

**USHER TRANSPORT, INC**  
**3801 Shanks Lane**  
**Louisville, Ky.40216**

Initial Application for **Qualifying** for  
employment at Usher Transport, Inc.

If you have any questions about this  
qualification process, please call our Safety  
Department at **800-777-2741 ext. 119** and  
talk to **Tim Ellis**

**Manager of Training & Compliance.**

**[tellis@ushertransport.com](mailto:tellis@ushertransport.com)**

When completed, you may mail or fax  
information back to our Safety  
Department at **502-449-4144**

**PLEASE.... MAKE SURE ALL  
SPACES ARE COMPLETED!!!!  
ESPECIALLY DATES & PHONE  
NUMBERS**

**Usher Transport, Inc.**  
**3801 Shanks Lane**  
**Louisville, Ky. 40216**

Today's Date \_\_\_\_\_

**PLEASE PRINT WHEN COMPLETING THIS APPLICATION**

NAME \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applying for: Owner-Operator / Company / Broker's Driver

Have you worked here before? \_\_\_\_\_ if yes, when \_\_\_\_\_

Where do you currently work? \_\_\_\_\_

How much over the road **CLASS A** driving experience do you have? \_\_\_\_\_

How much experience with tank trucks? \_\_\_\_\_ If you have tank experience, what products have you pulled?

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Has your driver license ever been suspended? \_\_\_\_\_ If yes, when and what for?

Have you ever been convicted of DUI/DWI? \_\_\_\_\_ If yes, When \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, when and what for?

Your signature \_\_\_\_\_

**The information contained in this application is true and accurate to the best of my knowledge. Incomplete or untruthful information will result in your application not being considered for employment.**

**Driver's License Information:**

What state is your CDL issued in: \_\_\_\_\_ (must be class A)

What endorsements do you have? \_\_\_\_\_

What is your CDL number? \_\_\_\_\_

What is the expiration date? \_\_\_\_\_

What is your SSN number? \_\_\_\_\_

What is your birthday? \_\_\_\_\_

**Training:**

Have you had any special training that will help you as a driver for this company? Yes or No

If yes, What have you done?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended a Truck-Driving School? YES or No

If you have, where did you attend and how long was it? \_\_\_\_\_  
\_\_\_\_\_

**Do you understand that if you have no tank experience that you will have to go through Usher Transport's tank training program with a driver trainer? Yes or No**

**This training may take up to 2 full weeks or longer depending on your abilities and may be done entirely at our Louisville location.**

# ATTENTION

In addition to the inquiry into past employers for the previous 10 years, Usher Transport, Inc. Safety Department will also conduct a thorough background investigation including a Criminal History search. Failure to complete the following information will result in your application NOT being processed for qualification as a company driver, employee or independent contractor for Usher Transport, Inc.

I have read & understand that my work history will be investigated and a criminal background check will be conducted as per of the qualification process for Usher Transport, Inc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

**Print** your name here please: \_\_\_\_\_

**What is your Legal State of residence?** \_\_\_\_\_ **How Long** \_\_\_\_\_

If less than 5 years, please attach a sheet listing all your previous addresses, states, and counties of residence.

**What county do you reside in?** \_\_\_\_\_

**Are there any items you wish to disclose prior to a criminal history being conducted?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a separate sheet of explanation if necessary.

**What is your date of birth? Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

**What is your Social Security #?** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<p><b>NOTE: You may have already filled this information out once; that doesn't matter. Please answer the questions again as confirmation of all your previous answers.</b></p>
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## Accidents & Traffic Violations

Please list ALL accidents & violations you've had for the past three years. Please be truthful... we check.

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Offense:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

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**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Offense:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

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**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Offense:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

~~~~~

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Offense:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_

~~~~~

**Your Signature:** \_\_\_\_\_

The above information is true & accurate to the best of my knowledge.

THERE CAN BE NO  
GAPS IN YOUR PAST  
EMPLOYMENT. YOU  
MUST ACCOUNT FOR  
ALL TIME DURING  
THE PAST 10 YEARS.

GAPS in employment, missing  
dates, missing phone  
numbers WILL result in this  
application NOT being  
processed.

