

Driver Sign On Form



Date	
Applying for driver as: Owner Op or Company	
1099 File Under:	

Name:	
Address	
City, State Zip	
Telephone	
Email	
Date of birth	
Social Sec #	
CDL#	
CDL State	
CDL Expiration	
Years CDL experience	

Terminal Use

Driver #	
Fuel Card #	
Rerral program	

X Submit these items:

- Complete application
- CDL
- Medical card
- Social security card
- 7 day previous log

X Truck Owners provide:

- Signed lease
- Annual inspection
- Registration
- NTL Insurance
- IFTA permit
- Corporation papers

X Enrolling in our programs:

- Plate: Title & 2290
- NTL application
- IFTA

Official use only

- Drug test sent
- Drug results
- MVR & PSP
- PCS
- Fuel card active
- UIIA
- Occ acc policy
- Work verification
- Direct deposit
- NTL certificate
- Temp permit
- Ipass
- Issue signs/Dot#
- Trip sheets

Application For Employment
Commercial Drivers

For Employment With
Proficient Transport Inc.
2380 South Halsted Street
Chicago, IL 60608

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Name _____ DOB _____ SSN _____
Last First Middle

Address _____ How Long _____
Street City State Zip

Phone _____ Cell _____

Email _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____ -

What was your rate of pay? _____ Position Held _____

Reason for leaving: _____

Currently Employed _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ 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 alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ 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 alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ 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 alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ 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 alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications And Experience

LICENSES HELD

State: _____ License No: _____ Type: _____ Expiration Date: _____
State: _____ License No: _____ Type: _____ Expiration Date: _____
State: _____ License No: _____ Type: _____ Expiration Date: _____
State: _____ License No: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Education And Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____

Please list any training you have received that you think will benefit you in the position for which you are applying. _____

Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____

Date _____

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Driver Referral Form

Referral Guidelines

1. To refer a potential driver, please complete this form and return it, along with a copy of the prospective candidate's name to the Human Resources department.
2. You are eligible for a referral award only when you refer external candidates.
3. If the candidate you refer is hired, you will receive a referral award of \$25 weekly after the new driver has been hired by the to be submitted to HR
4. Referral fee will continue to be paid out only as long as both you and the candidate maintain contracted employment with Proficient Transport, Inc.
5. Referral fee will not be paid for employees of existing drivers or contractors.
6. Previously contracted drivers are not eligible for referral fee.
7. Only one referral award can be given per candidate. If a candidate is referred by more than one driver, the first referral received will be the one rewarded if the candidate is hired.

Employee Information

Driver Name: _____ Date: _____
Driver number: _____ City: _____
Email: _____ Telephone: _____

Referral Information

Candidate Name: _____
Email: _____
Telephone: _____

For Human Resources Use Only

Date Received: _____ Interviewed? _____
Hired? _____ Award Date: _____



INSERT CDLA
DOT MEDICAL CARD
VOIDED CHECK
SOCIAL SECURITY CARD



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town		State
					ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Proficient Transport Inc.
2380 S. Halsted St.
Chicago, IL 60608



Request for Information from previous employer

I hereby authorize _____ to give Proficient Transport, Inc. all information regarding my services, character/conduct and accidents while in your employ and are released from any and all liability which may result from furnishing such information. Pursuant to Section 391.23, please release any information on alcohol tests with a result of 0.04 or greater, verified positive drug test, any refusals to test (including verified adulterated or substituted drug test results) and other violations of DOT drug & alcohol testing rules for the previous three years. On my own authority I further allow the release of positive drug test results and any refusal to test for the entire length while in your employ.

 _____ ** Applicant's signature
_____ ** Date

*** NOTE: The following information is to be completed by previous employer ***

_____, social security No. _____ has made application for a position as driver and states he/she was employed by you from _____ to _____. We appreciate your time in completing, in confidence, the information below. Thank you for your cooperation.

- 1) Dates employed: FROM _____ TO _____
- 2) Job Title _____ Responsibilities _____
- 3) If a driver, please check type of equipment: Tractor/Trailer _____ Straight Truck _____ Other _____
- 4) Number of DOT defined accidents in previous 3 years: _____ Number preventable _____ Fatalities? _____
Number of company defined accidents in previous 3 years: _____ Number preventable _____
Number of company defined accidents during length of employment _____ Number preventable _____
- 5) Did applicant have custody of money or valuables? _____ Were they properly kept? _____
- 6) How would you rate the applicant (excellent, good, fair, poor) on the following: Attitude _____ Dependability _____
Driving skills _____ Safety habits _____ Care of equipment _____ Cooperation _____
- 7) Type of separation: Resignation _____ Discharge _____ Lay Off _____ Other _____
Reason: _____
If separation was voluntary, was notice given? _____ Would you re-hire this employee? _____
- 8) Has applicant had a verified positive drug test? Yes _____ No _____
- 9) Has applicant had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes _____ No _____
- 10) Refused a required drug and/or alcohol test (including verified adulterated or substituted results)? Yes _____ No _____
- 11) Has applicant violated any other DOT drug & alcohol testing regulation? Yes _____ No _____
- 12) If there are violations, do you have documentation of successful completion of DOT return to duty requirements, including follow-up testing? Please send this documentation with this form, if applicable. Yes _____ No _____

In answering these questions, include and drug/alcohol testing information obtained from previous employers (sec. 40.25)

If YES to any of the above questions regarding drug and alcohol testing, please provide the SAP referral information:

Name _____ Address _____
City & State _____ Phone Number _____

Form Completed by: _____ Title: _____ Date: _____

Please email your reply to Safety@Proficienttransport.com

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: Proficient Transport Inc.

Address: 2380 S Halsted St.
Chicago, IL 60608

Phone #: 773-927-0100 Fax #: 773-423-6484

Designated Employer Representative: Melissa Chapa



I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

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 Proficient Transport Inc (“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 Proficient Transport Inc (“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: _____

A large handwritten 'X' mark is placed over the signature line.

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