



Effective January 6, 2020

FMCSA Drug and Alcohol Clearinghouse goes into effect.

<https://clearinghouse.fmcsa.dot.gov/>

Drivers will need to register in order to provide electronic consent for a prospective or current employer to conduct a full query of his/her driving record. Effective January 6, 2020 a full query is mandatory for your pre-employment driver investigation as a CDL Holder who will perform safety-sensitive functions, including operating a CMV.

Please go to <https://clearinghouse.fmcsa.dot.gov/Register> and register as soon as possible. A delay in registering will delay your application.

A delay in registering will delay your application.



FMX, Inc.
2175 Commonwealth Ave.
Jacksonville, FL 32209
Phone #: 904-598-2683 Fax #: 904-598-2649
Email: Safety@fmxtruck.com

Driver Application

I am applying for the following location:

Jacksonville Winter Haven Tampa Titusville

I own the truck that I will be driving Yes No

I will be driving for someone else Yes No

Driver only fills out entire application except the Contractor/Owner fills out pages 17-20

Driver Personal Information: Please Print

Date of Application:		
First Name	Middle Initial	Last Name
Address		
City	State	Zip
Number of years at this address?		
Current CDL Number		
Exp Date	restrictions	
Endorsements : <input type="checkbox"/> X- Haz/Tank <input type="checkbox"/> H- Haz <input type="checkbox"/> N- Tank <input type="checkbox"/> T-Double/Triple <input type="checkbox"/> P- Pass <input type="checkbox"/> None		
Date of Birth	Social Security	
Medical Card Expiration Date:		
Do you have a hazmat Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Driver Contact Info:

Email address	
Home Phone	Cell Phone
Cell Phone provider: (example: Team Mobile, AT&T, Verizon, Metro)	

Previous 3 years residence address:

Address

City:

State

Zip

Address

City

State

Zip

Were you referred by a current FMX driver? Yes No

Driver Name:

Truck #

Did You attend Driving School? If so, please complete below:

Date

Name of School

City, State

Driver License: List any licenses held in the last 3 years

List any licenses held in the last 3 years

State

License Number

Class

Endorsements

- Yes No Under FMCSA 391.15, are you currently disqualified from driving a Commercial Motor Vehicle?
- Yes No Have you ever been denied a license, permit or privilege to operate a Commercial Motor vehicle?
- Yes No Has any license, permit or privilege ever been suspended, cancelled or revoked? 391.21(b)(9)?

If yes, Please state the reason: _____

- Yes No Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
- Yes No Have you ever been convicted or been on probation for DWI or DUI?

In the past three (3) years, have you been convicted of any of the following offenses? (49 CFR 391.15)

- Yes No Driving a Commercial Motor Vehicle with a blood alcohol concentration ("BAC") of 0.4 percent or more
- Yes No Driving under the influence of alcohol, as prescribed by state law
- Yes No Refusal to undergo drug and alcohol testing as required by
- Yes No Driving a CMV under the influence of any Schedule I controlled substance, (amphetamine, narcotic. Etc)
- Yes No Transportation, possession, or unlawful use of a Schedule I controlled substance while you were on duty driving for a motor carrier
- Yes No Leaving the scene of an accident while operating a CMV
- Yes No Any other felony involving the use of a commercial motor vehicle

Traffic Convictions & Forfeitures for the past 5 years – This will be verified by your MVR

Date	Charge	Citation Received?	CMV	Personal Car

Accident and/or Property Damage record for the Last 5 Years (even if you were not at fault)

Date	Preventable? Yes/No	# Fatalities	# Injuries	Citation Received Yes/No	Nature of Accident (head-on, Rear-end, Overturn, Struck Stationary Object)

Driving Experience

Type Equipment	Approx. # of miles (total)	Date From:	Date to:
Dry Van			
Tanker			
Intermodal Containers			
Flat Bed			
Straight Truck			
Car Hauler			
Schoolbus			
Motor Coach			

Criminal Record

Yes No Have you ever been convicted of a crime?

If yes, please specify: _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) 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? YES NO
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
 YES NO
3. If you answered YES to either 1 or 2, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? YES NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.**

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? YES NO

Orientation is required.