## PAST EMPLOYEMENT HISTORY

Please account for the past years of past employment. If you any periods of unemployment, please list them as well. Please be sure to include correct addresses and phone numbers for your past employers. Lack of this information may result in your background or experience not being able to be verified.

1. **Current Employer:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why are you leaving?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you have been employed here:** \_\_\_\_\_ to \_\_\_\_\_
  
2. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ to \_\_\_\_\_
  
3. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ to \_\_\_\_\_
  
4. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ to \_\_\_\_\_

5. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ **to** \_\_\_\_\_

6. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ **to** \_\_\_\_\_

7. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ **to** \_\_\_\_\_

8. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ **to** \_\_\_\_\_

9. **Company:** \_\_\_\_\_  
**Full Mailing Address:** \_\_\_\_\_  
**Position there:** \_\_\_\_\_  
**Why did you leave?** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ask for:** \_\_\_\_\_  
**Dates you were employed here:** \_\_\_\_\_ **to** \_\_\_\_\_

**IF YOU HAVE HAD MORE JOBS THAN THIS, PLEASE WRITE THEM OUT ON A SEPARATE SHEET OF PAPER AND SEND IT WITH THIS APPLICATION.**

On the next 2 pages, SIGN & DATE only please! Do not write anything else on them or attempt to fill them out that; is for the Safety Dept. to fill in.

1. Request for Information  
SIGN & DATE ONLY
2. Controlled Substance  
Testing  
SIGN & DATE ONLY

# Request for Information

I hereby authorize you to release the following \_\_\_\_\_  
Information to **USHER TRANSPORT, INC.** for \_\_\_\_\_  
purposes of investigation as required by \_\_\_\_\_  
Section 391.23 of the FMCSR. You are \_\_\_\_\_  
released from any and all liability which may \_\_\_\_\_  
result from furnishing such information to \_\_\_\_\_  
this potential employer. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The following individual has made application to this company as a Tank Truck Driver and states that he/she was employed by you as a \_\_\_\_\_ during the time period

from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your assistance by taking the time to complete this form and returning it our Safety Dept. as soon as possible.

.Sincerely,

Tim Ellis

Compliance & Training Manager

.....  
Name \_\_\_\_\_ SSN \_\_\_\_\_

1. The applicant was employed here from \_\_\_\_\_ to \_\_\_\_\_
2. Did the applicant operate a tractor-trailer for you?    Yes        No
3. What type of trailer did the applicant pull?    Tank    Flat    Van    Dump    Heavy Haul
4. Was the applicant a safe & efficient driver?    Yes    No
5. Were you satisfied with the applicant's overall performance?        Yes    No
6. Why did the applicant leave your company?    Terminated    Layoff    Resigned
7. Did the applicant have any adverse driving or work history that we should be aware of?

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Please rate the following

:

1. Driver's attitude:    Good        Fair        Poor        Unacceptable
2. Safety Habits:        Good        Fair        Poor        Dangerous

Is the applicant eligible for re-hire with your company?    Yes        No

Did this person ever test positive on any drug and/or alcohol screenings?    Yes        No

Your name: \_\_\_\_\_ Your position: \_\_\_\_\_

**The applicant appreciates your timely reply to this request.**

**Please return by fax to: 502-449-4144**

**Attn: Safety Dept.**



**Previous Employer Alcohol & Drug Test Information  
SECTION TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

Hereby authorize that:

Previous Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax No.: \_\_\_\_\_

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Usher Transport Telephone: (502) 449-4000 ext.2  
3801 Shanks Lane Fax No: (502) 449-4144  
Louisville, Ky. 40216  
Attn.: Tim Ellis

In compliance with S40.25 (g), release of this information must be made in a written form that ensures confidentially, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 502-449-4144  
Prospective employer's e-mail address: Tellis@Ushertransport.com

\_\_\_\_\_  
**Applicant's Signature** **Date**

This information is being requested in compliance with s40.25 and s382.405 (f) and (h).

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_\_. Sign below, and return.

<b>Under Department of Transportation testing requirements:</b>	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
2. Has this person had a verified positive drug test?	_____	_____
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	_____	_____
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	_____	_____
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?	_____	_____

(Please send this documentation back with this form, if applicable.)

In answering these questions, include any drug or alcohol testing information obtained from previous employers under s40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 2 completed by** \_\_\_\_\_ **Date:** \_\_\_\_\_

