



NAME _____ M or F
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ SSN _____ Terminal Code: _____

TELEPHONE # _____ CELL PHONE # _____ Email Address: _____

Have you ever been employed by this company in the past? Yes] No]
If yes, please explain _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision 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

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

No



Applicant's Name _____ **Terminal Code** _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

CURRENT DRIVERS LICENSE

(State)	(License No.)	(Class/Type)	(Expiration Date)
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DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State)	(License No.)	(Class/Type)	(Expiration Date)
(State)	(License No.)	(Class/Type)	(Expiration Date)

Have you ever had your license, permit or driving privileges suspended or revoked? Yes No
 If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A (Semi-Tractors): _____
 (# of Years & Months Operated)

Types of Trailers Transported/Operated

Dry Van: <input type="checkbox"/>	Reefer: <input type="checkbox"/>	Flatbed: <input type="checkbox"/>	Double/Triples: <input type="checkbox"/>	Tanker: <input type="checkbox"/>
Pneumatic: <input type="checkbox"/>	Dump Trailer: <input type="checkbox"/>	Hopper: <input type="checkbox"/>	Intermodal: <input type="checkbox"/>	Auto Hauler: <input type="checkbox"/>
Specialized: <input type="checkbox"/>	Hot Shot: <input type="checkbox"/>	Other (please list): _____		

MOTOR VEHICLE ACCIDENTS FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Description of the Accident	Towed Yes/No	# of Fatalities	# of Injuries

VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS

(please do not list parking violations - attach a separate sheet if more space is needed)

(Violation) (Date of Violation)	(Violation) (Date of Violation)
(Violation) (Date of Violation)	(Violation) (Date of Violation)
(Violation) (Date of Violation)	(Violation) (Date of Violation)



Applicant's Name _____

Have you ever been convicted of a Felony? Yes No

If yes, please explain _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol?

Yes No If yes, please explain _____

Have you failed any DOT required alcohol and/or drug testing within the past 5 years? Yes No

If yes, please explain _____

Are currently working for any other employers, full time or part time? Yes No

If No, please explain and how long? _____

Past Employment or Lease Record :(List ALL past employment for the last 10 years including DOT regulated, leased contracts and non DOT regulated)

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? Yes NO

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? Yes NO

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? Yes NO

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? Yes NO

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____



Applicant's Name _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____ CDL Class A? Yes NO
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____ CDL Class A? Yes NO
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application

Rehire Date _____

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are up to date and true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application

PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM: The Evans Network of Companies, 100-110 W. Columbia St. Schuylkill Haven PA 17972

PHONE: 570-385-9048 X1 please return by faxing to: 570-385-5970 Terminal Code: _____

The person named herein has applied to The Evans Network of Companies to drive in a safety-sensitive position.

Name of Applicant: **XX _____ Social Security Number: XX _____

I, the listed applicant, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to The Evans Network of Companies. I hereby release the below listed company(s), and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

**XX _____ Applicant's Signature Date

Past Employer's Name: _____ Fax _____
Past Employer's phone # _____ Address: _____

To be completed by past employer:

Dates of employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___
Position(s) Held: _____ Local: _____ Regional: _____ Over-the-Road: _____
Did this driver operate commercial motor vehicles greater than 26,000lbs GVWR? ___yes___no
Type of equipment operated: ___Dry Van___ Flatbed___ Reefer ___Other (please list): _____
Reason for leaving: ___Voluntary___ Lay-Off___ Terminated___ Retired
If terminated, why? _____
Eligible for rehire? ___Yes___ No___ Upon Review___ No, Company Policy: _____

Motor Vehicle Accident/Equipment Damage/Incident Inquiry. If no accidents please check box | none

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

Alcohol & Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration?
___yes___no
Has this driver ever had a positive drug test in the past 3 years? _____yes___no
Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? _____yes___no
Has this driver violated any other DOT drug/alcohol regulation? _____yes___no

To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ___yes___no

**If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): _____ Result of test(s): _____ Date of test(s): _____

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? _____yes___no

Any other remarks: _____

Information provided by (name & job title): _____ Date: _____

First Request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Attempt Made By: _____

Second Request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Attempt Made By: _____

Third Request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Attempt Made By: _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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		Date (month/day/year)