

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
Recruiting Department at
800-777-2741

Recruiting@ushertransport.com

When completed, you may e-mail, mail,
or fax the application to recruiting
at 502-449-4144

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 _____ - _____ - _____

Email Address _____

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

Have you worked here before? _____ if yes, when _____

Where do you currently work? _____

Do you have a TWIC Card? _____ Yes _____ No

Do you have a Passport? _____ Yes _____ No

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?

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 license issued in: _____

What endorsements do you have? _____

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

Yes _____

No _____

ATTENTION

In addition to the inquiry into past employers for the previous 10 years, Usher Transport, Inc. will also conduct a thorough background investigation including a Criminal History search.

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.

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 #? _____ - _____ - _____

Accidents & Traffic Violations
Please list ALL accidents & violations you've had
for the past three years.

Location: _____ **Date:** _____

Offense: _____ **Penalty:** _____

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

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

~~~~~

Location: _____ **Date:** _____

Offense: _____ **Penalty:** _____

~~~~~

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

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

~~~~~

Your Signature: _____ **The above**
information is true & accurate to the best of my knowledge.

PAST EMPLOYMENT HISTORY

Please account for the past ten 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.

- 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** _____

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 Usher Transport as soon as possible.

If you have a questions please contact Usher Transport Human Resources Dept. at 800 777-2741.

.....
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 accidents/incidents with your company?

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: **502-855-3948 or 502-449-4144**

**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.119
 3801 Shanks Lane Fax No: (502) 855-3954
 Louisville, Ky. 40216 (502) 449-4144
 Attn.: Juanita Stephens Human Resources Manager

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: 502-855-3954
 Prospective employer's e-mail address: jstephens@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.

Under Department of Transportation testing requirements:	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: _____

Important Notice
Regarding Background Reports
From the PSP Online Service

In connection with your application for employment/lease with **USHER TRANSPORT INC.**, it may obtain one or more reports regarding your driving, and safety inspection history from the **Federal Motor Carrier Safety Administration (FMCSA)**. If **Usher Transport Inc.** uses any information it obtains from the **FMCSA** in a decision not to hire/lease you or to make any other adverse employment/lease decisions regarding you, **Usher Transport Inc.** will provide you with a copy of the report upon which it's 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, **Usher Transport Inc.** will notify you that the action has been taken and that the action was based in part or in whole on this report. **Usher Transport Inc.** cannot obtain background reports from **FMCSA** unless you consent in writing. If you agree that **Usher Transport Inc.** may obtain such background reports, please read the following and sign below:

I authorize **USHER TRANSPORT INC.** 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 **Usher Transport Inc.** to make a determination regarding my suitability as an employee/lease operator.

I further understand that neither **Usher Transport Inc.** 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 that 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.

I have read the above notice regarding background reports provided to me by **USHER TRANSPORT INC.** and I understand that if I sign this consent form, **USHER TRANSPORT INC.** may obtain a report of my crash and inspection history. I hereby authorize **USHER TRANSPORT INC.** and it's employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)