

*Need copy of Driver License & Social Security Card *

INSTRUCTIONS:

FDS

Fleet Driver Service, Inc.

To complete the "Application for Qualification - Driver" form, please complete the information requested below which will automatically distribute throughout the form:

Today's Date:

First Name:

Middle Name:

Last Name:

Email:

Cell Phone Area Code:

Cell Phone Number:

Home Phone Area Code:

Home Phone Number:

Birth Month:

Birth Day:

Birth Year:

Social Security Number:

Home Address:

Home City:

Home State:

Home Zip:

Driver's License #:

Driver's License State:

Driver's License Type: (usually CDL)

Expiration Date:

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY SECTION 391 - D.O.T. SAFETY REGULATIONS

Applicants are considered for positions without regard to race, color, creed, age, sex, handicap, or national origin.

Motor Carrier: Mississippi Furniture Xpress 9500 Neuville Avenue Hildebran, NC 28637 828-397-2900
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Employer: Fleet Driver Service, Inc. 705 Cross Street / PO Box 906 Russellville, AL 35653 (256) 740-5538

I. GENERAL

Please print plainly and complete all blanks

Name	_____	Home Phone (____) _____
	First Middle Last	(Area)
Email	_____	Cell Phone (____) _____
Current Address	_____	_____
	Number Street City ST Zip	
Other Addresses	_____	_____
Past 3 Years	Street City ST Zip	
	Street City ST Zip	

Date of Birth	Social Security No	Height	Weight	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
-- --	-- --	"	lbs		

Name of Spouse:	Address (City, ST, Zip)	Telephone No.
Notify in Case of Emergency:	Telephone No.	Relationship

Give three personal references: (Other than relatives)	
Name: _____	Workday Telephone #: _____
Name: _____	Workday Telephone #: _____
Name: _____	Workday Telephone #: _____

II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary.
We must have telephone numbers!

Current Or Most Recent Employer: Name _____ Contact Person _____
Are you presently employed? Yes No May we call your current employer? Yes No
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Why do you want to change employers? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

Second Last Employer: Name _____ Contact Person _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Reason for Leaving? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

Third Last Employer: Name _____ Contact Person _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Reason for Leaving? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

Fourth Last Employer: Name _____ Contact Person _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Reason for Leaving? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

Fifth Last Employer: Name _____ Contact Person _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Reason for Leaving? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

Sixth Last Employer: Name _____ Contact Person _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ To _____ Rate of Pay _____
Reason for Leaving? _____ # of States Driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to the FMCSRs while employed? 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 _____

III. DRIVING RECORD/EXPERIENCE

LICENSE

List ALL drivers licenses/permits held in the past

State	License Number	Type	Expiration Date

Check Endorsements that you have: ___ Combinations ___ Hazardous Materials ___ Air Brakes

TRAFFIC CONVICTIONS/FORFEITURES

List ALL vehicle moving traffic convictions and forfeitures for the past three years (IF NONE, WRITE NONE)

Date	Location (State)	Charge	Penalty

ACCIDENT RECORD

List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, whether or not on MVR. (IF NONE, WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, etc.)	Preventable		Fatalities		Injuries		Amount of Property Damage
			<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"/>	<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"/>	<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"/>	

NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Years of Experience	Approx Number of Miles	States Operated In
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				
Straight Truck				
Dump Truck				
Other (Specify)				

Show special courses or training that will help you as a Driver: _____

Which safe Driving awards do you hold and from whom? _____

- | | | |
|--|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Have you ever had any license, permit or privilege suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted for driving while under the influence of alcohol or drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been refused liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Have you ever been convicted of a Felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Have you ever been convicted of a Misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Have you ever been disqualified to drive by Federal Regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Have you ever been refused a security bond? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question A through I, please give details: _____

IV. EDUCATIONAL BACKGROUND

Type of School	Name and City/State	Graduated?		Years Attended	Major?
Grade		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Trade School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Driving School		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Graduation Date:	

V. MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch? _____ Dates: From _____ to _____

DD214 Narrative reason for discharge: _____

Honorable Discharge? Yes No Any Medical Disability as a result of service? Yes No

VI. AGREEMENT

TO BE READ AND SIGNED BY APPLICANT

This application for qualification and any resulting contract of hire, shall be deemed to be completed and executed in the state of Alabama. All questions of law and fact which may arise regarding this application, or regarding any aspect of any employment relationship between me and the Company, will be interpreted, determined, and resolved in accordance with the laws of the State of Alabama, Franklin County regardless of where I or my residence may be located at the time of hire or at any time during the course of my employment. It is agreed and understood if employed, that any misrepresentations or false information by applicant shall be considered fraudulent and may subject applicant to immediate discharge.

It is agreed and understood that the employer or motor carrier or their 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 released former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigations and inquires as required by the motor carrier safety regulation, 390.15 and 391.23. I understand that under regulation 391.23 I have the right to (1) review the information provided by previous employers (2) To have errors corrected (3) Submit a rebuttal statement (4) Request must be made in writing to review previous employer provided information.

I agree to voluntarily submit to a Urinalysis Drug Screen, or any other such familiar examination if such an examination is requested or required in the furtherance of this application. I agree to submit to a periodic and scheduled Urinalysis Drug Screen, or other such similar examination if such examinations are required. I agree to submit to a Random Alcohol Test, or other such similar examinations as required by FMCR Part 40. I further agree to submit to Drug Screening and Alcohol Testing if I am involved in a job related accident within the time period required. Should I be given employment by you, I hereby grant Fleet Driver Service, Inc., permission to furnish my Urinalysis Drug Test Results and Breath Alcohol Test Results to other motor carriers contracted to Fleet Driver Service, Inc.,

I understand, acknowledge, and agree that the acceptance of this application by the company does not create an actual or implied contract of employment, or confer any right the Company may have in respect to the employment-at-will relationship between the Company and the Applicant.

Should I be given employment by you, either the position applied for or some other position, now or hereafter, I hereby agree that such employment may be terminated by you at any time without advance notice and without liability to me for wages or salary, except such as may have been earned up to the date of termination.

The foregoing application shall be construed to apply to all positions which I may hereafter hold with the Company, and upon my employment, I agree to promptly familiarize myself with all government and Company rules and regulations applying to such positions, and to faithfully abide by them.

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, 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 that any disputes as a result of Worker Compensation Injury or Illness shall be governed by and according to the benefits provided by the state of Alabama with venue being Franklin County. Misrepresentations as to preexisting physical or mental conditions may void your workers' compensation benefits.

Fleet Driver Service, Inc., is an affirmative action and equal opportunity employer in all phases of its business and personnel matters. The company does not discriminate in employment on the basis of race, sex, national origin, age, disability, or any other impermissible criteria. Fleet Driver Service, Inc., will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodations. Questions regarding the Company's policy are welcomed and should be addressed to the personnel department.

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.

Signed _____

Date _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to FLEET DRIVER SERVICE, INC. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

- 1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requestor) (Date)

TO: _____

GENTLEMEN:

The following named person has made application with our company for the position of _____ As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip)

FORMER ADDRESS: _____
(Number and Street) (City) (State) (Zip)

BIRTH DATE: _____ SOC SEC#: _____ LIC #: _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)

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 Account# 7981 ("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 Account# 7981 ("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 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 a prospective 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.

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (_____) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First	Middle (<input type="checkbox"/> none)	Last
-------	--	------

Other names used: _____

Current and former addresses:

	current		
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Disclosure

We (_____) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about whether BGC's international privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides and BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name