1. Are you willing to travel to Jacksonville at your own expense to attend orientation?
 YES NO
2. I understand that trucks 2000 or newer are required to be brought to orientation for ELD installation.
 YES NO
3. I understand that FMX may or may not have a load that I can return home with after orientation.
 YES NO

10 year Employment / Lessee History

May we contact this employer? YES NO

Current or most recent employer / Lessee

Company Name		Contact Person	
From: Mo/Yr		To: Mo/Yr	
Phone		Fax	
DOT #		MC #	
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Contact Person	
From: Mo/Yr		To: Mo/Yr	
Phone		Fax	
DOT #		MC #	
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3rd Prior employer / Lessee

Company Name		Contact Person	
From: Mo/Yr	To: Mo/Yr		
Phone	Fax		
DOT #	MC #		
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4th Prior employer / Lessee

Company Name		Contact Person	
From: Mo/Yr	To: Mo/Yr		
Phone	Fax		
DOT #	MC #		
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

5th Prior employer / Lessee

Company Name		Contact Person	
From: Mo/Yr	To: Mo/Yr		
Phone	Fax		
DOT #	MC #		
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6th Prior employer / Lessee

Company Name		Contact Person	
From: Mo/Yr	To: Mo/Yr		
Phone	Fax		
DOT #	MC #		
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7th Prior employer / Lessee

Company Name		Contact Person	
From: Mo/Yr		To: Mo/Yr	
Phone		Fax	
DOT #		MC #	
Address			
City		State	Zip
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
Reason for Leaving			
Were you discharged?		Type equipment operated	
While Employed here, were you subject to FMCSA Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to Drug and Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use an additional sheet of paper to list and submit other employers if there were more than 7 employers during the past 10 years.

Affidavit of Gap in Employment or Lease

First gap in employment or lease

From: _____ mo / _____ Yr To: _____ mo / _____ Yr

- I was unemployed without compensation
- I was attending School: School Name _____
- I was self-employed or employed by an individual: Employer name: _____
- Other Reason: Specify: _____

Second gap in employment or lease

From: _____ mo / _____ Yr To: _____ mo / _____ Yr

- I was unemployed without compensation
- I was attending School: School Name _____
- I was self-employed or employed by an individual: Employer name: _____
- Other Reason: Specify: _____

NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Signature: _____

Date: _____

Required Documents for Driver include:

please scan and email to safety@fmxtruck.com or fax to 904-598-2649

CDL license	For Orientation, You must bring a copy of your last 7 days logs.
social security Card	Copies of Port Passes and/or TWIC cards if applicable
Employer Identification Number if applicable	voided check for direct deposit set-up
Medical card.	For those that were running under their own authority, we need proof that you were enrolled in a drug and alcohol consortium. Please provide copies

Fair Credit Reporting Act

FAIR CREDIT REPORT 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 the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

Print Name:	Social Security #:
Signature:	Date:

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N. W, Washington, DC 20552.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Pre-Employment Urinalysis Consent Agreement

The Federal Motor Carrier Safety Regulations Title 40 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement applies to driver-applicants of this company.

391.103 Pre-Employment testing requirements

1. A motor carrier shall require a driver-applicant who the motor carrier intends to use to be tested for the use of controlled substances as a prequalification condition.
2. A driver-applicant shall submit to controlled substance testing as a prequalification condition.
3. Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that a sample will be tested for the presence of controlled substances.

4. As a condition of my Contractor/Driver Lease application, I consent to the urine sample collection and controlled substance testing.
5. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.
6. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.
7. My written authorization is required for the urinalysis test results to be given to other parties.
8. I have read and understand the above conditions for the pre-employment urinalysis consent agreement.
9. I also agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulations and this Company's policies:
 - Pre-Employment, to determine employment eligibility
 - Random
 - Reasonable Suspicion
 - Post Accident
 - Follow Up (See Company Policy)
 - Return to Duty (See Company Policy)

Name: _____ Date: _____

Signature _____

**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 _____ (“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 _____ (“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://dataqs.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.

