

# Driver's Application Letter

**S.O.S. TRANSPORTATION, LLC.**  
**PO Box 727**  
**11745 NE Kuehne Rd**  
**Carlton, OR. 97111**  
**Phone: (503) 852-6826 Fax: (503) 852-6828**

Enclosed is our standard application for employment. In addition to a completed application, we also ask that you send *legible* copies of the following:

1. **Current CDL**
2. **Social Security Card**
3. **Current Motor Vehicle Report**
4. **Current Medical Report (long form)**
5. **Current Medical Card (wallet size)**

We are required by law to obtain information regarding previous drug and alcohol programs you have been in within the last two years. Accordingly, please complete the attached Release & Documentation of Testing Information form included in your application. We are also required to perform a pre-employment drug test on all of our new hires. Once work is available, we would set up an appointment at a convenient clinic and send you a testing kit. When employed by S.O.S., you would be subject to random drug and alcohol testing. Please be advised that due to the serious safety ramifications and the potential company liability, if an applicant's pre-employment carries a positive test result, our policy is *not* to employ the applicant and to refer him or her to a Substance Abuse Professional to receive counseling. Counseling and any subsequent testing would be the financial responsibility of the applicant.

I look forward to receiving your paperwork. If you have access to a fax machine, feel free to return it to (503) 852-6828. Please do not hesitate to call me at (503) 852-6826 with any questions. Thank you.

Sincerely,

Stephanie Nova  
Driver Resources  
S.O.S. Transportation, LLC.

# Driver's Application for Employment

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**PO Box 727**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Position applied for \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address for past 3 years \_\_\_\_\_ How long? \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Passport # \_\_\_\_\_ DOB: \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## Physical History

List any reason that prevents you from doing certain kinds of work \_\_\_\_\_

\_\_\_\_\_

Are you physically capable of heavy manual labor? \_\_\_\_\_

Ever injured on the job? \_\_\_\_\_ List nature and degree of such injuries \_\_\_\_\_

\_\_\_\_\_

How much time lost from work due to illness in the past 3 years? \_\_\_\_\_

\_\_\_\_\_

S.O.S. Transportation does require a DOT physical and drug screen. Would you be willing to comply with this? \_\_\_\_\_

## Driving Experience

How many years driving tractor trailers professionally? \_\_\_\_\_

List states operated in for the last five years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom \_\_\_\_\_

Show any trucking, transportation or other experience that may help your work for our company \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

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.

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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

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

It is agreed and understood that if hired, I must understand and abide by all rules and regulations of the Department of Transportation.

It is agreed and understood that any monies advanced or costs incurred by employer or employer's client outstanding at the time I might be terminated, may be deducted from any wages owed to me.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## Driving Record

Accident record for the last five years:

	Date	Type of Vehicle	Nature of Accident	Fatalities	Injuries	Amount of Damage
Last Accident						
Next Previous						
Next Previous						
Next Previous						
Traffic convictions and forfeitures for the past five years (other than parking violations)						
Location	Date	Charge			Penalty	

## Education

Last school attended

Highest education level completed

## Experience and Qualifications - Driver Licenses

State	License Number	Type	Expiration Date

**Have you ever been denied a license, permit or privilege to operate a motor vehicle?Yes( )No( )**  
**Has any license, permit or privilege ever been suspended or revoked?Yes( )No( )**  
**Have you ever been convicted of Careless Driving?Yes( )No( )**  
**Have you ever been convicted of a DWI or DUI?Yes( )No( )**  
**Have you ever been involved in a fatal motor vehicle accident?Yes( )No( )**  
**Have you ever been convicted of a crime?Yes( )No( )**  
**Have you ever been convicted of the sale, possession or use of  
any prohibited controlled substance?Yes( )No( )**  
**Have you ever been disqualified to driver per Federal regulations?Yes( )No( )**  
**Have you ever been denied liability insurance? Yes( )No( )**  
**Have you ever been discharged from a job?Yes( )No( )**  
**If any of the above answers in yes, please give details.**

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### **Motor Vehicle Driver's Certification of Compliance With Driver License Requirements**

**MOTOR CARRIER INSTRUCTIONS:** These requirements apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 passengers, or transports hazardous materials that require placarding. Ask the driver to read and sign the form.

**DRIVER REQUIREMENTS:** The Commercial Motor Vehicle Safety Act of 1986 and Part 383 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license.  
If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. *Destroying* a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close you record by notifying the state of issuance that you no longer want to be licensed by that state.
  
- 2) If at any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

Drivers or employers who violate these requirements are subject to civil penalties of up to \$2,500 or, under certain circumstances, criminal penalties of \$5,000 and/or 90 days imprisonment.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Employment History

All applicants to drive a commercial motor vehicle in interstate commerce shall provide the following information on all employers during the previous **ten years** for whom the applicant operated such vehicle. Please list employers in reverse order, starting with the most recent. Use an additional sheet if necessary.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be from DAC Services, Tulsa, Oklahoma; SOS Transportation LLC. investigations; credit reporting or investigators retained by SOS Transportation LLC.. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC; SOS Transportation LLC. or investigations; credit reporting or investigators retained by SOS Transportation LLC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC or other providers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information form DAC, and I agree that such information which DAC has or obtains and by employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
As provided by DAC Services

\*\*Effective October 1, 1997, changes to the fair Credit Reporting Act (FCRA) imposed new requirements on users of consumer reports. Accordingly, *motor vehicle record checks are considered consumer reports under the FCRA*, and therefore, the new provisions require S.O.S. Transportation, LLC. to certify our compliance with the FCRA.

\*\*We are required to disclose to you, the applicant, in writing that a consumer report may be ordered.

\*\*We must obtain written consent to order any reports.

## APPENDIX A TO PART 601

### Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8 x 11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

#### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you--such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

\* **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

\* **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

\* **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

## APPENDIX A TO PART 601

- \* **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- \* **You can dispute inaccurate items with the source of the information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may no then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- \* **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years form bankruptcies.
- \* **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- \* **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- \* **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- \* **You may seek damages from violators.** If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.