

Driver Application
SHUMAN SPECIALIZED TRANSPORTATION LTD.
2925 Columbus Avenue, Springfield, OH 45503

(Answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Name _____ Social Security No _____
Last First MI

(1) Phone No. _____ (2) Cell No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ How Long _____

Previous Address: Street _____ City _____ State/ Zip Code _____ How Long _____

Street _____ City _____ State/Zip Code _____ How Long _____

Do you have the legal right to work in the United States? Yes _____ No _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this Company before? _____ Where? _____

Dates: From _____ To _____ From _____ To _____

Rate of Pay _____ Position _____ Reason for Leaving _____

Are you currently employed? _____ If not, how long since leaving last employment _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes or No _____ Reason _____

Most Recent Work Experience:

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? Yes No

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? Yes No

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? Yes No

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? ____ Yes ____ No

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? ____ Yes ____ No

From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Phone # _____
From: Mo _____ Yr _____ **To:** Mo _____ Yr: _____ Fax # _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Position Held _____
Type of Equipment _____ Trailer Size _____
Pay Scale _____ Weekly Miles _____
States Operated in _____
Reason for Leaving _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? ____ Yes ____ No

Accident Record for Past 3 Years or More (attach sheet if more space is needed) if none write none

Dates	Nature of Accident Head-On, Rear-End, Upset, Etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions & Forfeitures for the Past 3 Years (other than parking violations) if none write none

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Experience and Qualifications - Driver

	State	License Number	Type	Expiration Date
Driver				
License				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Are you required by a court order, in any state, to pay Child Support or Alimony? Yes _____ No _____

If the answer to either A or B is yes, attach statement giving details.

Driving Experience if None, Write None

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approx. no. of miles (total)
		From	To	
Straight truck				
Tractor & semi-trailer				
Tractor- two trailers				
Motor coach-school bus				
Other				

List States operated in for last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Experience and Qualifications

Show any trucking, transportation or other experience that may help in your work for this company

List special equipment or technical materials you can work with (other than those already shown)

Pursuant to 40.25(j), have you ever tested positive or refused an alcohol or controlled substance test in the past 3 years for previous employers or companies you have applied with for employment? Yes _____ No _____

If yes, did the prior company refer you to a Substance Abuse Professional for evaluation? Yes _____ No _____

Did you follow-up with their recommendations? Yes _____ No _____

Name and address of the Substance Abuse Professional _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me; all entries on it and information in it are true, correct, and complete to the best of my knowledge. I authorize the company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)(e). I understand I have the right to: review information provided by previous employers, have errors in the information corrected by previous employers, and for those employers to re-send corrected information to prospective employers, and have a rebuttal statement attached to the alleged erroneous information if there is non-agreement concerning the information.

Applicant's Signature

Date

Disclosure Regarding Background Investigation

Shuman Specialized Transportation, the "Company," may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history (including income), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Verified First, Phone: 888-670-9564, Fax: 208-266-2310, Mailing Address:, 1550 S Tech Lane Suite 200 Meridian, ID 83642. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document.

Signature

Print Name

Date

Acknowledgment and Authorization For BCKGRD Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Verified First, Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204, 1550 S Tech Lane, Suite 200, Meridian, ID 83642, <https://www.verifiedfirst.com> and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that by checking the "I AGREE" box, typing my name and the last four digits of my Social Security Number or User ID, and clicking on the "SIGN ACKNOWLEDGMENT" button below, constitutes my electronic signature, dated as of when I click on the "SIGN ACKNOWLEDGMENT" button, and that by doing so:

- I am authorizing Verified First to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling Verified First at Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204

I agree.

Signature

Print Name

Date