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 and 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

Your Right to Know:

1. You have the right to review information provided by previous employers.
2. You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
4. Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information to the applicant within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received by the prospective employer. If you have not arranged to pick up or receive the requested records within 30 days of prospective employer making them available, the prospective employer may consider you to have waived your request to review the record.

Your Right to Dispute:

1. Drivers wishing to request correction of erroneous information in records received from previous employers of this section just send the request for the correction to the previous employer that provided the records to the prospective employer.
2. The previous employer must either correct and forward the corrected information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
3. Drivers wishing to rebut information in the records received from the previous employer must send the rebuttal to the previous employer requesting that it be included in the Driver's Safety performance history
4. Driver may submit a rebuttal initially without a request for correction or after requesting correction

Signature: _____ Date: _____

Name: (please Print) _____

FORM OF CONSENT OF COMMERCIAL DRIVER

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize FMX, Inc to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to FMX, Inc.

I hereby give this consent as of the date shown below:

Applicant Name _____

Applicant Signature _____

Date _____

- **This document must be retained for 5 years**

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

FMX, Inc. may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosures

Investigative Consumer Report:

FMX, Inc. may request an investigative consumer report about you from HireRight, LLC (“HireRight”), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original.

Applicant Printed Name _____

Applicant Signature _____ Date _____



DOT D/A Disclosure and Authorization:
FAA (Nonpilot), FRA, FTA, PHMSA & USCG

HireRight Customer Requesting Records:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (_____) _____ - _____	_____
HireRight Account Code:	_____

AUTHORIZATION FOR RELEASE OF INFORMATION
49 CFR PART 40.25, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 40.25, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer listed below to HireRight for the purpose of transmitting such records to the HireRight customer listed above.

I understand that information/documents released pursuant to this authorization is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous two (2) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

Previous DOT-Regulated Employer that I have worked for in a safety-sensitive function during the previous **two (2) years**.
Please note you will need to provide a separate form for each employer.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____

Print Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

**Wet signature required, digital is not accepted*

Return Form:

Attach: Through Upload in Applicant Center

Email: documentation@hireright.com

Fax: (877) 797-3441

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer

FMX Inc., 2175 Commonwealth Ave., Jacksonville, Fl. 32209. Phone 904-598-2683, Fax 904-598-2649
Email safety@fmxtruck.com

_____ 1st Request Date _____ 2nd Request Date _____ 3rd and Final Request Date

Applicant Name: _____ Soc. Sec: _____

Applicant Signature _____ Date: _____

Employer Name: _____ Attn: _____

Phone _____ Fax _____ DOT # _____

You are hereby authorized to provide FMX, Inc., all information regarding my services, character and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order for FMX, Inc. to comply with the requirements of Section 391.23 of the Federal Motor Carrier Safety Regulations and the regulations of 49 CFR., Sections 382.405, 382.3413 and 391.89, I do hereby consent FMX, Inc. to obtain from my prior employers the information pertaining to me. I hereby authorize and direct my prior employers to release such information to FMX, Inc. via personal interviews, telephone interviews, or any other material that ensures confidentiality.

I also authorize the release of all my alcohol and drug test results, including any refusals to test, as set forth in 49 CFR, Part 40.25, Part 382.405, Part 391.23 to FMX, Inc.

The above driver states that he was employed/leased by you for the following dates:

_____ to _____

Are these dates correct? YES NO

If No, Please provide actual dates: _____

Type of Work:

- Owner Operator
- Driver for O/O
- Company Driver
- Trip Leaser
- Casual
- Non-Driving

Equipment

- Dry Van
- Containers
- Reefer
- Tankers
- Flatbed
- Straight Truck

Operated: Areas Driven:

- 48 states
- Florida Only
- Southeast
- Local
- Southwest
- Midwest

Commodities:

- General
- Bulk
- Hazardous
- Household
- Refrigerated
- Oversize Loads

Did the applicant have any accidents while employed/leased? Yes No

If Yes, please explain below:

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	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Drug and Alcohol Test Records:

Yes No 1. Was this individual subject to drug and alcohol testing requirements?

Yes No 2. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the last 3 years?

