

**Cooley Transport, Inc.**  
 3637 Peppertown Road  
 Fulton, MS 38843  
**Application for Employment**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Telephone \_\_\_\_\_  
 Cell: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State & Zip How Long \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State & Zip How Long \_\_\_\_\_

For past Three years \_\_\_\_\_  
Street City State & Zip How Long \_\_\_\_\_

Attach sheet if more room is needed

**Experience and Qualifications (Driver)**

	State	License Number	Type	Expiration Date
Driver				
Licenses				

Do you have a TWIC card? Yes \_\_\_\_\_ No \_\_\_\_\_

Driving Experience- Total Years Driving \_\_\_\_\_

Class of Equipment	Type of Equipment <small>(Van, Tank, Flat, Etc)</small>	Dates		Approx. No. of Miles <small>(Total)</small>
		From	To	
Straight Truck				
Tractor and Trailer				
Tractor and Doubles				
Other				

**Accident Record for Past 3 Years or More** (Attach Sheet if more space is needed)

Dates	Nature of Accident <small>Head-on, Rear-end, Upset, Etc</small>	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____

**Traffic Convictions and Forfeitures for Past 3 Years** (Other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Sheet if more space is needed)

- 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*
- C. It is understood that if employment is offered continued employment is based on performance during a 90 day grace period.
- D. Have you been convicted of a felony in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain.

*Employment Record (Attach sheet if more space is needed)*

**§391.21 (b)(11) States that 10 years of previous employment must be listed**

Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Second Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**You must list the previous 10 years of work history with month and year.**

**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 also understand and agree that this motor carrier will order and receive a copy of my MVR.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Carefully read the following and sign below if you agree to terms

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company or their assigned agent to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer has been made.

I hereby release my former employers, healthcare providers, schools, and insurance agents from any and all liability in making response to the inquiries and from releasing the requested information as required in 49 CFR, Parts 40, §382 and or §391. I authorize this Prospective Employer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history.

I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection for the last three (3) years.

I understand and acknowledge that this release of information may assist this Prospective Employer to make a determination regarding my suitability as an employee.

\_\_\_\_\_  
Application' Signature

\_\_\_\_\_  
Date

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If Needed Application and Release may be faxed to 662-862-5534  
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## IMPORTANT NOTICE

### REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Cooley Transport, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Cooley Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP)**

**system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_