



DOT 2368309

MC 836113

www.olsonmotorlines.com

phone | 402.630.5387

21852 R&R Road - Gretna, NE 68028

## APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

### Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date: \_\_\_\_\_ Position applying for (Check One): ☐ Contractor ☐ Driver ☐ Contractor's Driver

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name & Relation) (Number)

\*Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\* The AgeDiscrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

DOT Physical Expiration Date: \_\_\_\_\_

### Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

### Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate 1 2 3 4

# Employment History

Must include all employment for the past three years, all commercial driving experience for previous 10 years and all unemployment or self employment. No gaps between employment periods.

## **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

## **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

## **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

## **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

\*The Federal Motor Carrier Safety Regulations(FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport none or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

## Employment History (*continued*)

Must include all employment for the past three years, all commercial driving experience for previous 10 years and all unemployment or self employment. No gaps between employment periods.

### **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

### **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

### **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

### **Present or Last Employer:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Mo. Year Mo. Year

Position Held \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ 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

\*The Federal Motor Carrier Safety Regulations(FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport none or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

# Driving Experience

Class of Equipment	Dates		Total Approximate Number of Miles
	From	To	
Straight Truck			
Tractor/Semi Trailer:			
Tractor-two Trailers			
Tractor-three Trailers			

List states operated in for the last five years:

List special courses/training completed (PTD, DDC, HazMat, etc.):

List any Safe Driving Awards you hold and from whom:

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accident (head on, rear end, upset, etc.)	Location of Accident	Number of Fatalities	Number of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License Number	Type	Endorsements	Expiration Date

## Experience and Qualifications - Other

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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. Is there any reason you might be unable to perform the functions of the job for which you have applied for (as described in the job description)?..... ☐ Yes ☐ No

D. Have you ever been convicted of a felony?..... ☐ Yes ☐ No

If the answers to A,B, C or D is "YES", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal References

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List three persons for references, other than family members, who have knowledge of your safety habits.

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## To Be Read and Signed by Applicant

*It is agreed and understood that any misrepresentations given on this application shall be considered 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 concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-509, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*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.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true, correct and complete to the best of my knowledge.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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).)*

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

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.

1. Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

☐ Yes ☐ No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

☐ Yes ☐ No

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Confidential Employer Inquiry

To Whom It May Concern:

The person named below has applied to Olson Motor Lines for qualification in a safety sensitive position. The applicant lists your firm as a past employer. As you will note from the waiver stated below, the applicant has released all liability of you and your company. You may reply by facsimile to the fax number listed below. Thank you in advance for your response to this inquiry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date		From	Lyle Olson
To		Title	Owner
Address		Company	Olson Motor Lines
Fax		Address	21852 R&R Road - Gretna, NE 68028
Attention		Phone Number	402.630.5387

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applied for: \_\_\_\_\_

Did the Applicant work for you as a: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

If employed as a driver, please respond to the following:

☐ Company Driver ☐ Owner / Operator

Type of Tractor: \_\_\_\_\_ Type of Trailer? ☐ Van ☐ Reefer ☐ Tanker ☐ Flat ☐ Other

Commodities Transported: \_\_\_\_\_

General Area of Operations: \_\_\_\_\_

Accident History? Past 3 Years

Date	Preventable	Description
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Citations? \_\_\_\_\_

License Suspension? ☐ Yes ☐ No Type of License: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you employ this person again? ☐ Yes ☐ No

Has this person ever tested positive for controlled substance? ☐ Yes ☐ No

Has this person ever had a breath alcohol test with a result of .04 or greater? ☐ Yes ☐ No

Has this person ever refused a required test for drugs or alcohol? ☐ Yes ☐ No

Has this person violated any other controlled substance or alcohol regulation? ☐ Yes ☐ No

Has this person had any controlled substance or alcohol violation reported by any former employer? ☐ Yes ☐ No

If YES to any of the above questions, please provide the following information:

a. Reason for the test: \_\_\_\_\_

b. Results of the test: \_\_\_\_\_ Date of the test: \_\_\_\_\_

c. If applicant tested positive, have they satisfactorily completed all return to duty and follow up testing required by the Substance Abuse Professional, pursuant to 49 C.F.R. 382.605? ☐ Yes ☐ No

Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

**MANDATORY USE FOR ALL ACCOUNT HOLDERS  
IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service***

1. In connection with your application for employment with Olson Motor Lines ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Olson Motor Lines ("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 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.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2012