



6600 Jansen Ave NE - Albertville, MN 55301- Phone: 800.255.5153 ext 669, 671, or 695 - Fax: 763.497.0907

### Application For Qualification

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 Long Haul Trucking.

#### 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". This is important!

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date

Check One: Contractor Driver

Name

Date of Birth

Age

Social Security

E-mail

Primary Phone #

#### Current & Three Year Previous Addresses

Street Address 1

City:

State

Zip Code:

Date From:

Date To:

Street Address 2

City

State

Zip Code:

Date From:

Date To:

#### Employment

Give a **Complete Record of all employment for the past ten (10) years**, including any unemployment or self employment, and all commercial driving experiences for the past ten (10) years. **PLEASE DO NOT LEAVE GAPS!**

From (month/year)

To (month/year)

Company

Address

City State Zip Code  
Phone Number  
Position Held  
Reason for Leaving:

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From (month/year) To (month/year)  
Company  
Address  
City State Zip Code  
Phone Number  
Position Held  
Reason for Leaving:

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From (month/year) To (month/year)  
Company  
Address  
City State Zip Code  
Phone Number  
Position Held  
Reason for Leaving:

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From (month/year) To (month/year)  
Company  
Address  
City State Zip Code  
Phone Number  
Position Held  
Reason for Leaving:

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From (month/year) To (month/year)  
Company  
Address  
City State Zip Code  
Phone Number  
Position Held  
Reason for Leaving:

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<b>From (month/year)</b>	<b>To (month/year)</b>	
<b>Company</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		
<b>Position Held</b>		
<b>Reason for Leaving:</b>		

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<b>From (month/year)</b>	<b>To (month/year)</b>	
<b>Company</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		
<b>Position Held</b>		
<b>Reason for Leaving:</b>		

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<b>From (month/year)</b>	<b>To (month/year)</b>	
<b>Company</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		
<b>Position Held</b>		
<b>Reason for Leaving:</b>		

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**Driving Experience**

<b>Straight Truck</b>	<b>From</b>		<b>To</b>
<b>Total Miles Driven</b>			
<b>Tractor - Semi-trailer</b>	<b>From</b>		<b>To</b>
<b>Total Miles Driven</b>			
<b>Tractor - 2 Trailers</b>	<b>From</b>		<b>To</b>
<b>Experience with Load Securement</b>	<b>Yes</b>	<b>No</b>	
<b>Other</b>			
<b>Total Miles Driven</b>			

List states operated in  
for the last five years:

List special courses or  
training that will help  
you as a driver:

Do you have any safety  
awards?

If yes, from whom?

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

Date

Nature of Accident:

# of Fatalities

# of Injured People

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Date

Nature of Accident:

# of Fatalities

# of Injured People

---

Date

Nature of Accident

# of Fatalities

# of Injured People

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

Location Date

Charge Penalty

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Location Date

Charge Penalty

---

Location Date

Charge Penalty

---

**Drivers license** (list each drivers license held in the past three years)

State License Number  
Type  
Endorsements Expires

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State License Number  
Type  
Endorsements Expires

---

State License Number  
Type  
Endorsements Expires

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1. Have you ever been denied a license or privilege to operate a motor vehicle?

Yes No

2. Has any license, permit or privilege ever been suspended or revoked?

Yes No

3. If answered yes, please give details:

**Personal References**

Name  
Address  
City State Zip Code

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Name  
Address  
City State Zip Code

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Name  
Address  
City State Zip Code

## Owner/Operator

### Tractor

Year                      Make                      Model

### Trailer

Year                      Make                      Size

Type

Remarks:

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Please email photos of your Tractor/Trailer to [recruiting@longhaultrucking.com](mailto:recruiting@longhaultrucking.com)  
or  
Upload photos to [LongHaulTrucking.com/Recruiter/tractor-trailer](http://LongHaulTrucking.com/Recruiter/tractor-trailer)

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### **To Be Read and Signed by Applicant**

It is agreed and understood that any misrepresentation given above will be considered an act of dishonesty.

It is agreed and understood the Motor Carrier or his agents may investigate the applicants background to ascertain any and all information of concern to applicants record, whether same id of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, 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 any employment file.

It is agreed and understood that this Application for Qualification in no way obligates the Motor Carrier to employ the applicant. It agreed and understood that this if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

Print Name

# Long Haul Trucking, INC.

## Consumer and Authorization Form

### Disclosure Regarding Background Investigation

**Long Haul Trucking, Inc.** (the "Company" may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization, and if you are hired or engaged by the Company, throughout your employment or contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contracted by my mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at 800-400-2761.

The types of information that may be include, but are not limited to: social security verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verification (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional reference checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; education institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in this job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you

## ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**MAINE:** You have the right, upon request, to be informed of whether and investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** Please check the box below if you would like to receive (when ever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Do you want your reports obtained by the Company?

Yes

No

Applicant's Last Name

First

Middle



**eSignature**

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an eSignature is the electronic equivalent of a hand-written signature.

