

# DRIVING APPLICATION

\* Indicates required question

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1. Email \*

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2. Date Application Completed: \*

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*Example: January 7, 2019*

3. APPLICANT FULL NAME \*

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4. Who are you being recruited by? \*

*Mark only one oval.*

- Blake Klinksiek
- Brandon Tipton
- Jeremy Rose
- Other

5. How did you hear about Tipton Hay Farms? \*

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IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP STATUS

6. POSITIONS APPLIED FOR \*

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7. SOCIAL SECURITY NUMBER \*

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8. PHONE NUMBER \*

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9. EMERGENCY CONTACT NAME \*

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10. EMERGENCY CONTACT NUMBER \*

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11. AGE \*

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12. DATE OF BIRTH \*

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*Example: January 7, 2019*

13. D.O.T. PHYSICAL EXAM EXPIRATION DATE \*

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*Example: January 7, 2019*

14.

D.O.T PHYSICAL CERTIFICATE/MEDICAL CERTIFICATE

\*Must be flat and legible, showing all 4 corners and edges of page

Files submitted:

15. CDL# \*

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16. COPY OF CDL

\*Must be flat and legible, showing all 4 corners and edges of page

Files submitted:

17. STATE ISSUED \*

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18. DATE ISSUED \*

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*Example: January 7, 2019*

19. VERIFIABLE YEARS EXPERIENCE WITH CDL \*

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LIST ADDRESS FOR PREVIOUS 3 YEARS

20. CURRENT ADDRESS; STREET \*

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21. CURRENT ADDRESS; CITY, STATE ZIP \*

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22. PREVIOUS ADDRESS; STREET \*

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23. PREVIOUS ADDRESS; CITY, STATE ZIP \*

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24. HAVE YOU WORKED FOR THIS COMPANY BEFORE? \*

*Mark only one oval.*

Yes

No

25. HIGHEST GRADE LEVEL COMPLETED \*

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### EMPLOYMENT HISTORY

PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. INCLUDE ANY UNEMPLOYMENT OR SELF-EMPLOYMENT. LIST COMPLETE MAILING ADDRESS,STREET NUMBER, CITY, STATE, ZIP CODE, PHONE NUMBER AND CONTACT PERSON.APPLICANTS TO DRIVE A COMERCIAL MOTOR VEHICLE IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THEAPPLICANT OPERATED SUCH VEHICLE. (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THEMOST RECENT. ADD ANOTHER SHEET AS NECESSARY.)

26. PRESENT OR LAST EMPLOYER: NAME, ADDRESS, DATES, CONTACT PERSON AND NUMBER, REASON FOR LEAVING \*

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27. SUBJECT TO FMCSR WHILE EMPLOYED \*

*Mark only one oval.*

Yes

No

28. EMPLOYER: NAME, ADDRESS, DATES, CONTACT PERSON AND NUMBER, REASON FOR LEAVING \*

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29. SUBJECT TO FMCSR WHILE EMPLOYED \*

*Mark only one oval.*

Yes

No

30. EMPLOYER: NAME, ADDRESS, DATES, CONTACT PERSON AND NUMBER, \*  
REASON FOR LEAVING

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31. SUBJECT TO FMCSR WHILE EMPLOYED \*

*Mark only one oval.*

Yes

No

32. DRIVING EXPERIENCE \*

*Check all that apply.*

STRAIGHT TRUCK

TRACTOR TRAILER

TRACTOR 2 TRAILERS

TRACTOR 3 TRAILERS

33. APPROXIMATE # OF MILES \*

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**ACCIDENT RECORD**

34. DATE OF ACCIDENT, LOCATION, FATALITIES? INJURIES? PLEASE ANSWER ALL \*

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35. TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE \*

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36. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? \*

*Mark only one oval.*

- Yes
- No

37. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \*

*Mark only one oval.*

- Yes
- No

38. IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? \*

*Mark only one oval.*

Yes

No

39. IF ANY ANSWERED YES, GIVE DETAILS \*

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**TO BE READ AND SIGNED BY APPLICANT**

