



5262 South Raymond | Verona, MS 38879

662.407.4211

wwtrucking.com

PERSONAL INFORMATION

Date

Name
First Middle Last

Phone Date of Birth SS#

Current Address
Street City State Zip How long at this residence?

*If you have lived at more than one address in the past ten years, please list them on the back of this application.

EXPERIENCE AND QUALIFICATIONS

Driver Licenses

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	License Number	Type	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	License Number	Type	Expiration Date

Driving Experience

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class	Type (Van, Tank, Flat, Etc.)	Date range	Approximate mileage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class	Type (Van, Tank, Flat, Etc.)	Date range	Approximate mileage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class	Type (Van, Tank, Flat, Etc.)	Date range	Approximate mileage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class	Type (Van, Tank, Flat, Etc.)	Date range	Approximate mileage

Accident Record for Past 3 Years

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Nature (head-on, rear-end, Etc.)	Fatalities or Injuries
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Nature (head-on, rear-end, Etc.)	Fatalities or Injuries

Traffic Convictions and Forfeitures for Past 3 Years (other than parking violations)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Date	Charge	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Date	Charge	Penalty

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

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

*Attach sheet if more space is needed.

EMPLOYMENT HISTORY

Please provide employment status for the last 10 years whether you were employed, unemployed or incarcerated.

Company Phone

Address

Street City State Zip

Position held Date Reason for leaving
From To

Company Phone

Address

Street City State Zip

Position held Date Reason for leaving
From To

Company Phone

Address

Street City State Zip

Position held Date Reason for leaving
From To

Company Phone

Address

Street City State Zip

Position held Date Reason for leaving
From To

*Attach sheet if more space is needed.

MVR RELEASE

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. I also understand and agree that this motor carrier will order and receive a copy of my MVR.

Signature

Date

AUTHORIZATION

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 or their assigned agent 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 has been made.

I hereby release my former employers, healthcare providers, schools, and insurance agents from any and all liability in making response to the inquiries and from releasing the requested information as required in 49 CFR, Parts 40, Section 382 and/or 391. I authorize this 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 consenting to the release of safety performance information including crash data from the previous five (5) years and inspection for the last three (3) years.

I understand and acknowledge that this release of information may assist this Prospective Employer to make a determination regarding my suitability as an employee.

Signature

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 _____ (“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 _____ (“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: _____

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 2/11/2016