



79 McDUGAL ROAD • FAYETTEVILLE, TN 37334 • (931) 433-3499

EMPLOYMENT APPLICATION

CONTACT AND PERSONAL INFORMATION

Full Name (Last, First, Middle)		Social Security Number
Address (Street, City, State, Zip)		
Home Telephone	Cell Telephone	Best Time To Call

CURRENT LICENSE INFORMATION

License Number	Issuing State	Expiration Date	Class(es)	Endorsements
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DRIVING HISTORY

Years of Tractor Trailer Driving Experience	Do you have experience driving: ☐ Flatbed (48' / 53') Please circle. ☐ Van (48' / 53') Please circle.	# of Accidents (Past 3 Years)	# of Moving Violations (Past 3 Years)
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- ☐ Yes ☐ No Do you have any charges pending for, or have you been, convicted of driving under the influence?
- ☐ Yes ☐ No Has your license or privilege to operate a motor vehicle ever been denied?
- ☐ Yes ☐ No Do you have any license or permit suspensions on your record?
- ☐ Yes ☐ No Do you have any charges pending, or have you ever been convicted for reckless or careless operation of a motor vehicle?
- ☐ Yes ☐ No Do you have any charges pending for, or have you ever been convicted of possession, sale or use of drugs?
- ☐ Yes ☐ No Have you ever been convicted of a felony?

If you answered yes to any of the above, please provide dates and details on the back of application.

EMPLOYMENT INFORMATION

Current Employer Company Name	Starting Date	Ending Date	Salary	Reason for Leaving
Address (Street, City, State, Zip)		Telephone Number		May we contact for reference? ☐ Yes ☐ No
Past Employer Company Name	Starting Date	Ending Date	Salary	Reason for Leaving
Address (Street, City, State, Zip)		Telephone Number		May we contact for reference? ☐ Yes ☐ No
Past Employer Company Name	Starting Date	Ending Date	Salary	Reason for Leaving
Address (Street, City, State, Zip)		Telephone Number		May we contact for reference? ☐ Yes ☐ No

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Signature

Date



AUTHORIZATION FOR DRIVING HISTORY; MVR

With your signature below, you authorize Gracious Hope LLC permission to obtain an online copy of your MVR as part of their pre-employment screening and if hired as a driver, at least annually to satisfy the Federal Motor Carrier Safety Administration (FMCSA) Driver Qualification File Checklist requirements.

WHAT YOU SHOULD KNOW:

- The MVR is an official copy of your driving record.
- The MVR will show the past three years of driving history.

Driver Name: _____

Driver 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 Gracious Hope LLC ("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 Gracious Hope LLC ("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