



VSS TRANSPORTATION GROUP

1325 W BELTLINE RD.

CARROLLTON, TX 75006

TEL: 469-568-6380 / 1-800-697-0561

FAX: 888-363-9923 E-MAIL HR@VSSCARRIERS.COM

DRIVER QUALIFICATION APPLICATION

If you feel your civil rights would be violated by answering a question on this form, please feel free to omit that answer. Applications that incomplete, inaccurate and/or false may be rejected.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, AGE, SEX, RELIGION, NATIONAL ORIGIN, HEIGHT, WEIGHT, MARITAL STATUS OR HANDICAP.

E-mail address: _____

DATE: _____ POSITION APPLYING FOR: _____

NAME: _____ CONTACT NUMBER: _____

Last First

PRESENT ADDRESS: _____

No. Street City State Zip

PREVIOUS ADDRESS: _____

No. Street City State Zip

Phone Number: (____) _____ SS# _____

In case of emergency notify: _____

Name Relationship Phone

Are you qualified to work in the USA? _____ Resident Alien? _____

Ever applied with this company before? _____ If yes, when? _____

If related to anyone in the company, state their name and Department: _____

Referred by: _____

How soon are you available for work? _____ Salary/Hourly rate required: _____

If hired, are you willing to take a physical exam? _____

EDUCATION:

Circle highest grade completed: _____ High School _____ College _____

Have you ever attended a truck driving school? ____ School: _____ Date: _____

Have you ever been trained in Hazardous Material Handling? ____ By Whom? _____

Have you been trained in refrigerated equipment operation? ____ By Whom? _____

Special skills and qualifications: _____

REFERENCES: (3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN 1 OR MORE YEARS)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

DRIVERS LICENSE: (CURRENT ONE AND ANY OTHER LICENSE YOU HAVE HAD IN THE PAST 10 YEARS)

STATE _____ LICENSE NO _____ TYPE _____ EXPIRATION DATE _____

STATE _____ LICENSE NO _____ TYPE _____ EXPIRATION DATE _____

STATE _____ LICENSE NO _____ TYPE _____ EXPIRATION DATE _____

HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT? ____

HAVE YOU EVER HAD A LICENSE, PERMIT OR DRIVING PRIVILEGE REVOKED? ____

HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING UNDER THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ____

IF YOU ANSWERED YES TO ANY QUESTION ABOVE, GIVE ALL DETAILS:

(ATTACH EXTRA SHEET IF NECESSARY FOR A COMPLETE ANSWER)

DRIVING EXPERIENCE

	Type of Equipment	Dates	No. of Miles
	(Van, Tank, Flat, Etc.)	From To	(Approximate)
STRAIGHT	_____	_____	_____
SEMI	_____	_____	_____
DOUBLE	_____	_____	_____
OTHER	_____	_____	_____

List any special driving courses taken: _____

Any safe driving awards? ____ If yes, from whom? _____

ACCIDENTS

DATE	NATURE OF ACCIDENT	FATALITIES	NO. INJURIES

TRAFFIC CONVICTIONS

DATE	CHARGE	PENALTY	CITY/COUNTY	STATE

Makes of tractors driven: _____

Kinds of transmissions driven: _____

State all states that you have operated a commercial vehicle in last 5 years: _____

DATE OF BIRTH: _____ IF HIRED, CAN YOU PROVIDE PROOF OF AGE? _____

(NOTE: FEDERAL LAW REQUIRES OUR DRIVERS TO BE AT LEAST 21 YEARS OF AGE)

EMPLOYMENT FOR THE PAST 10 YEARS

***(MUST PROVIDE A FULL 10 YEAR WORK HISTORY)**

The information that you provide may be used and your previous and current employer(s) will be contacted, for the purpose of investigating your safety performance history while employed, as required by the **FEDERAL MOTOR CARRIER SAFETY REGULATIONS** part 391.23. In accordance with these regulations and with regard to information provided by DOT-regulated employers, you have the following rights regarding any information provided to the Company as a result of these inquiries: 1) The right to review information provided by previous employers, 2) The right to have errors in the information corrected by previous employer and for that previous employer to resend the corrected information to the Company and 3) The right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with the accuracy of the information your previous employer submits. For a full understanding of your rights as an applicant under **FMCSR** part 391.

PRESENT OR LATEST EMPLOYER

MO YR MO YR
From _____ To _____ Name: _____

Phone (____) _____ Address: _____

Position Held: _____ Type of trailer pulled _____ Type of equipment driven: _____

Were you subject to the FMCSRs? ____

Was this job a safety sensitive function regulated by DOT and subject to alcohol and controlled substance testing?

