

# **LIBERTY DRIVER APPLICATION FOR EMPLOYMENT**

Equal Opportunity Employer

## **Commercial Driver Applicant's Details:**

Name:

Phone Home/Cell:

Address:

Date of Birth:

SS #:

Details of current driver's license (Number & State)

Class:

Date available for employment:

## **Driver's License Information: - ALL license held last 3 years**

State \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

## **Experience:**

Type of Vehicle \_\_\_\_\_ Dates TO / FROM \_\_\_\_\_ Approx. Mileage \_\_\_\_\_

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Type of Vehicle \_\_\_\_\_ Dates TO / FROM \_\_\_\_\_ Approx. Mileage \_\_\_\_\_

## **All Accidents LAST THREE years: - If none NONE**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

## **List all Traffic Violations Convictions, LAST THREE years**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle? Y N

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle? Y N

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle? Y N

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle? Y N

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Y N

If yes, state of issuance; explanation: \_\_\_\_\_

**Employment History last ten years: (Start with your current or most recent employer)**

(1)Company:

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Contact Name/Contact No.:

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Period Employed:

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Were you subject to the Federal Motor Vehicle carrier Safety Regulations during this period?: y N  
Were you subject to CFR park 40 controlled substance & alcohol testing during this period?: y N

Reasons for leaving:

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(2)Company:

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Contact Name/Contact No.:

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Period Employed:

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Were you subject to the Federal Motor Vehicle carrier Safety Regulations during this period?: y N  
Were you subject to CFR park 40 controlled substance & alcohol testing during this period?: y N

Reasons for leaving:

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(3)Company:

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Contact Name/Contact No.:

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Period Employed:

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Were you subject to the Federal Motor Vehicle carrier Safety Regulations during this period?: y N  
Were you subject to CFR park 40 controlled substance & alcohol testing during this period?: y N

Reasons for leaving:

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(4)Company:

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Contact Name/Contact No.:

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Period Employed:

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Were you subject to the Federal Motor Vehicle carrier Safety Regulations during this period?: y N  
Were you subject to CFR park 40 controlled substance & alcohol testing during this period?: y N

Reasons for leaving:

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*For driver applications of commercial motor vehicles that require a CDL the applicant must disclose their controlled substance & alcohol status per the requirements of 49CFR part 40.25(j)*

*As a prospective driver you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that employer(s) to re-send the corrected information, if the previous employer and driver cannot agree on the accuracy of the information.*

*Driver employees who have previous DOT regulations employment history in the preceding three years, and wish to review previous employer provided investigation information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being denied employment.*

*Certification:*

*I certify 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.*

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*Applicant Signature*

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*Date*

**ALL APPLICATIONS WILL REMAIN ON FILE FOR 6 MONTHS**

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*CDL DRIVER APPLICAT – Controlled Substance & Alcohol  
Questionnaire*

*Pursuant to 49 CFR & Part 40.25 (j)*

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*Application Date* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Cell #* \_\_\_\_\_ *DOB* \_\_\_\_\_ *SS* \_\_\_\_\_

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*49 CFR 40.25(jj)*

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*Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but didn't obtain, a safety sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past two years?      Y      N*

*- If yes have you successfully completed the return to duty process?      Y      N*

*- If yes Documentation MUST BE PROVIDED before any safety sensitive transportation function is performed.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

# Drug Testing Consent Form

I, \_\_\_\_\_, hereby consent and agree to give bodily specimens (including but not limited to blood, breath, and urine or hair specimens) at a testing facility designated by Liberta Construction Co. for transmittal and testing by an approved testing laboratory, pursuant to the Company's Drug Free Workplace and Drug and Alcohol testing Policy.

It is my understanding that specimens will be tested to detect the presence of alcohol and or drugs in my body.

I agree to consent to provide specimens for testing to discover the presence of alcohol and or drugs in the following situations:

- \*Pre- employment
- \*Reasonable Suspicion
- \*Work place Accident /Incident
- \* Follow up Rehabilitation Return to Work
- \*As part of a random jobsite drug – screening
- \* As required by applicable law

I understand that upon request I will be furnished results of tests performed on my specimen by the testing laboratory through the Company's Medical Review Officer.

I understand and acknowledge that any drug or alcohol test to which I submit will not create a physician-patient relationship of any type.

I understand that compliance with the Company's policy is a condition of my employment. I acknowledge that nothing in this policy creates a binding promise or contract of employment, either expressed or implied, between myself and the company.

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

Bodily fluids or tissue tests will normally utilize urine specimens, blood specimens, & hair samples. Tests that entail the withdraw of blood by a qualified medical person may be exercised in situations involving an injury or accident where I am rendered unconscious and unable to provide a urine specimen, and agree and consent to such a test under those circumstances.

# MVR Request/Release

Disclosure to the Consumer

{As required by the 1997 FCRA Section 605 (B) (2)}

As a routine part of our due diligence effort, Seibert Keck Insurance Agency intends to conduct a verification of your driving history. To ensure full compliance with the 1997 Fair credit Reporting Act & to facilitate easy access to all information necessary, please read and sign this form. A copy of the act may be obtained by writing to:

Division of Credit Practices  
Bureau of Consumer Protection  
Federal Trade Commission  
Washington DC 20580

I \_\_\_\_\_ authorize DAC Services, Equifax, Inc.: Insurance Information Exchange and /or all state specific Department of Motor Vehicles to release all written and verbal information about me regarding my driving history to Seibert Keck Insurance Agency harmless from all liability and responsibility for doing so.

I specifically understand & authorize the procurement of an investigate consumer credit report (specifically a motor Vehicle Report) and understand that it may contain information about my background, mode of living, character, general reputation, and personal characteristics.

This release, in original or copy form, is valid now and throughout my employment with Liberta Construction Co. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Signature of Applicant or Employee \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_

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