

APPLICATION FOR QUALIFICATION



BMC Transportation
4025 E. 23rd Street
Columbus, NE 68602-0569
TOLL FREE: 800-962-7044

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Home Phone Number (____) _____ Mobile Phone Number (____) _____

Email Address _____

Emergency Contact Information: _____ (____) _____
(Name & Relation) (Number)

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

* The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

DOT Physical Expiration Date: _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for Leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate 1 2 3 4

Employment History

Must include all employment for the past three years, all commercial driving experience for previous 10 years and all unemployment or self employment. No gaps between employment periods.

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name: _____
Position Held _____ Address: _____
Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
Were you subject to the FMCSRs* while employed here? 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

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name: _____
Position Held _____ Address: _____
Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
Were you subject to the FMCSRs* while employed here? 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

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name: _____
Position Held _____ Address: _____
Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
Were you subject to the FMCSRs* while employed here? 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

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From _____ To _____ Name: _____
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Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
Were you subject to the FMCSRs* while employed here? 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

*The Federal Motor Carrier Safety Regulations(FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport none or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Employment History

Must include all employment for the past three years, all commercial driving experience for previous 10 years and all unemployment or self employment. No gaps between employment periods.

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name: _____
Position Held _____ Address: _____
Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
Were you subject to the FMCSRs* while employed here? 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

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Position Held _____ Address: _____
Reason For Leaving _____ Phone: (____) _____ Fax: (____) _____
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Mo/Yr **Mo/Yr** **Present or Last Employer:**
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*The Federal Motor Carrier Safety Regulations(FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport none or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

<u>Class of Equipment</u>	<u>Dates</u>	TOTAL <u>Number of Approximate Miles</u>
Straight Truck:	From _____/To _____	_____
Tractor/Semi Trailer:	From _____/To _____	_____
Tractor-two Trailers:	From _____/To _____	_____
Tractor-three Trailers:	From _____/To _____	_____

List states operated in for the last five years: _____

List special courses/training completed (PTD, DDC, HazMat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (*attach sheet if more space is needed*)

<u>Date of Accident</u>	<u>Description of Accident</u>	<u>Location of Accident</u>	<u>Fatalities?</u>	<u>Injuries?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the last three years (*other than parking violations*)

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License (*list each driver's license held in the past three years*)

<u>State</u>	<u>License #</u>	<u>Type</u>	<u>Endorsements</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked?..... YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony?..... YES NO

If the answers to A,B, C or D is "YES", please explain: _____

PERSONAL REFERENCES

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentations given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his 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 releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-509, 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 to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true, correct and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

Remarks (for office use only)

Truck Information



Please complete this form and send with your application.

Year _____ Make _____ Model _____

VIN _____

Is your truck paid off? Yes No

If no, are you in a lease purchase program or working with a finance company?

Name & Address: _____ City _____ State _____ Zip _____

What is your payment? \$ _____ monthly/ weekly/ biweekly (please circle one)

Are you current with your monthly payments? YES NO

If you are not current with your monthly payments, please explain: _____

All owner operators under contract with BMC Transportation Co. must have physical damage and bobtail insurance. If you are currently covered, please provide a copy of an ACCORD Certificate of Insurance at time of leasing.

If you need the above coverage, we can provide them through Great West Casualty Co. at a competitive rate. Our BMC office staff can help with the premium rate.

Do you need Physical Damage Insurance? YES NO

Do you need Bobtail Insurance? YES NO

Our Safety Department will explain the necessary equipment needed to lease on with BMC Transportation

Applicant's Name (print) _____

Applicant's Signature _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 (yellow highlighted parts only) and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
	Social Security Number	_____
I, (Print Name) _____	hereby authorize:	_____
First, M.I., Last		Date of Birth
Previous Employer: _____		Email: _____
Street: _____		Telephone: _____
City, State, Zip: _____		Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)		
To:	_____	
Prospective Employer:	BMC Transportation _____	
Attention:	Tara Obrist _____	Telephone: 402-563-7257 _____
Street:	P.O. Box 569 _____	
City, State, Zip:	Columbus, NE 68602 _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number:	402-563-7283 _____	
Prospective employer's confidential email address:	tara.obrist@behenmfg.com _____	
	Applicant's Signature	Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
Complete Sections 3 and 4 on SIDE 2 before returning.		

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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 the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).*

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?
Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

This form is courtesy of:



The Difference is Service®

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with BMC Transportation Co. _____ (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

NAME	Geozgette Kingkade Continuum EAP	Tara Mahoney TM Counseling & Consulting	John Owen Blair Consulting Group
ADDRESS	1135 M. Street Suite 400 Lincoln, NE 68508	920 SW Frazier Suite 214 Pendleton, OR 97801	4500 1-55 North Jackson , MI 39211
PHONE #	(402) 476-0186	(541) 2 76-1022	(601) 982-5943

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)
testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

(Employer Representative)

This form is courtesy of:



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 12/22/2015