Yes No 3. Has this individual had a controlled substance test with a positive Result in the past 3 years?

Yes No 4. Has this individual refused a controlled substance test and/or alcohol test in the last 3 years?

Yes No 5. Has this individual violated other DOT drug and/or alcohol regulations?

Yes No 6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

Reason for Leaving:

- Resigned w/o notice
- Resigned with notice
- No Show
- Terminated / Discharged
- Abandonment
- Quit Under Dispatch

Performance

- Satisfactory
- Outstanding
- Cargo Loss
- Log Violations
- Unsatisfactory Safety Record
- Falsified Employment Application

Eligible for Re-hire

- Yes
- No
- Upon Review
- Against Policy

Completed by: _____

Title _____ Date _____

Company DOT # _____ MC # _____

Additional Comments / Issues / Concerns

Lease Agreement Information

To be completed by the legal owner of the vehicle

Your income will be reported to the IRS as you indicate below:

ALL NEW CONTRACTORS ARE REQUIRED TO ATTEND ORIENTATION IN JACKSONVILLE, FL WITH THEIR DRIVER

Name that should be shown on the lease agreement is _____

(For example: Alan Smith or Alan Smith Trucking LLC or Alan Smith dba Alan Smith Trucking)

DBA – Doing Business As:

My DBA is registered with the state of?	List DBA name

Under Florida law, a business must file a **DBA** if it seeks to operate under a name different from the name under which it was formed or from its owners. This applies whether the business is a corporation, a type of partnership, or a sole proprietorship. **All DBA's must be verified before the lease agreement can list it as a DBA.**

Is this a:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Sole Proprietor – Social Sec. # or
<div style="padding-left: 100px;">EIN Number</div> <input type="checkbox"/> Corporation – requires an EIN Number
<input type="checkbox"/> LLC – requires an EIN Number
<input type="checkbox"/> Partnership – requires an EIN Number | - | - | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/>
 <input type="text"/><input type="text"/> </div> </div> |
|---|---|---|---|

Address _____

City _____ State _____ Zip Code _____

Who should FMX Contact regarding this lease agreement?

Last Name	First Name		
Street Address:	City	St	Zip
Home Phone:	Cell Phone:		
Email Address:	Fax #:		

Operating Authority

I currently have my own authority <input type="checkbox"/> YES <input type="checkbox"/> NO	Current DOT #	Current MC#
I have previously had my own authority <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous DOT #	Previous MC #

Tractor Information

I plan on purchasing a tractor Yes No

I currently have a tractor Yes No

If you are planning on purchasing a tractor, this page will remain blank until you have selected the tractor and then at that time, this page will be required.

The tractor MUST be registered for 80,000 GVW and have double axles.

Year				Color of Tractor				Value of tractor						
Make				Model				Day Cab <input type="checkbox"/> Sleeper <input type="checkbox"/>						
VIN # (provide all 17 digits)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I choose to obtain Physical Damage insurance coverages through FMX, Inc. and have the premium deducted from my settlements.														
<input type="checkbox"/> I Decline to obtain Physical Damage insurance coverages through FMX, Inc. and acknowledge that I assume all responsibility for physical damage on my vehicle														
Tag #			State			Tag Expiration date			Truck Unladen Weight					
Tire Size <input type="checkbox"/> 22.5 <input type="checkbox"/> 24.5			Rear Axles <input type="checkbox"/> Single <input type="checkbox"/> Double			5 th Wheel <input type="checkbox"/> Sliding <input type="checkbox"/> Fixed			Apportioned / IRP tag <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the vehicle have double axles in the rear? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Single axle trucks cannot handle hauling containers.														
Do you have your own IFTA Registration <input type="checkbox"/> Yes <input type="checkbox"/> No														
If yes, please provide copy of IFTA Registration														

Registration:

Name as it appears on the Registration				Address as it appears on the registration			
Do you own the truck or is it financed				<input type="checkbox"/> Own <input type="checkbox"/> Financed (if financed, you must provide the lien holder information below)			

Lien Holder Information (required for notification of insurance coverage to your lien holder)

Name						
Address				City		St
Zip Code		Telephone #			Fax # (required)	