

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

May COMTEX contact your current employer? Yes No N/A

I authorize you to make such investigations and inquiries of 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 I have the right to:

- Review information provided by 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 a 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past three (3) years.

Current Address _____
Street City
 _____ Phone _____ How Long? _____
State Zip Code

Previous Addresses _____ How Long? _____
Street City State & Zip Code
 _____ How Long? _____
Street City State & Zip Code
 _____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth *(required for commercial drivers)* _____ Can you provide proof of age? _____

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? *(answer only if a job requirement)* Yes No Name of bonding company _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			FROM		TO	
NAME	MO	YR	MO	YR		
ADDRESS	POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE		REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EMPLOYER			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EMPLOYER			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EMPLOYER			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE. IF NONE, WRITE NONE. (attach sheet if more space is needed)

	DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS. IF NONE, WRITE NONE. (other than parking violations; attach sheet if needed)

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Driver licenses or permits held in the past three (3) years				

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

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – 2 TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – 3 TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No more than 8 pp	---			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No more than 15 pp	---			
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE (5) YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVER AWARDS DO YOU HOLD AND FROM WHOM? _____

OTHER EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY. (attach sheet if necessary)

LIST COURSES AND TRAINING, OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION. (attach sheet if more space is needed)

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH, OTHER THAN THOSE ALREADY SHOWN. (attach sheet if necessary)

EDUCATION

INDICATE HIGHEST GRADE COMPLETED: GRADE/JUNIOR HIGH (1 thru 8) _____ HIGH SCHOOL (9 thru 12) _____ COLLEGE (Years 1 thru 4) _____

LAST SCHOOL ATTENDED: Name _____ City/State _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information are true and completed to the best of my knowledge.

Signature: _____ Date: _____



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OBMV RECORD REQUEST

(Ohio Revised Code [R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is REQUIRED. **FAILURE** to provide any information will result in this form not being processed.

▶ **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

▶ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input type="checkbox"/> Driving Record [302] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
<input type="checkbox"/> Last Known Address [405] (Mail in Only) (\$5.00)	<input type="checkbox"/> Vehicle Registration Record [303] (\$5.00)
<input type="checkbox"/> Cosigner w / Date of Loss- _____ [405] (Mail in Only) (\$5.00)	
<input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	

PART A: Please provide current information regarding yourself:		NOTE: SIGNATURE REQUIRED ↓	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE X	DATE
COMPANY NAME (IF APPLICABLE)		BMV ACCOUNT # (IF APPLICABLE)	
CURRENT STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE # / FAX #	**EMAIL ADDRESS (PLEASE PRINT LEGIBLY)		
*SOCIAL SECURITY # (OPTIONAL)	DRIVER LICENSE # (IF APPLICABLE)	LICENSE PLATE # (IF APPLICABLE)	
VEHICLE IDENTIFICATION # (IF APPLICABLE)	TITLE # (IF APPLICABLE)		

PART B: Request regarding other person(s):			
PERSON'S NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
*SOCIAL SECURITY # (OPTIONAL)	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #		

If requesting information on more than 1 person or vehicle, attach additional sheet(s): Additional sheet(s) attached

Make check or money order payable to **Ohio Treasurer of State**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be sent to requester.**

* **It is not necessary that you provide a Social Security #. However, in order to best assist you with your request, please provide the Ohio BMV with as many identifiers as possible.**

** If you would like the BMV to email your record request: Email my record request (Include valid email address above)
Please Note – Due to security concerns, if the email address you provided is invalid, the record(s) will be mailed to the requester's address listed in Part A.

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an **individual**. (Complete **Part A**, front)
2. _____ A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
My tax identification number is: _____
My vendor number is: _____
My professional license number is: _____
Licensed by (agency): _____
3. With **written** consent. (Complete **Parts A and B**, front).
4. _____ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;
5. _____ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions (**a law enforcement agency does not need to fill out this form**);
6. _____ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, **recalls**, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. **Please provide relevant documentation supporting your request.**;
7. _____ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). **Please provide the court and case number, or if the case has not yet been filed, the court you anticipate to file in _____;**
8. _____ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena or other court order may be used instead of this form). **Please attach a certified copy of the court order:**
9. _____ Records for use in **research activities** or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual. **Please provide a detailed description of your research activities and identify the business, educational institution, or other entity for which you are doing the research;**
10. _____ Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting. **Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;**
11. _____ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle. **Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;**
12. _____ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; **my agency license number is: _____;**
13. _____ A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a **commercial driver license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. **If available, a minimum of 10 years of information and any medical card information will be provided. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;**
14. _____ A record for use in connection with the operation of a **private toll transportation facility**;
15. _____ A record for any other use **specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety**. **Please provide a copy of the relevant statute.**
16. _____ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers. **Please provide relevant documentation supporting your request.**

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may **resell or disclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisclose** any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE X	DATE
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Company Name _____

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

ID Number

**Disclosure Under the Fair Credit
Reporting Act and Consent to
Procurement of Consumer Report for
Employment Purposes**

The undersigned hereby authorizes COMTEX (Central Ohio Medical Textiles, Inc.) or its insurance agency, A. J. Amer Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including motor vehicle reports, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signed _____

Date _____

Print Name _____

Date of Birth _____

Social Security Number _____

Driver's License Number _____

State Licensed (if other than Ohio) _____

Job Description _____

Type of vehicle to be driven (*service truck, heavy truck, etc.*) _____

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please read carefully before signing the authorization.

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, COMTEX (Central Ohio Medical Textile) ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize COMTEX (Central Ohio Medical Textiles) to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do do not authorize you to contact *my current* employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the past seven (7) years; include street, city, state, zip (*use back of form if necessary*)

Dates of Residence

Date of Birth

Other Names Used (including maiden name)

Years Used

Email address (*may be used for official correspondence*)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc. has previously furnished within the two year prior preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

