

Newton Transportation, LLC
3150 South 460 East
Lafayette, IN 47905

DRIVER APPLICATION

Personal Information

PLEASE ENTER YOUR NAME EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE.

Last Name:		First and Middle Name:	
Phone #:		Email Address:	
Social Security #:		Date of Birth:	
Have you ever worked or applied here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When:	

Residence Addresses for the Past Three (3) Years

ATTACH ADDITIONAL SHEETS IF NEEDED.

	Street	City	State	Zip	# of Years
Current					
Previous					
Previous					

Driver's License Information

PLEASE LIST ALL LICENSES AND PERMITS HELD FOR THE PAST 3 YEARS; ATTACH ADDITIONAL SHEETS IF NEEDED.

	State	License Number	Type / Class	Endorsements	Expiration Date
Current					
Previous					
Previous					

Driving Experience

Equipment Class		Equipment Type (Check All That Apply)	From (Month / Year)	To (Month / Year)	Miles Driven
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Other			
Tractor & Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Other			
Tractor - Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Other			
Tractor - Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Other			
Motor Coach/School Bus (8-15 Passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shuttle <input type="checkbox"/> School <input type="checkbox"/> Other			
Motor Coach/School Bus (16+ Passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shuttle <input type="checkbox"/> School <input type="checkbox"/> Other			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Other			



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Accidents

ATTACH ADDITIONAL SHEETS IF NEEDED.

Have you been involved in any motor vehicle accidents during the past three (3) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please provide additional information below.
Date (Month / Year)	Nature of Accident (Number of Vehicles Involved, Head-On, Rear-End, Rollover, etc.)	# of Fatalities	# of Injuries	Were You At Fault?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Traffic Violations

ATTACH ADDITIONAL SHEETS IF NEEDED.

Have you been convicted of, or chose not to challenge, any traffic violations (other than parking violations) in the past three (3) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please provide additional information below.
Date (Month / Year)	Violation	State (Jurisdiction)	Penalty (Forfeited Bond, Collateral and/or Points)		

Driving Privilege History

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.	
Have any of your driver's licenses, permits, or privileges ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.	

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Work Experience

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21) REQUIRE THAT ALL APPLICANTS WISHING TO DRIVE A COMMERCIAL VEHICLE LIST ALL WORK EXPERIENCE FOR THE LAST THREE (3) YEARS. IF YOU ARE APPLYING TO DRIVE A VEHICLE THAT REQUIRES A CDL TO OPERATE, YOU MUST PROVIDE WORK HISTORY FOR AN ADDITIONAL SEVEN (7) YEARS (I.E. A TOTAL OF 10 YEARS).

ON THE NEXT PAGE, START WITH THE MOST RECENT POSITION, AND WORK BACKWARDS. COMPLETE ALL INFORMATION.

Employer Name:		Phone:	
Address:		Contact Email: (If Available)	
City:		State:	Zip Code:
Position Held:		Start Date: (Month / Year)	End Date: (Month / Year)
Reason for Leaving:	Please Explain Any Gaps in Employment		
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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DRIVER APPLICATION

Work Experience - Continued

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Work Experience - Continued

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Controlled Substance / Alcohol Testing History

Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last three (3) years, have you ever tested positive, or refused to test, on any other DOT-regulated drug or alcohol test administered by an employer for whom you performed safety-sensitive transportation work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to either of the above questions, did you complete all education, treatment, follow-up testing and aftercare recommended by a Substance Abuse Professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification and release all persons and/or institutions from all liability in responding to inquiries and releasing information in connection with my application.

I understand that the information I provide regarding my current and/or prior 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 and 49 CFR 382.413. I understand I have the right to review information provided by past employer, have information errors corrected by previous employers and resubmitted to this carrier and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand I must request past employer information obtained by this carrier in writing within 30-days of my application date.

I agree that falsified information or significant omissions may result in my disqualification now or at any time in the future. I also understand that I am required to abide by all rules and regulations of this motor carrier.

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.

Applicant's Signature

Date

Applicant's Name (Printed)

Newton Transportation, LLC

3150 South 460 East

Lafayette

IN

47905



Newton Transportation, LLC

Past Employment Verification / Substance Abuse / Alcohol Testing Information Release Authorization

I authorize you to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records (MVR), CDLIS Records, Drug Screening, Employment Verification, and Criminal Background Checks. I hereby authorize you, or those service providers working on your behalf, to make a thorough investigation of all information given by me and release any and all persons and/or institutions from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment:

- I understand that any false or misleading information I provide may result in discharge.
- I understand that the information I provide regarding my current and/or prior employers will be used to contact those employers for the purpose of investigating my safety performance history and authorize you to generate forms for each such employer to provide that information along with the following release using my electronic signature (if applicable) and dated as of my start date:

"In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to the employer identified above and persons acting on behalf of this employer including, without limitation, National Transportation Consultants, Global Verification Network and/or WorkforceQA"

- I authorize you to investigate my driving record at any time by obtaining my MVR as required by 49 CFR 391.25.
- I authorize you to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) at any time to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to you under a full query of the Clearinghouse without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a query of the Clearinghouse, you must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.
- I acknowledge that my employment history with you will be supplied to third party providers and/or other companies which may seek such information to qualify me in the future.

I understand that I have the right, upon written request made within 30-days of my start date or being notified of denial of employment, to request whether a consumer report has been run about me. Upon request, you or your service provider will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

A copy of this form is as valid as the original.

Print Name

Date _____

Signature