I certify the answers given herein are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained within this employment application that may be necessary in arriving at an employment decision. I further understand that, in the event of my employment by Long Haul Trucking, Inc., any false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed by Long Haul Trucking, Inc., I will be required to abide by all Long Haul Trucking, Inc. rules and regulations.

I understand that Long Haul Trucking, Inc. will conduct an extensive background check which may include, among other things, contact with the social security administration, department of Motor Vehicles, court systems, credit bureaus, and past employers and I authorize the release of information by such parties.

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I understand that the submission of this application does not obligate Long Haul Trucking, Inc. to employ me or offer me a job. I understand that this application and any subsequent offer of employment I may receive from Long Haul Trucking, Inc. does not, and is not intended to, create a contract of employment or any contractual rights in favor of Long Haul Trucking, Inc. or me beyond those existing in an "at will" employment relationship unless provided otherwise by an applicable collective bargaining agreement. I understand that any employment relationship which may arise between Long Haul Trucking, Inc. and me will be an "at will relationship," which means Long Haul Trucking, Inc. reserves the right to change, modify, suspend, revoke, or terminate my employment at any time, with or without reason, and with or without notice, and that I likewise have the right to terminate my employment with Long Haul Trucking, Inc. at any time, with or without notice.

Please review the information above before signing this application.

**DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.** By my eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below.

**Additional Remarks for  
the Recruiters:**

**If you have any questions please call our recruiters at 800-255-5153 ext 669 ext 671 or ext 695**

Where did you hear about LHT?	Long Haul Trucking Website	Our Great Looking Trucks	Facebook
	Recruitment Event	Google Search	Craigslist
	Other		

Name:

## Employment Verification Release Form

You are hereby authorized to give to Long Haul Trucking, all information regarding my services, character and conduct while in your employ. You are released from any liability which may result from giving such information. IN order to enable Long Haul Trucking to comply with the requirements of 49 C.F.R 391.21 and 382.413. I hereby consent Long Haul Trucking to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 C.F.R 382.401 (b)(1) I) through (iii) regarding alcohol test with a concentration result of 0.004 or greater, positive controlled substance test results, and refusals to be tested within the two years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Long Haul trucking in personal interviews, telephone interviews, letters and any other material that insures confidentiality. I hereby authorize Long Haul Trucking to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Driver's Name

SSN

Date

To Be Completed by Past/Present Employer									
Please Return to: Long Haul Trucking									
Company Name:									
Fax:									
Contact #'s									
This individual listed above as applied for a driving position with Long Haul Trucking									
Position at Your Company									
Employment Dates:		From:				To:			
Reason for Discharge:									
CHECK ALL THAT APPLY									
Type:	Equipment:		Reasons for Separation:		Eligible For Rehire:		Notes:		
OTR		Tractor/Trailer		Quit Without Notice		Yes			
Regional		Flatbed		Quit With Notice		No			
Local		Straight Truck		Discharged		Upon Review			
If NO accident circle: NO ACCIDENTS									
ACCIDENT DETAIL AND TOTALS									
Dates	(check if apply) Prev Non Prev		# of Injuries	# of Fatalities	City	St.	Damage \$	Description	DOT RPT (check if apply)
PLEASE CIRCLE YES OR NO FOR EACH QUESTION									
1. Did the driver ever refuse a required drug or alcohol test?								Yes or No	
2. Did the driver ever test positive on a required controlled substance test?								Yes or No	
3. Did the driver ever test at or above 0.04 on any required alcohol test?								Yes or No	
4. Did the driver have other violations of DOT Agency drug and alcohol testing regulations								Yes or No	
5. Did a previous employer report a drug and alcohol rule violation to you?								Yes or No	
6. If you answered "yes" to any of the above items, did the employee complete the return to duty process								Yes or No	
If you answered "yes" to item 5, you must provide the previous employer's report.									
If you answered "yes" to item 6, you must attach the appropriate return to duty documentation (SAP Report, Follow Up Testing).									
COMMENTS:									
Prepared by:					Date:				
Company:					Position:				

**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.

*LAST UPDATED 12/22/2015*

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 an 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. LAST UPDATED 10/29/2012

**HireRight DOT D/A Disclosure and Authorization**

**PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring the previous three (3) years: (i) alcohol tests with a result 0.04 or higher (ii) verified positive drug tests; (iii) refusals to be tested (including adult treated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B), (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the ad and phone number of any substance abuse professional who evaluated me. during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**.

**Previous DOT-Regulated Employer**

**City**

**State**

**Phone Number**

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**Previous DOT-Regulated Employer**

**City**

**State**

**Phone Number**

---

**Previous DOT-Regulated Employer**

**City**

**State**

**Phone Number**

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By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I Disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and a applicable state law notices; (iii) Prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile, photographic copies and web forms of this authorization are as valid as an original.

**If you have any questions call our recruiters at 800-255-5153 ext 669, ext 671 or ext 695**

**Print Applicant Name:**

**Date**

**Social Security #**