



Chambers & Owen Job Requirements for Delivery Person:

1. Must be at least 21 years of age.
2. Must be able to lift 60 lbs. (from the tailgate of the truck to the ground.)
3. Applicant must have at least one year experience (2,000 hours) with a similar size vehicle. (26,000 GVW)
4. Applicant must fulfill all Federal Motor Carrier Safety Regulations.
5. **Applicant must meet the following Company Vehicle Driving Eligibility Criteria:**
 1. No more than one (1) type "A" violation in the last four years
 2. No more than four (4) type "B" violations in the last three years
 3. Any combination of accidents and type "B" violations which equal (4) or more in the last three years

Type "A" Violations

- Speeding excess (20 mph or more over the speed limit)
- Driving while intoxicated or operating under the influence of alcohol
- Possession of an open container
- Driving while under the influence of drugs
- Negligent homicide arising out of the use of a motor vehicle
- Operating during a period of suspension or revocation
- Using a motor vehicle in the commission of a crime
- Aggravated assault with a motor vehicle
- Operating a motor vehicle without the owner's authority (grand theft)
- Reckless driving
- Racing
- Hit and run (bodily injury or property damage)
- Failure to stop for a school bus
- Failure to stop after an accident
- Driving on the wrong side of the highway

Type "B" Violations

- Speeding (1-19 mph over the speed limit)
- Driving too fast for conditions
- Imprudent speed
- Backing illegally
- Deviating from lane of traffic
- Following too closely
- Pass illegally
- Child safety restraint
- Driving over walk
- Defective speedometer
- Failure to dim lights
- Failure to fasten seat belt
- Failure to give signal
- Failure to obey traffic sign or signal
- Failure to keep vehicle under control
- Failure to yield right of way
- Improper brakes
- No or improper lights

- Illegal turn
- Obstructing traffic
- Obstructed view or control
- Transporting person or vehicle illegally
- Broken speedometer
- Inattentive driving

6. In the event of employment, I understand that false or misleading information given above may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date



CHAMBERS & OWEN, INC. DRIVER'S APPLICATION FOR EMPLOYMENT

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, disability or other legally protected status, as required by law.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address	_____ Street _____	_____ Phone _____	_____ City _____
	_____ State _____ Zip Code _____		How Long? _____
Previous Address	_____ Street _____	_____ Phone _____	_____ City _____
	_____ State _____ Zip Code _____		How Long? _____

Do you have the legal right to work in the United States? YES NO

Date of birth _____ Can you provide proof of age? YES NO

Have you worked for this company before? YES NO If so, where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a crime? YES NO

Are you currently subject to a pending criminal charge? YES NO

If either of the above, please explain fully on a separate sheet of paper. Conviction of a crime and/or a pending criminal charge is not an automatic bar to employment; all circumstances will be considered.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle (includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

List employers in reverse order, starting with the most recent. Add another sheet as necessary.

EMPLOYER INFORMATION			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

Were you subject to the FMCSRs + while employed? YES NO

Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO

EMPLOYER INFORMATION			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

Were you subject to the FMCSRs + while employed? YES NO

Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO

EMPLOYER INFORMATION			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

Were you subject to the FMCSRs + while employed? YES NO

Was your job designated as 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 operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED: _____ YEARS OF COLLEGE: _____

LAST SCHOOL ATTENDED: _____
NAME CITY STATE

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR 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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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. (Generally, 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 responding 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) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Chambers & Owen, Inc. and that I have read the job requirements listed and certify that I am able to meet those requirements.

DATE

APPLICANT'S SIGNATURE

PROCESS RECORD

This section is to be filled in by responsible officer or company representative.

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER

APPLICANT HIRED	
DATE STARTED:	POINT EMPLOYED:
DATE ENDED:	DEPARTMENT:
	CLASSIFICATION:

REJECTED	
DATE:	SUMMARY REPORT:

TRANSFERS

From: _____ To: _____
Date: _____ Reason for Transfer: _____

From: _____ To: _____
Date: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

DISMISSED VOLUNTARILY QUIT OTHER

DATE TERMINATED _____

TERMINATION REPORT PLACED IN FILE

DEPARTMENT RELEASED FROM _____

SUPERVISOR(S) _____

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM

I hereby authorize you to release the following information to _____

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

Note: The requester must read and sign the following in the event the driving record is requested using a consumer reporting agency.

In accordance with the provisions of sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

The consumer (applicant) has authorized in writing the procurement of this report.

The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.

The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.

The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

Request for Driver Information

Most states require their specific form to be used to obtain an individual's driving record. The following states *do not require* the use of a state-specific form. This information is current through September 30, 2013, and is subject to change.

State/General Contact Information	State/General Contact Information
District of Columbia Department of Motor Vehicles Driver's Records PO Box 90120 Washington, DC 20090 (202)-737-4404	Kentucky Transportation Cabinet Division of Driver Licensing Fee Accounting Section 200 Mero St. Frankfort, KY 40622 (502)-564-0278
Hawaii Traffic Violations Bureau Abstract Section 1111 Alakea Street, 2nd Floor Honolulu, HI 96813 (808)- 692 -7659	Maine Bureau Of Motor Vehicles State House Station 29 Attn: Driving Records Augusta, ME 04333-0029 (207)-624-9000 Ext. 52116
Idaho¹ Idaho Transportation Department Driver Services Section P.O. Box 34 Boise, ID 83731-0034 (208)-334-8736	North Dakota¹ Driver's License Division 608 E Boulevard Ave. Bismarck, ND 58505 (701)-328-2604
Kansas¹ Department of Revenue Driver Control PO Box 12021 Topeka, KS 66612 (785)-296-3671	Rhode Island Division of Motor Vehicles Operator Control 600 New London Ave Cranston, RI 02920 401-462-4368

¹ State-issued form or other form of written request is considered acceptable.

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

_____ (Name of Company)	_____ (Typed Name)
_____ (Address)	_____ (Title)
_____ (City) (State)	_____ (Signature)

**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 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, 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 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.

Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that 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 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 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.

Please complete the application form and send the filled PDF to:
careerapps@chambers-owen.com