- IT IS AGREED AND UNDERSTOOD THAT ANY MISREPRESENTATION GIVEN ON THIS APPLICATION SHALL BE CONSIDERED AS AN ACT OF DISHONESTY.
- IT IS AGREED AND UNDERSTOOD THAT THE MOTOR CARRIER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONVERN TO APPLICANTS RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND PERSONS NAMED HERIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION.
- I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY APPLICATION.
- IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION FOR QUALIFICATION IN NO WAY OBLIGATES THE MOTOR CARRIER TO EMPLOY OR HIRE THE APPLICANT.
- IT IS AGREED AND UNDERSTOOD THAT IF QUALIFIED AND HIRED, I MAY BE ON A PROBATIONARY PERIOD DURING WHICH TIME I MAY BE DISQUALIFIED WITHOUT RECOURSE.
- IT IS AGREED AND UNDERSTOOD THAT IN THE EVENT OF EMPLOYMENT, FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.
- 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). I UNDERSTAND I HAVE THE RIGHT TO:
  - o REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS;
  - o 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
  - o HAVE A REBUTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION
- 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.

## 40. SIGNATURE \*

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## 41. DATE \*

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*Example: January 7, 2019*

**DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT**

CFR PART 40.25(J) REQUIRES THE EMPLOYER TO ASK ANY APPLICANT, WHETHER HE OR SHE HAS 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 RULES DURING THE PAST TWO YEARS. IF THE POTENTIAL EMPLOYEE ADMITS THAT HE OR SHE HAD A POSITIVE TEST OR REFUSAL TO TEST, WE MUST NOT USE THE EMPLOYEE TO PERFORM SAFETY SENSITIVE FUNCTIONS, UNTIL AND UNLESS THE POTENTIAL EMPLOYEE PROVIDES DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE RETURN-TO-DUTY PROCESS. SEE SECTION 40.25(B)(5) AND (E).

## 42. AS AN APPLICANT, APPLYING TO PERFORM SAFETY SENSITIVE-FUNCTIONS FOR OUR COMPANY, YOU ARE REQUIRED BY CFR PART 40.25(J) TO RESPOND TO THE FOLLOWING QUESTIONS \*

HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG ORALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG ANDALCOHOL TESTING RULES DURING THE PAST TWO YEARS?

*Mark only one oval.*

YES

No

43. IF YOU ANSWERED YES TO THE ABOVE QUESTION, CAN YOU PROVIDE \*  
PROOF THAT YOU HAVE SUCCESSFULLY COMPLETED THE DOT RETURN-  
TO-DUTY REQUIREMENTS?

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44. MY SIGNATURE BELOW CERTIFIES THAT THE INFORMATION PROVIDED IS \*  
TRUE AND CORRECT

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45. DATE \*

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*Example: January 7, 2019*

**REQUEST FOR CHECK OF DRIVING RECORD**

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO  
TIPTON HAY FARMS LLC (PROSPECTIVE 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.

46. SIGNATURE \*

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## 47. DATE \*

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*Example: January 7, 2019*

**GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, hereby provide consent to Tipton Hay Farms, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exist in the Clearinghouse.

I understand that if the limited query conducted by Tipton Hay farms, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tipton Hay Farms, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Tipton Hay Farms, LLC to conduct a limited query of the Clearinghouse, Tipton Hay Farms, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor

## 48. SIGNATURE \*

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## 49. DATE \*

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*Example: January 7, 2019*

## PSP DISCLOSURE AND AUTHORIZATION

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 TIPTON HAY FARMS, LLC ("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 TIPTON HAY FARMS, LLC ("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://datags.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.

#### 50. PSP DISCLOSURE AND AUTHORIZATION SIGNATURE \*

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51. DATE \*

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*Example: January 7, 2019*

52. EMAIL \*

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