



Date of Application: _____

PRE-QUALIFICATION FORM
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 also understand that my employment is conditional based on the facts I provide. I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

- My employment is conditional based on the facts I provide.

Applicant Signature: X _____ **Date** ____/____/____

DRIVER NAME	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS	_____		
CITY	_____	STATE	_____ ZIP _____
TELEPHONE NUMBER	_____	CELL PHONE NUMBER	_____
DATE OF BIRTH	_____	SOCIAL SECURITY NUMBER	_____

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE #	_____	TYPE	_____	STATE	_____	EXP. DATE	_____
			(A,B, OR C)				
ENDORSEMENTS (check all that apply):	<input type="checkbox"/>	DOUBLE/TRIPLE TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	TANK VEHICLES		
	<input type="checkbox"/>	PASSENGER VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>	HAZARDOUS MATERIALS		
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:							
STATE:	_____	NUMBER:	_____	EXPIRATION DATE:	_____		
STATE:	_____	NUMBER:	_____	EXPIRATION DATE:	_____		
HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:							
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? <input type="checkbox"/> YES <input type="checkbox"/> NO							

PREVIOUS EMPLOYMENT HISTORY

PLEASE LIST CURRENT OR MOST RECENT EMPLOYER FIRST, THEN THE THREE PREVIOUS EMPLOYERS.			
1. NAME:	_____	DATES: FROM	_____ TO _____
2. NAME:	_____	DATES: FROM	_____ TO _____
3. NAME:	_____	DATES: FROM	_____ TO _____
4. NAME:	_____	DATES: FROM	_____ TO _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with _____ (“Prospective Employer”), it 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 _____ (“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.

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 a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’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.**