



Application for Employment

3225 West California Ave, Suite 102
 Salt Lake City, UT 84104
 (801) 462-2535

Applicant - <i>The U.S. Department of Transportation requires that driver applicants state their date of birth §391.21(b)(2)</i>			
First Name:		Middle:	Last:
SSN:	Phone:	Email:	
Address:			Date of Birth:
City:		State:	Zip:
If at the above residence for less than three years, List below all residences for the past three years. Attach additional sheets if necessary.			
Address:			
City:		State:	Zip:
Address:			
City:		State:	Zip:

Employment	
Position applying for:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary
Who referred you?	Rate of pay expected:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" what was the date last employed?	
Do you have any relatives employed by Superior Service Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following::	
Name:	Position:
Name:	Position:
Have you worked for Superior Service Transport before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following:	
Position:	Where:
From Date:	To Date:
Reason for Leaving:	

Education	
Circle Highest Grade Completed	1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
Last School Attended:	
Address:	
City:	State: Zip:

General	
Have you ever been "bonded"? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", name of bonding company:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a full explanation to this application. <i>Note: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.</i>	
Have you ever worked for Superior Service Transport under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", what name:	

Driver Experience and Qualification				
Driver Licenses held in the past 3 years must be shown.	State	License Number	Type	Expiration Date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to A, B or C, attach additional sheets providing a statement of all details.				

Driving Experience				
Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approximate Total Miles
		To	From	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				
List states operated in during the last 5 years.				
List specialty courses or training that will help you as a driver.				
List safe driving awards held and who awards were presented by:				
Accident Review for Past 3 Years: (Attach separate sheet of paper if more space is needed.)				
Dates	Nature of Accident (Head-On, Rear-end, Upset, etc.)	Fatalities	Injuries	
Last Accident				
Next Previous				
Next Previous				
Traffic convictions and forfeitures for the past 3 years other than parking violations.				
Location	Date	Charge	Penalty	

Physical History
<i>The U.S. Department of Transportation requires that all driver applicants pass certain tests before they are hired to drive for a motor carrier. FMCSR §391 Subpart E.</i>
Date of last Department of Transportation Prescribed physical examination:
Have you ever been granted a waiver under §391.41 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm <input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Accident Record
Please describe your health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Are you currently under a doctor's care or receiving medical treatment of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Date you last visited a doctor: _____ Name of doctor: _____
How much time have you lost from work in the last 3 years because of illness or injury?
Year: _____ Number of days: _____ Nature of illness or injury: _____
Year: _____ Number of days: _____ Nature of illness or injury: _____
Year: _____ Number of days: _____ Nature of illness or injury: _____
Year: _____ Number of days: _____ Nature of illness or injury: _____
Have you been injured in an accident – including automobile accidents – during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how many on the job? _____ Other? _____
Do you have any physical or mental condition which would limit your ability to perform all of the duties of the job that you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain.

Record of Previous Employment

Please list the name(s) of your previous employers in reverse chronological order with the present or last employer listed first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Previous Employers

1	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
2	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
3	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
4	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
5	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
6	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	

Have you ever been terminated or asked to resign from any job? Yes No
If "Yes", please explain.

Platform Experience and Qualifications

List types of platform experience and number of years of each:

List platform equipment you can operate (*lift truck, etc.*)

List courses or training in platform work:

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-50B, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period and without cost to the employer, a copy of my motor vehicle violations record.

(MA) – “An applicant for employment with a sealed record on file with the commissioner of probation may answer ‘no record’ with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation may answer ‘no record’ with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.”

(MD) – “AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00”

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

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

Signature:

Date of Signature:

Release of Employment Inquiry

Prospective Employer: **Superior Service Transport**

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that **Superior Service Transport** may make inquiries, including but not limited to my worker's compensation history, consumer credit history, education, professional licensing, criminal history and driving record. Furthermore, I understand that **Superior Service Transport** may request information from various federal, state and other agencies, including the FMCSA Pre-employment Screening Program that maintain records concerning my past driving record, credit history, criminal history, military history, civil and other experiences as well as claims involving me in the files of insurance companies.

I understand that information regarding my worker's compensation history is for the purpose of making certain that I am not hired for a position or assigned a job function that could aggravate a previous injury. I further understand that in compliance with the Americans with Disabilities Act, my worker's compensation history will only be investigated by **Superior Service Transport** after a conditional offer of employment has been extended to me.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by **Superior Service Transport** from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation as well as the name of the reporting agency or sources of information.