Reason for leaving? _____

NEXT PREVIOUS EMPLOYER

MO YR MO YR
From _____ To _____ Name: _____

Phone (____) _____ Address: _____

Position Held: _____ Type of trailer pulled _____ Type of equipment driven: _____

Were you subject to the FMCSRs? ____

Was this job a safety sensitive function regulated by DOT and subject to alcohol and controlled substance testing?

Reason for leaving? _____

NEXT PREVIOUS EMPLOYER

MO YR MO YR
From _____ To _____ Name: _____

Phone (____) _____ Address: _____

Position Held: _____ Type of trailer pulled _____ Type of equipment driven: _____

Were you subject to the FMCSRs? ____

Was this job a safety sensitive function regulated by DOT and subject to alcohol and controlled substance testing?

Reason for leaving? _____

***FAILING TO COMPLETE THE FULL 10 YEAR WORK HISTORY WILL RESULT IN PROCESSING DELAYS AND/OR NON-CONSIDERATION OF EMPLOYMENT.**

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From _____ To _____ Name: _____
Phone (____) _____ Address: _____
Position Held: _____ Type of trailer pulled _____ Type of equipment driven: _____
Were you subject to the FMCSRs? ____
Was this job a safety sensitive function regulated by DOT and subject to alcohol and controlled substance testing?

Reason for leaving? _____

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Reason for leaving? _____

***FAILING TO COMPLETE THE FULL 10 YEAR WORK HISTORY WILL RESULT IN PROCESSING DELAYS AND/OR NON-CONSIDERATION OF EMPLOYMENT.**

NAME _____ DATE OF BIRTH _____

DL STATE _____ DL# _____ SS# _____

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PLEASE READ THE FOLLOWING CAREFULLY:

I hereby authorize the release to the VSS TRANSPORTATION GROUP, information held by any parties regarding my previous employment, my record of convictions for violations of any federal, state or local laws, my credit history, driving record and scholastic records, and I hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever resulting from issuance of this information.

I hereby authorize my previous employer(s) to release information concerning my Alcohol and Controlled substances Testing Records and previous employment performance history. I hereby release this company (ies) from any and all liability of any type as a result of providing the requested information.

“Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.”

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 VSS TRANSPORTATION GROUP, intends to utilize the investigation into my background for employment purposes only and shall not disclose such information to any other party.

I certify that this application was completed by me and the information contained in this application is correct to the best of my knowledge and, should I be hired, I understand that falsification of this information is grounds for dismissal.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the company for any specified period of time.

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 Federal Motor Carrier Safety Regulations.

PRINTED: _____

SIGNED: _____

DATED: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

Check here if CDL Holder is requesting results on self

Email: MCB.VPR@dps.texas.gov

_____ ,
Print Name of CDL Holder Phone Number

_____ ,
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

_____ ,
Print Motor Carrier's Name Phone Number

_____ ,
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.



VSS Carriers, Inc.

1325 W BELT LINE RD, CARROLLTON, TX 75006 ✕ 800-697-0561 ✕ FAX 888-363-9923

RELEASE

Safety Performance History Records Request

To be completed by applicant:

APPLICANT: _____
ADDRESS: _____
SS# _____

I, (Print name) _____ hereby authorize: _____
to release and forward the information requested by this form concerning my Alcohol and Controlled substances Testing records
and previous employment performance history for previous three years. I hereby release this company from any and all liability of
any type as a result of providing the requested information.

Applicant's signature Date

This information is being requested in compliance with §382.405, §382.413, §40.25 and §391.23.
Your reply will be held in strict confidence and will in no way involve you in any responsibility.

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Completed by: _____
Printed name Signature Date

For what period did applicant work for you: From _____ To _____ Never worked for us _____
Worked as _____

Did he/she drive motor vehicle for you? [] Yes [] No
If yes what type: [] Straight truck [] Tractor Semi-trailer [] Bus [] Cargo Tank [] Doubles/Triples [] Other

- 1. Was the applicant safe and efficient driver? [] Yes [] No
2. Give the dates of vehicle accidents in which he/she was involved. _____
3. Reason for leaving : [] Discharged [] Laid off [] Resigned
4. Was the applicant's general conduct satisfactory? _____
5. Did the Applicant drink any alcoholic beverages while on duty? [] Yes [] No
6. Were logs and paperwork submitted in a Satisfactory condition [] Yes [] No
7. Would you re-qualify this applicant to work for your company again? [] Yes [] No

- 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [] Yes [] No
2. Has the above named driver verified positive for a controlled substances test result? [] Yes [] No
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? [] Yes [] No
4. Has this person violated any other DOT Agency Drug and Alcohol testing regulations to your knowledge? [] Yes [] No
5. Have you received information from a previous employer that this person has violated any DOT Drug and Alcohol Testing regulations? [] Yes [] No

