

QUALIFICATION CHECKLIST

Just Us Trucking LLC

Driver Name: _____ Hire Date: _____

<input type="checkbox"/>	Driver Application
<input type="checkbox"/>	Past Employment Verifications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Driver's License <input type="checkbox"/> Front <input type="checkbox"/> Back
<input type="checkbox"/>	Medical Certificate
<input type="checkbox"/>	National Registry
<input type="checkbox"/>	Motor Vehicle Record
<input type="checkbox"/>	Record of Violations
<input type="checkbox"/>	Fair Credit Reporting Act
<input type="checkbox"/>	Drug & Alcohol Policy
<input type="checkbox"/>	CMV Driver Basics- If driving total is less than 12 months
<input type="checkbox"/>	FMCSR Pocketbook
<input type="checkbox"/>	Pre-Employment Drug Screen
<input type="checkbox"/>	PSP/Background Consent Form
<input type="checkbox"/>	PSP Report
<input type="checkbox"/>	Background Check
<input type="checkbox"/>	Clearinghouse Online Registration Completed
<input type="checkbox"/>	Clearinghouse – Pre-Employment Query Consent
<input type="checkbox"/>	Clearinghouse – Signed Query Consent Form

DRIVER APPLICATION

Just Us Trucking LLC
112 Cleveland St
Enderlin, ND 58027
701-289-0049

Name: _____ Phone Number: _____

Position Applying for: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

RESIDENCE FOR THE LAST THREE YEARS:

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

LICENSE INFORMATION:

383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

License Number: _____ License State: _____

License Type: _____ Expiration Date: _____

DRIVING EXPERIENCE:

Class	Type of Equipment	Number of Miles	Start Date	End Date
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

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

If yes, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30-day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30-day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

ACCIDENTS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Nature of Accident	Injury/Fatality/Tow

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Charge	Penalty

Have you ever tested positive or refused to be tested on a pre-employment drug screen for an employer you did not go to work for? Yes: _____ No: _____

If yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information".

Signature: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give Just Us Trucking LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to Just Us Trucking LLC.

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY (TO BE FILLED OUT BY PREVIOUS EMPLOYER)

Are the above dates of employment correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Drug and Alcohol Testing Information (for the past 3 years):

Was the employee subject to a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 while in your employ?	YES _____	No _____
Did the employee test positive for any controlled substance tests (including adulterated or substituted tests)?	YES _____	No _____
Did the employee refuse to submit a random, post-accident, follow-up, or reasonable suspicion alcohol or controlled substance test?	YES _____	No _____
Did the employee have an alcohol test with a result of 0.04 or higher alcohol concentration?	YES _____	No _____
Did the employee violate any other regulations of Subpart B of Part 382 or Part 40?	YES _____	No _____
Did the employee violate the regulations, but complete a SAP prescribed rehabilitation program in your employ? (If yes, please include documentation)	YES _____	No _____

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give Just Us Trucking LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to Just Us Trucking LLC.

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY (TO BE FILLED OUT BY PREVIOUS EMPLOYER)

Are the above dates of employment correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Drug and Alcohol Testing Information (for the past 3 years):

Was the employee subject to a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 while in your employ?	YES _____	No _____
Did the employee test positive for any controlled substance tests (including adulterated or substituted tests)?	YES _____	No _____
Did the employee refuse to submit a random, post-accident, follow-up, or reasonable suspicion alcohol or controlled substance test?	YES _____	No _____
Did the employee have an alcohol test with a result of 0.04 or higher alcohol concentration?	YES _____	No _____
Did the employee violate any other regulations of Subpart B of Part 382 or Part 40?	YES _____	No _____
Did the employee violate the regulations, but complete a SAP prescribed rehabilitation program in your employ? (If yes, please include documentation)	YES _____	No _____

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give Just Us Trucking LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to Just Us Trucking LLC.

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY (TO BE FILLED OUT BY PREVIOUS EMPLOYER)

Are the above dates of employment correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Drug and Alcohol Testing Information (for the past 3 years):

Was the employee subject to a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 while in your employ?	YES _____	No _____
Did the employee test positive for any controlled substance tests (including adulterated or substituted tests)?	YES _____	No _____
Did the employee refuse to submit a random, post-accident, follow-up, or reasonable suspicion alcohol or controlled substance test?	YES _____	No _____
Did the employee have an alcohol test with a result of 0.04 or higher alcohol concentration?	YES _____	No _____
Did the employee violate any other regulations of Subpart B of Part 382 or Part 40?	YES _____	No _____
Did the employee violate the regulations, but complete a SAP prescribed rehabilitation program in your employ? (If yes, please include documentation)	YES _____	No _____

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only

RECORD OF VIOLATIONS

Just Us Trucking LLC, 112 Cleveland St, Enderlin, ND 58027

Print Name: _____

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been forfeited bond or collateral, during the past 12 months. §391.27

DATE	VIOLATION	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. §391.27

Driver Signature: _____ Date: _____

ANNUAL REVIEW

Just Us Trucking LLC, 112 Cleveland St, Enderlin, ND 58027

I have reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I have considered any evidence (if any) that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave 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. Having done the above, I find that:

☐ the driver meets the minimum requirements for safe driving, or

☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Supervisor Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT

The following reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. You are being informed that records verifying your previous employment, previous alcohol and controlled substance test results and your motor vehicle record may be obtained on you for employment purposes 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).

Name: _____ Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

License Number: _____ License State: _____

License Type: _____ Expiration Date: _____

Email Address: (Required) _____

**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 2/11/2016

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **JUST US TRUCKING LLC**
(Driver's Name)

to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

JUST US TRUCKING LLC will conduct a query of the Clearinghouse once per year for information for all employees subject to controlled substance and alcohol testing under this part to determine whether information exists in the Clearinghouse about those employees. (382.701 b) This consent will remain in effect for the duration of your employment.

I understand that if the limited query conducted by **JUST US TRUCKING LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **JUST US TRUCKING LLC** without first obtaining additional specific consent from me. The additional consent must be obtained by creating an online driver account and electronic signature. I further understand that if I refuse to provide consent for **JUST US TRUCKING LLC** to conduct a limited query of the Clearinghouse, **JUST US TRUCKING LLC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Name (printed clearly) _____

Driver's License State: _____

Driver's License Number: _____

Driver's Birthdate: _____

Driver's Signature: _____