

APPLICATION PROCESS

- Application: Fill out and sign/return for employee file if hired
- Background PSP Report: Fill out and sign/return for employee file if hired
- Previous Employer Form: Fill out and sign/return for employee file if hired
- Fair Credit Report Form: Fill out and sign/return for employee file if hired
- MVR Form: Fill out and sign/return for employee file if hired
- Certificate of Violation/Annual Review: Fill out and sign/return for employee file if hired
- Get Copy of CDL and Medical Card

Make a file folder for applicant and file all information received. Use this for employee file hired or not.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date of Application: _____

Company: Clarion Transportation Corp

Address: 44 Amsler Avenue

City: Shippenville State: PA Zip: 16254

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____ POINT EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

PROCESS RECORD

Position(s) Applied for: _____

Name: _____

Social Security No.: _____

List your addresses of residency for the past 3 years

Current Address: _____

Street _____ City _____
State _____ Zip Code _____ Phone: _____ How Long? _____
yr./mo.

Previous Address: _____ How Long? _____

Street _____ City _____ State & Zip Code _____ yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

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

Dates:

From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving your last employer? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____

(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

EMPLOYMENT HISTORY

All driver applicants to drive in the interstate commerce must provide the following information on all employers during the preceding 3 years. Please list the complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs* while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs♦ while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs♦ while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs♦ while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs♦ while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position held:	
City	State	Zip	Salary/Wage:	
Contact Person:	Phone Number:	Zip	Reason for Leaving:	
Were you subject to the FMCSRs♦ while employed? [] Yes [] No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? [] Yes [] No				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
♦ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE 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	HAZARDIOUS MATERIAL SPILL
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

TRAFFIC CONVICTIONS AND 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**

Driver licenses or permits held in the last 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
 B. Has any license, permit, or privilege ever been suspended or revoked?
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		From (M/Y)	To (M/Y)	
Straight Truck: [] YES [] NO	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi-Trailer: [] YES [] NO	(Van, Tank, Flat, Dump, Refer)			
Tractor - Two Trailers: [] YES [] NO	(Van, Tank, Flat, Dump, Refer)			
Tractor - Three Trailers: [] YES [] NO	(Van, Tank, Flat, Dump, Refer)			
Motorcoach - School Bus: [] YES [] NO	(More than 8 passengers)			
Motorcoach - School Bus: [] YES [] NO	(More than 15 passengers)			
Other: _____				

LIST STATES OPERATED IN LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHERE? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: (Name) _____ (City,State) _____

TO BE READ AND SIGNED BY APPLICANT

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: _____

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with **Clarion Transportation** (“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 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 the 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 electric notification: That adverse action has been taken based in whole or in part on information obtained from the 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 the completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, the, 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 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 <http://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 PSPS 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 background reports, please read the following and sign below:

I authorize **Clarion Transportation** (“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 <http://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection 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 a co-driver and where those crashes were reported to the FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with the 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 my 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 of 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.*

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in the states that do not require a specific form.

CAUTION: When using a third part to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting (FCRA) and state consumer reporting laws. Under FCRA, the third party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need of such documents.

I hereby authorize you to release the following information to **Clarion Transportation Corp.** (Employer)

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Drivers Signature) _____ (Date) _____

I also hereby certify that this request and above the driver's releaser notice meet the definition of "permissible uses" of state motor vehicle records under the provision of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester) _____ (Date) _____

To: _____

Dear Sir/Madam:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the unsigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 397.25, Federal Department of Transportation Regulations, please furnish the under-signed with the employee's driving record for the past year.

NAME OF DRIVER: _____
ADDRESS: _____
FORMER ADDRESS _____
DATE OF BIRTH _____ SSN: _____ LICENSE NO.: _____

REQUESTED BY

Clarion Transportation Corporation _____
44 Amsler Avenue _____
Shippenville PA 16254 _____

Typed Name

Title

Signature

DRIVER DECLARATION

Federal Motor Carrier Safety Regulations Section 40.25 (j)

Driver's Name Please Print

Social Security Number

Date of Birth

Driver's Signature

Driver's CDL Number

Review the following statements carefully then check the one that applies:

I certify that I have not failed or refused a DOT Drug and/or Alcohol Pre-employment test within the past two years from an employer who did not hire me or use me.

I certify that I have failed or refused a DOT Drug and/or Alcohol Pre-employment test within the past two years from an employer who did not hire or use me.

The Drug and/or Alcohol Pre-employment that I failed or refused was for the following Motor Carrier;

Name of Motor Carrier

Address of Motor Carrier

City, State, Zip Code of Motor Carrier

Company Name: **CLARION TRANSPORTATION CORPORATION**

Fair Credit Reporting Act Disclosure/Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by 7 the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 101-208), you are being informed that reports verifying your previous employment, previous drug and alcohol tests 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 Regulations.

