



8600 Banana Ave., Fontana, CA 92335

Driver / Owner-operator Application

In compliance with federal and state equal opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status or non-job related disabilities.

Date of Application: _____

**This application must be completed in ink and all requested, applicable information must be provided.
PLEASE PRINT LEGIBLY**

Position applying for: ___ Independent Contractor/Owner-operator ___ Fleet Driver ___ Yard Hostler

Name _____ Social Security Number _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Cell Phone _____ Email _____

If you have lived at the above address for less than 3 years, please provide previous addresses for the past 3 years:

Number Street City State Zip Code

Number Street City State Zip Code

Date of Birth _____ Do you have a legal right to work in the United States? ___ YES ___ NO

Have you previously contracted with / worked for Rail Delivery Services? ___ YES ___ NO If so, when? _____

Job Title _____ Reason for leaving _____

How did you learn of this position at Rail Delivery Services? _____

**PRE-EMPLOYMENT CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION
Title 49 CFR Part 40.25**

During the past 3 years have you tested positive on a pre-employment drug or alcohol test, administered by an employer to which you applied but did not hire / contract with you to perform safety-sensitive functions, as defined and regulated by the U.S. Department of Transportation's Controlled Substance and Alcohol Testing rules? ___ YES ___ NO

During the past 3 years have you refused to submit (as defined by U.S. Department of Transportation regulations) to a pre-employment drug or alcohol test administered by an employer to which you applied but did not hire / contract with you to perform safety-sensitive functions, as defined and regulated by the U.S. Department of Transportation Controlled Substance and Alcohol Testing rules? ___ YES ___ NO

If you answered "YES" to either of the above questions, can you provide documentation that you complied with U.S. Department of Transportation regulations as they pertain to Substance Abuse Professional evaluation and treatment, and have completed the prescribed follow-up testing regimen? ___ YES ___ NO



Work / Employment History

List all employers / motor carriers for whom you worked / contracted with during the preceding 10 years, including current employer(s), regardless of the length of the employment / contract. You must account for periods of unemployment of 2 months or more. Complete all requested information for each previous employer beginning with the most current.

Company:	From:	To:
Address:	Position:	
City: State: Zip:	Reason for Leaving:	
Contact:	Type of vehicles/equipment operated:	
Phone:		

Were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No
Was your job designated as safety-sensitive by DOT and subject to alcohol & controlled substance testing? ___ Yes ___ No

Company:	From:	To:
Address:	Position:	
City: State: Zip:	Reason for Leaving:	
Contact:	Type of vehicles/equipment operated:	
Phone:		

Were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No
Was your job designated as safety-sensitive by DOT and subject to alcohol & controlled substance testing? ___ Yes ___ No

Company:	From:	To:
Address:	Position:	
City: State: Zip:	Reason for Leaving:	
Contact:	Type of vehicles/equipment operated:	
Phone:		

Were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No
Was your job designated as safety-sensitive by DOT and subject to alcohol & controlled substance testing? ___ Yes ___ No

Company:	From:	To:
Address:	Position:	
City: State: Zip:	Reason for Leaving:	
Contact:	Type of vehicles/equipment operated:	
Phone:		

Were you subject to the Federal Motor Carrier Safety Regulations? ___ Yes ___ No
Was your job designated as safety-sensitive by DOT and subject to alcohol & controlled substance testing? ___ Yes ___ No



Traffic Convictions / Bail Forfeiture

List all traffic violation convictions for which you paid a fines or forfeited bail within the previous 3 years. Do not list parking violations. IF NONE, CHECK HERE: _____

Location (City & State)	Date	Violation / Charge	Penalty

Have you ever been convicted of:	Yes	No	Please explain, including dates:
D.U.I.			
Hit & Run			
Vehicular Manslaughter			
Any drug-related offenses			
Any felony			

Accident Record

List all traffic accidents within the previous 3 years. Please provide as complete a description, as possible. IF NONE, CHECK HERE _____

Date	Brief Description of Accident	Number of Vehicles Towed	Number of Injuries	Number of Fatalities

Driver's License

Do you presently hold a valid Commercial Driver License (CDL) in California? ___ Yes ___ No

Expiration Date: ___ / ___ / ___ Endorsements: _____

List all driver licenses held within the previous 3 years and provide the requested information for each.

State License Issued	Class	Driver License Number	Expiration Date

How many years have you held a Commercial Driver's License (CDL)? _____ Years

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No

Has your driver's license ever been suspended or revoked? ___ Yes ___ No

If yes, please explain: _____



CDL Driving Experience

Type of Power Unit (Straight Truck, 3-axle tractor 2-axle tractor, etc)	Type of Trailing Unit (Dry Van, Flatbed, Doubles, Etc.)	From (Date)	To (Date)	Approximate Number of Miles

Do you have intermodal experience? Yes No. If so, how many years: Rail Harbor

Do you possess a current, valid TWIC card? Yes No. If so, expiration date: ____ / ____ / ____.

List any special commercial vehicle training/courses you've had: _____

List any safe driving awards you've received: _____

List any other experience you think may help you at Rail Delivery Services: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

The information you provide on this application may be used, and your current and previous employers/lessee motor carriers will be contacted for the purpose of investigating your safety performance history, pursuant to *Title 49 CFR Part 391.23*. In accordance with the regulations and with regard to information, required by the regulations, provided by DOT-regulated employers/motor carriers resulting from these inquiries, you have the following rights: 1.) The right to review information provided by previous employers / motor carriers; (2) The right to have errors in information corrected by the previous employer/motor carrier and to have the corrected information provided to Rail Delivery Services; (3) The right to have a rebuttal statement attached to the alleged erroneous information if you and the previous employer/motor carrier cannot reach agreement on the accuracy of the information submitted.

For detailed information regarding your regulatory rights, please refer to *Title 49 CFR Part 391*.

By your signature below, you certify that this application was completed by the undersigned and that all information you've provided herein is true and complete to the best of your knowledge. You further acknowledge your understanding that the information provided may be used (including information gleaned pursuant to *Title 49 CFR Part 391.23*) by Rail Delivery Services or its agent to determine your eligibility to enter into a *Transportation Agreement* with Rail Delivery Services.

By your signature below, you authorize Rail Delivery Services to make such investigations and inquiries of your work history and criminal background and you release Rail Delivery Services and its agent(s) from all liability in making the inquiries and / or responding to such inquiries, including the release of information in connection with this application.

In the event that you qualify to enter into a *Transportation Agreement* with Rail Delivery Services, you understand that false or misleading information provided in this application may result in immediate termination of the *Transportation Agreement*.

Please note, terminology, language and wording used in this application that is relative to "driver," "motor carrier," "independent contractor," "owner-operator," etc., shall be defined in the *Federal Motor Carrier Safety Regulations (FMCSR), Title 49 CFR Part 390.5*. The terminology, language and wording used in this application do not and shall not determine the relationship, association, connection or affiliation between you and Rail Delivery Services.

Date: ____ / ____ / ____ Applicant's Signature: _____

RAIL DELIVERY SERVICES

30-Day Gaps in Employment

List all gaps in your employment work history during the last **10 years** that are **30 days** or greater. Be specific as to the reason for gaps in employment. If you need assistance please ask.



APPLICANT'S CERTIFICATION OF 30-DAY GAPS IN EMPLOYMENT

Gap Dates	To:	From:
Reason:		
Gap Dates	To:	From:
Reason:		
Gap Dates	To:	From:
Reason:		
Gap Dates	To:	From:
Reason:		
Gap Dates	To:	From:
Reason:		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a transportation agreement, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

**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