

applicant name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ date of application \_\_\_\_\_  
last first middle

in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT ONLY**

i authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). i hereby release employers, schools, health care providers, and other persons from all liability in respond-ing to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview/s will likely result in discharge. i understand also, that i am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
signature date

**PLEASE FILL OUT THIS APPLICATION IN IT'S ENTIRETY**

i understand that information I provide regarding current and/or previous employers may be used, and those employer/s will be contacted for the purpose of investigating my safety performance history as required by 9 CFR 391.23(d) and (e). i understand and acknowledge that I have the right to a) review information provided by previous employers, b) have errors in thte information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and c) have a rebuttal statement attached to the alleged erroneous information, if the previous employer/s and i cannot agree on the accuracy of the information.

\_\_\_\_\_  
signature date

**HONESTY IN APPLICATION PROCESS**

i warrant that this application and all information herein has been filled out by no other person other than the applicant wishing to be considered for employment and that any false statements or mis-information purposely or otherwise entered into this application will be grounds for immediate dismissal from employment or consideration thereof.

\_\_\_\_\_  
signature date

**CERTIFICATION OF COMPLIANCE WITH DRIVERS LICENSE REQUIREMENTS**

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. The are as follows:

- (1) possess only one license. you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- (2) notification of license suspension, revocation, or cancellation. Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. in addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: a) your employing motor carrier, and b) the state that issued your license, if the violatio n occurs in a state other than the one which issued your license. the notification to both the employer and state must be in writing.

The following license is the only one i possess:

\_\_\_\_\_  
driver's license number state of issue expiration date

**DRIVER CERTIFICATION**

i certify that i have read and understood the above requirements.

\_\_\_\_\_  
driver's printed name driver's signature date

**PERSONAL INFORMATION**

full name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
last first middle

current address \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
street

\_\_\_\_\_ marital status \_\_\_\_\_  
city / state / zip

spouses name \_\_\_\_\_ spouses phone \_\_\_\_\_ spouses employer \_\_\_\_\_

**PHONE NUMBERS**

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ email address \_\_\_\_\_

**EMPLOYMENT STATUS**

are you currently employed \_\_\_\_ height \_\_\_\_ ft \_\_\_\_ in weight \_\_\_\_ lbs

is there any reason you might not be able to perform all of the duties of this job \_\_\_\_ if so, explain please \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

who would we contact in an emergency \_\_\_\_\_ relationship to you \_\_\_\_\_ phone \_\_\_\_\_

current address \_\_\_\_\_, city/st/zip \_\_\_\_\_

**QUALIFICATIONS**

have you ever been denied a license, permit or privilege to operate a motor vehicle \_\_\_\_\_ if yes, please explain below

has your license, permit, or privilege ever been suspended or revoked \_\_\_\_\_ if yes, please explain below

have you ever filed for bankruptcy \_\_\_\_\_ if yes, please explain below

explanations \_\_\_\_\_

**OPERATING EXPERIENCE**

do you have any special skills, courses, or training that will help you as a driver in our employment \_\_\_\_\_ if yes, please list \_\_\_\_\_

do you hold any safe driving awards \_\_\_\_\_ if yes, please list \_\_\_\_\_

do you currently have a valid U.S.citizens passport \_\_\_\_\_ can you go into and out of Canada \_\_\_\_\_ if no to either one

please explain \_\_\_\_\_

have you ever been turned away attempting to cross into or out of Canada \_\_\_\_\_

**EDUCATION EXPERIENCE**

highest grade completed \_\_\_\_\_ college's|universities attended \_\_\_\_\_

degree's held \_\_\_\_\_

**ACCIDENT | VIOLATIONS RECORD**

list all accidents, reportable and non-reportable for the past 5 years. attach a separate sheet if more space is needed. if there were none, write "none".

most recent accident date \_\_\_\_\_ nature of accident \_\_\_\_\_  
\_\_\_\_\_ fatalities? \_\_\_\_\_ injuries? \_\_\_\_\_ DOT reportable? \_\_\_\_\_

next recent accident date \_\_\_\_\_ nature of accident \_\_\_\_\_  
\_\_\_\_\_ fatalities? \_\_\_\_\_ injuries? \_\_\_\_\_ DOT reportable? \_\_\_\_\_

next recent accident date \_\_\_\_\_ nature of accident \_\_\_\_\_  
\_\_\_\_\_ fatalities? \_\_\_\_\_ injuries? \_\_\_\_\_ DOT reportable? \_\_\_\_\_

traffic violations, convictions, forfeitures for the past 10 years. include all and if there were none, write "none". attach a separate sheet if more space is needed.

location \_\_\_\_\_ charge \_\_\_\_\_ date \_\_\_\_\_ penalty \_\_\_\_\_

location \_\_\_\_\_ charge \_\_\_\_\_ date \_\_\_\_\_ penalty \_\_\_\_\_

location \_\_\_\_\_ charge \_\_\_\_\_ date \_\_\_\_\_ penalty \_\_\_\_\_

**EMPLOYMENT HISTORY**

all driver applicants to drive interstate commerce must provide the following information on all employers listed during the preceding 3 years. it is very important that for each employer listed here that all blanks are filled out.

employer name \_\_\_\_\_ worked from \_\_\_\_\_ to \_\_\_\_\_ position held \_\_\_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
contact person \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_  
salary \_\_\_\_\_ reason for leaving \_\_\_\_\_

employer name \_\_\_\_\_ worked from \_\_\_\_\_ to \_\_\_\_\_ position held \_\_\_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
contact person \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_  
salary \_\_\_\_\_ reason for leaving \_\_\_\_\_

employer name \_\_\_\_\_ worked from \_\_\_\_\_ to \_\_\_\_\_ position held \_\_\_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
contact person \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_  
salary \_\_\_\_\_ reason for leaving \_\_\_\_\_

employer name \_\_\_\_\_ worked from \_\_\_\_\_ to \_\_\_\_\_ position held \_\_\_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
contact person \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_  
salary \_\_\_\_\_ reason for leaving \_\_\_\_\_



**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM PSP Online Service**

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1. In connection with your application for employment with SHOWTIME ENTERTAINMENT TRANSPORT, LLC (“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 SHOWTIME ENTERTAINMENT TRANSPORT, LLC (“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.

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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.

\_\_\_\_\_  
applicant signature

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name

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.