391.23)

Applicant Must fill out this box ONLY.

I hereby authorize you to provide ZTS with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

Applicant full printed name _____

Applicant SS# _____

Applicant signature _____

Date _____

The above referenced individual has made application to **ZTS**, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence.

To:

From:

	ZTS Inc.
	6939 135 th Ave NE
	Columbus, MN 55025
	Phone: 651.464.1500
	Fax: 651.464.1501

(To be completed by Previous Employers and faxed or mailed to the attention of the Safety Director at the address shown above)

This applicant worked for you as a _____? From ____/____/____ to ____/____/____ YES ☐ NO ☐

If NO, please explain _____

Did applicant drive a motor vehicle(s) for you? YES ☐ NO ☐

☐ Passenger Van ☐ Bus ☐ Straight Truck ☐ Tractor-Trailer ☐ Other: _____

Was applicant involved in any accidents? YES ☐ NO ☐

If yes, please provide a short description of accident(s) w/ dates _____

Reason for leaving your employ: ☐ Discharged ☐ Laid Off ☐ Resigned ☐ Other _____

Would you rehire this employee at a later date? YES ☐ NO ☐

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS

Information about above named Applicant	Yes	No or N/A	If yes, provide the date.
Alcohol test with a result of 0.04 or Greater?			
Verified positive controlled substances test results?			
Refusals to be tested?			
Was rehabilitation completed as required			

☐ Our company did not complete drug and alcohol testing per FMCSA DOT Part 40 and 382 requirements during the past 3 years on this former employee.

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

Signature: _____ Position: _____ Date: _____

(To be completed by ZTS representative that closed this background check)

Signature: _____ Position: _____ Date: _____

☐ ZTS received and closed this background check (form must be completed and signed).

☐ After "good faith effort" by ZTS this form was not received from the previous employer (include documentation showing attempts).

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Instructions: All drivers must read the notice and complete the certificate of compliance at time of hire. The completed certification is a permanent item of driver qualification file.

NOTICE TO DRIVERS

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state that issued the license to that driver of such conviction within 30 days.
3. If your driver's license is suspended, revoked, or canceled, you must notify your supervisor no later than the end of the next working day following notification of driver's license suspension, revocation, or cancellation. Failure to do this may result in termination. You must never drive a company vehicle without a valid driver's license, if you do so, you may be terminated.
4. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of any and all commercial motor vehicle (over 10,000 lbs.) for the past 10 years, in addition to any other required information about the applicant's employment history.
5. You are responsible for renewing your driver's license so that you never drive a company vehicle with an expired driver's license. You must notify your supervisor immediately if your license expires and is not renewed.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the above driver provisions and agree to comply with all aspects of this notice per our company policy.

By signing this form, I further certify that the vehicle license listed below is the only one (license) I currently hold.

Drivers Printed Name		Social Security Number	
Drivers Address City State and Zip Code			
License #	State	Class	

Driver's Signature: _____ Date: _____

TRUCK DRIVER DATA & EMPLOYMENT STATUS- DRIVER DATA SHEET

Drivers Name Legal Name		Social Security Number	Effective Date of Change
Driver's License Number		State	Class
Home Address	City	State	Zip

Please check reason for preparation of this form.

*Upon return new forms may be needed; to bring driver back into compliance.

- ☐ New Hire
Fill in hours of service below
☐ NOT added to DOT D&A Program (Not DOT) ☐ ADDED to CDL DOT Random D&A Program (CDL)
- ☐ Re-Employed Driver: *Pre-employment drug screening is necessary.*
Fill in hours of service below
☐ NOT added to DOT D&A Program ☐ ADDED to CDL DOT Random D&A Program
- ☐ Transfer TO Driver Status: Transferred from other duties. *Pre-employment drug screening is necessary.*
☐ NOT added to DOT D&A Program ☐ ADDED to CDL DOT Random D&A Program
Fill in hours of service below New Location Transferred to: _____
- ☐ Transfer FROM Driver: Not presently driving; performing other duties.
☐ Was NOT subjected to DOT D&A Program ☐ REMOVED driver from CDL Random D&A Program
- ☐ Termination of Driver: ☐ Permanent ☐ Layoff ☐ Suspension. until _____
- ☐ Medical Leave: Driver on long term medical leave until _____.
☐ Was NOT subjected to DOT D&A Program ☐ REMOVED driver from CDL Random D&A Program. Upon return new forms may be needed; to bring driver back into compliance.
- ☐ Military Leave: Driver on active military duty until _____.
☐ Was NOT subjected to DOT D&A Program ☐ REMOVED driver from CDL Random D&A Program. Upon return new forms may be needed; to bring driver back into compliance.
- ☐ Other _____

DAY	1 Day before hire	2	3	4	5	6	7	Total Hours
DATE MM/DD/YYYY								
HOURS WORKED								

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Company Representative

Date

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY
DRIVER / APPLICANT - Part 40.25(j).**

(This form is used to fulfill the requirement of Part 40.25(j)). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

Date: _____

To be completed by driver / applicant.

During the past (2) two years, have you tested positive on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

☐ Yes

☐ No

During the past (2) two years, have you refused to test on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

☐ Yes

☐ No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Print Legal Name of driver: _____

Signature of driver: _____

Social Security Number: _____

Witness/Management signature: _____

Witness/Management printed name: _____

CONTROLLED SUBSTANCES AND ALCOHOL USE TESTING & WRITTEN POLICY RECEIPT

I completed the Controlled Substances and Alcohol Use and Testing-training program provided by my employer, ZTS, in accordance with the provisions outlined in CFR 49, Part 40 and Part §382. I reviewed the Controlled Substances and Alcohol Use Policy of ZTS. As required by §382.601(b) (1-11) the following items were discussed:

- Abbreviations and definitions
- Who is covered by the Alcohol and Drug rules found in Part §382?
- What is a safety sensitive function?
- What are the Alcohol and Drug prohibitions?
- Which tests are required and when will I be tested?
 1. pre-employment
 2. post-accident
 3. random
 4. reasonable suspicion
 5. return-to-duty and follow-up
- What happens if I refuse to be tested?
- How is Alcohol and Drug testing done?
- What are the consequences of violating the Alcohol or Drug prohibitions--test positive?
- Where can I go for help? Who can answer my questions about Alcohol and Drugs?
- What are the effects of Alcohol and Drugs use on health, work and personal life?

☐ **DRIVER RECEIVED A COPY OF THE COMPANY'S, WRITTEN DRUG AND ALCOHOL POLICY Part §382.601(d)**

Acknowledgement & completing D&A training and receipt of company policy.

Drivers Printed Name

Drivers Legal 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. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

**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