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ or () check
Please add any additional comments that you feel might be helpful:

1st attempt _____ 2nd attempt _____ 3rd attempt _____

This form was: Faxed [] E-mailed [] Phone []

By: _____ Date: _____



VSS CARRIERS INC

In connection with your application for employment with **VSS TRANSPORTATION GROUP** ("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 Data's 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 **VSS TRANSPORTATION GROUP** ("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 DataQ's 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*

DRIVER QUALIFICATION FILE CHECKLIST

THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED IN THE DRIVER QUALIFICATION FILE FOR THE DURATION OF EMPLOYMENT:

- DRIVER-SPECIFIC APPLICATION FOR EMPLOYMENT (Sub. Section 391.21);
- ORIGINAL MOTOR VEHICLE RECORD (MVR) REQUESTED FROM STATES WITHIN 30 DAYS OF HIRE (SUB. SECTION 391.23);

ROAD TEST OR ROAD TEST EXCEPTION:

- ROAD TEST FORM AND CERTIFICATE CONDUCTED BY YOUR MOTOR CARRIERS (SUB. SECTION 391.31 (G), OR;
- ROAD TEST CERTIFICATE CONDUCTED BY ANOTHER MOTOR VEHICLE CARRIER WITHIN THE PAST 3 YEARS (SUB. SECTION 391.33 (A) OR;
- PHOTOCOPY OF A CDL ACCEPTED IN LIEU OF ROAD TEST – NOT APPLICABLE IF HIRED TO OPERATE DOUBLES, TRIPLES OR TANKERS. (NOTE: NO SUBSEQUENT COPIES OF LICENSE RENEWALS REQUIRED.)(SUB. SECTION 391.33 (A)(1);

BACKGROUND INVESTIGATIONS (SUB. SECTION 391.23):

- DRIVERS HIRED BEFORE OCTOBER 30, 2004: GENERAL EMPLOYMENT VERIFICATIONS SENT TO ALL FORMER EMPLOYERS FOR THE 3 YEARS PRIOR TO THE APPLICATION DATE OR A RECORD OF A GOOD FAITH EFFORT OR;
- DRIVERS HIRED ON OR AFTER OCTOBER 30, 2004: SAFETY PERFORMANCE HISTORY DATE FROM ALL FORMER DOT-REGULATED EMPLOYERS FOR THE 3 YEARS PRIOR TO THE APPLICATION DATE OR A RECORD OF A GOOD FAITH EFFORT. THIS FORM MUST BE MAINTAINED IN ACCORDANCE WITH SUB. SECTION 391.53 (SECURED, LIMITED ACCESS) AND MAY BE IN A SEPARATE DRIVER INVESTIGATION HISTORY FILE; AND IF APPLICABLE, ANY DRIVER REBUTTALS TO THE SAFETY PERFORMANCE HISTORY DATE AND RESPONSES TO THE REBUTTALS FROM THE FORMER DOT-REGULATED EMPLOYERS.

THE FOLLOWING DOCUMENTS ARE TO BE INCLUDED IN THE DRIVER QUALIFICATION FILE FOR THREE YEARS FROM THE DATE OF EXECUTION:

- MEDICAL CERTIFICATION (SUB. SECTION 391.43(G):**
 - MEDICAL EXAM CERTIFICATE, ORIGINAL OR A COPY, FOR ALL NON-CDL DRIVERS OR;
 - MEDICAL EXAM CERTIFICATE, ORIGINAL OR COPY, FOR CDL DRIVERS WHOSE STATES HAVE NOT ADOPTED THE RULES LINKING CDL WITH MEDICAL EXAMINATION OR;
 - CURRENT MVR FROM THE STATE SHOWING MEDICAL QUALIFICATION FOR CDL DRIVERS WHO'S STATES HAVE ADOPTED THE RULES LINKING CDL WITH THE MEDICAL EXAMINATION.
- IF APPLICABLE, ANY LETTER GRANTING A WAIVER OF A PHYSICAL DISQUALIFICATION (SUB. SECTION 391.49(J));
- ANNUAL MOTOR VEHICLE RECORD (MVR) (SUB. SECTION 391.25);
- ANNUAL REVIEW OF DRIVING RECORD (SUB. SECTION 391.25) AND;
- ANNUAL LIST OF VIOLATIONS (SUB. SECTION 391.27).

THE DRIVER QUALIFICATION FILE AND DRIVER INVESTIGATION HISTORY FILE ARE RETAINED FOR 3 YEARS AFTER A DRIVER LEAVES YOUR EMPLOYMENT.