Applicant Signature

Date

Printed Name

Social Security Number

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **CLARION TRANSPORTATION CORPORATION, INC.** for the purposes of investigation as required by Section 391.23 as allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may results from furnishing such information submitted in response to this inquiry.

Date: _____

Applicant Signature: _____

Please return to Clarion Transportation Corporation, 44 Amsler Avenue Shippenville PA, 16254

Phone: 814-226-5374 Fax: 814-286-9991

Request Issued to: _____

Fax: _____

Phone: _____

Dear Sir or Madam:

_____, SS# ____ - ____ - _____, has made application to our company as an over-the-road driver and states that he/she was employed with your company within the last three years. According to Section 382.413 (a)(1) and 391 (a)(2) of the Federal Motor Carrier Safety Regulations, We are required to obtain from the drivers' previous employers certain information about the drug and alcohol testing program that the driver had been participation in as well as certain background information.

Will you kindly complete the below information and fax this form to us at **814-226-0730** or mail your response to **Clarion Transportation Corp, 44 Amsler Avenue, Shippenville, PA 16254.**

- 1.) Driver was Employed with your company from _____ to _____
- 2.) Did he/she drive a commercial motor vehicle for you? YES ____ NO ____
- 3.) Number of reportable accidents in the preceding 3 years? _____
- 4.) Number of such accidents at which the driver was at fault? _____
- 5.) Did the Driver Participate in your drug and alcohol testing program? YES ____ No ____
- 6.) Does your drug and alcohol testing program meet the requirements set forth in 40 CFR Part 40?
YES ____ NO ____
- 7.) Did the driver ever refuse drug or alcohol testing while employed with you? YES ____ NO ____
- 8.) At the time the driver left your employment, was he/she qualified to perform safety-sensitive functions under the DOT alcohol and testing rules? YES ____ NO ____
- 9.) Did the driver see a substance abuse professional? YES ____ NO ____
- 10.) Was the driver's CDL ever suspended during your employment? YES ____ NO ____
- 11.) Did the driver ever pose either repeated and/or severe disciplinary problems? YES ____ NO ____
If Yes, explain, _____
- 12.) Reason for Leaving the Company? _____

Signature

Title

Date

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

Motor Carrier Instructions: Each motor carrier shall at least once every 12 months require each driver it employs to prepare and furnish it with all violation of motor vehicle traffic laws and ordinances (other than violations involving on by parking) of which the driver has been convicted, or which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27) Drivers who have provided information required by Section need not repeat that information on this form.

Driver Requirements: Each Driver shall furnish the list required by the motor carrier above. If the driver has not been convicted of, or forfeited collateral on account of any violation which must be listed, he/she shall certify (Section 391.27)

Completed By Driver – Certification of Violations

Name of Driver	Social Security Number	Date of Employment
Home Terminal (City & State)	Driver's License Number State	Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which IU have been convicted or forfeited bond or collateral during the past 12 months.

(If you have no violations, Check the following box [None)

Date	Offense	Location	Type of Vehicle Operating

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under part 383 required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____

Completed by Motor Carrier – Annual Review of Driving Record

Motor Carrier Instructions: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she is (check one)

- [] Meets the minimum requirements for safe driving
- [] Is disqualified to drive a motor vehicle pursuant to Section 391.25
- [] Does not adequately meet satisfactory safe driving performance

Action Taken with Driver: _____

Reviewed by: _____ Date: _____
 Printed Name: _____ Title: _____
 Motor Carrier Name: _____
 Motor Carrier Address: _____

IMPORTANT MEMO TO ALL DRIVERS

It is important that drivers understand that his/her bonus is much more than a simple raise to .435 cents. This bonus has to be justified. If we can count on each and every driver in the fleet to be reliable, we can justify this bonus for everyone.

The first part of the bonus is timeliness. We are doing very well right now with drivers leaving on time and making their first stops. This has to continue each and every week. You are expected to meet your 1st appointments with maximum driving hours remaining for the day.

The second part of the bonus is paperwork. You are expected to return all of your bills of lading (for freight) and proofs of delivery (for tubs) each time you return to the yard. Logs and trip reports for the week must be turned in by Monday, 10 AM. You are also expected to log all tolls, fuel and cash stops legally.

The third part of the bonus is equipment. You are expected to drive defensively, to perform pre-trip and post-trip inspections and to keep your equipment in good repair.

Our present bonus system gives 4 cents per mile for the 3 items above, plus 2 cents per mile if you get all three. Again, you are expected to get all three each and every week. A driver will receive a verbal warning first, then a written warning and after that your bonus of 6 cents will be docked for that week putting you at .375/mile for the entire week.

This program is intended to reward the fleet for doing their jobs well.

I have read the above and understand what is expected of me.

Signature: _____ **Date:** _____

Printed Name: _____