If **Superior Service Transport** uses any information it obtains from FMCSA-PSP in a decision to not hire me, or to make any other adverse employment decision regarding me, **Superior Service Transport** will provide me with a copy of the report upon which it's decision was based and a written summary of my rights under the Fair Credit Reporting Act before taking any final adverse action. **Superior Service Transport** cannot obtain background reports from FMCSA unless there is written consent. My signature below signifies my authorization for **Superior Service Transport** to obtain my previous 5 years of crash data and my previous 3 years of violation and inspection data from FMCSA-PSP.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, FMCSA-PSP, institutions and private information bureaus or repositories) contacted by **Superior Service Transport** to furnish any or all of the above mentioned information. In addition, I hereby release **Superior Service Transport** from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons who in good faith provide to **Superior Service Transport** the above mentioned information as requested in order to successfully complete a background investigation for my application for employment. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by **Superior Service Transport**.

First Name:		Middle:	Last:	
SSN:	Phone:	Email:		
Address:				
City:		State:	Zip:	
Driver License No.:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	
Applicant Signature:			Date of Signature:	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: To Be Completed by Prospective Employee

First Name:	Middle:	Last:
Date of Birth:	Social Security Number:	here by authorize
Previous Employer:		
Address		
City:	State:	Zip:
Phone:	FAX:	Email:
to release and forward the information requested in Section 3 of this document concerning my Alcohol and Controlled Substance Testing Records within the previous 3 years from (date of employment application)		
to: Superior Service Transport Attn: Mark Morris (801) 661-0477 3225 West California Ave, Suite 102 Salt Lake City, UT 84104 Mark.Morris@ShipSST.com FAX (801) 972-1557		
In compliance with §40.25(g) and §291.23(h), release of this information must be made in a written form that ensures confidentiality, such as FAX, email or letter.		
Applicant's Signature:		Date of Signature:

Section 2: To Be Completed by Previous Employer

The applicant named above was employed by us: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employed as:		From Date:	To Date:	
Did he/she drive motor vehicle for you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what type: <input type="checkbox"/> Straight Truck, <input type="checkbox"/> Tractor-Semitrailer, <input type="checkbox"/> Bus, <input type="checkbox"/> Cargo Tank, <input type="checkbox"/> Doubles/Triples, <input type="checkbox"/> Other (specify)				
<u>If there is no negative safety performance history, check here , <input type="checkbox"/> sign below and return.</u>				
Accidents: Please complete the following for any accidents include on your accident register (§390.15(b)) that involved the applicant in the three years prior to the application date shown in Section 1, or check here <input type="checkbox"/> if there is no accident register for this driver.				
Date	Location	No. of Injuries	No. of fatalities	Hazmat Spill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies.				
Representative Name:			Title:	
Representative Signature:			Date of Signature:	

Section 3: To Be Completed by Previous Employer				
DRUG and ALCOHOL HISTORY				
If driver was NOT subject to Department of Transportation testing requirements while employed by this employer, please check here, fill in the dates of employment from _____ to _____ complete the bottom of Section 3, sign and return.				
Driver was subject to Department of Transportation testing requirements _____ to _____.				
1. Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Has this person tested positive or adulterated or subsuited a test specimen for controlled substances?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Has this person committed other violations of Subpart B of Part 382 or part 40?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. For a driver who has successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In answering these questions include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the "Date of Signature" shown in Section 1.				
Representative Name:		Title:		
Company:		Phone:		
Address:				
City:		State:	Zip:	
Representative Signature:		Date of Signature:		

Section 4: To Be Completed by Prospective Employer	
This form was (check one) <input type="checkbox"/> FAXed to previous employer, <input type="checkbox"/> Mailed by USPS, <input type="checkbox"/> E-mailed, <input type="checkbox"/> Other (describe)	
By:	Date:
Information received from:	
Method of Transmission: <input type="checkbox"/> FAX, <input type="checkbox"/> USPS Mail, <input type="checkbox"/> E-mail, <input type="checkbox"/> Phone, <input type="checkbox"/> Other (describe)	
By:	Date:

Instructions to complete the SAFETY PERFORMANCE HISTORY RECORD REQUEST

<p>Section 1: Prospective Employee</p> <ul style="list-style-type: none"> • Prospective Employee should complete the information in this section • Sign and date the form • Submit the form to the Prospective Employer 	<p>Section 3: Previous Employer – Drug and Alcohol History</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date the form • Retain a copy • Return original to Prospective Employer
<p>Section 2: Previous Employer – Accident History</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date the form • Complete Section 3 	<p>Section 4: Prospective Employer</p> <ul style="list-style-type: none"> • When received from Prospective Employee <ul style="list-style-type: none"> ○ Complete the information in the top block ○ Send a copy to the Previous Employer • When returned <ul style="list-style-type: none"> ○ Record receipt of form from Previous Employer ○ Retain copy