



# Driver Employment Application

Steed Bros, Inc. is an Equal Opportunity Employer. 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 with regard to public assistance, sexual orientation, mental or physical disability, genetic information, lawful activities off the employer's premises during non-working hours that are not in direct conflict with the essential business interests of the company, or any other category protected by law. Steed Bros, Inc. provides reasonable accommodation to applicants and qualified individuals with disabilities. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization. Please contact our Corporate headquarters at (417)264-2266

## Applicant Information

Name (First, Middle, Last):*		Position Applying for:*	
Other Names Used:		If hired, available to start	
Address:*		Salary/Pay desired:	
Address:*			
City, State, Zip*			
Phone Number:*	(    )	Referral Source:	
Cell Phone Number:*	(    )	Other:	
Email Address:*			
Date of Birth		Have you ever been employed by Steed Bros Inc?	<input type="radio"/> Yes <input type="radio"/> No
Hours:	<input type="radio"/> Full Time <input type="radio"/> Part Time	Month and Year:	
Able to work weekends:	<input type="radio"/> Yes <input type="radio"/> No	Position:	
Able to work evenings:	<input type="radio"/> Yes <input type="radio"/> No	Location:	
Able to work overtime:	<input type="radio"/> Yes <input type="radio"/> No		

If hired, would you be able to present evidence of your legal right to work in the United States? :  Yes  No

If hired, are you willing to submit to and pass a controlled substance test ? :  Yes  No

**\*\*Please Note\*\* All offers of employment are conditional on successful completion of a controlled substance test per DOT Regulations**

Have you ever been convicted of a criminal offense (felony or misdemeanor) ? :  Yes  No

Conviction Date(s):	
Conviction Place(s):	
Nature of the Crime(s):	
Disposition of the Case(s):	

Please note: A criminal conviction is not an automatic bar to employment. Steed Bros Inc will consider the following: (1) The nature and gravity of the offense or offenses; (2) The time that has passed since the conviction and/or completion of the sentence; and (3) The nature of the job held or sought. Applicants will be allowed to explain convictions and subject to an individualized determination of their fitness for the job sought.

Per Federal Motor Carrier Safety Administration (FMCSA), a division of the Department of Transportation (DOT), regulations, we are required to ask for the following information:

Are you at least 23 years of age: <input type="radio"/> Yes <input type="radio"/> No
Social Security #:

Please list any/all addresses at which you have resided during the 3 years preceding the date on which this application is submitted, beginning with the most recent. If none, indicate "none".

Street	City	State	Zip

Please list current and all past commercial motor vehicle license or permits issued to you.

State	Number	Expiration

Please list any/all violations of motor vehicle laws or ordinances, including those that are drug and alcohol related, (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date on which this application is submitted, beginning with the most recent. If none, please indicate "none".

Location	Date	Charge	Penalty

Please list all endorsements on current license.

Hazmat	<input type="radio"/>
Doubles/Triples	<input type="radio"/>
Tanker	<input type="radio"/>

Please complete the table below regarding your driving experience.

Type of Equipment	I have Experience Drving	Miles Driven	Dates
Bus	<input type="radio"/> Yes <input type="radio"/> No		
Straight Truck:	<input type="radio"/> Yes <input type="radio"/> No		
Tractor/Semi Trailer	<input type="radio"/> Yes <input type="radio"/> No		
Tractor/Two Trailers	<input type="radio"/> Yes <input type="radio"/> No		
Other	<input type="radio"/> Yes <input type="radio"/> No		

Please list any/all motor vehicle accidents in which you were involved during the 3 years preceding the date the application is submitted, beginning with the most recent. If none, please indicate "none"

Date	Nature of Accident (Head-On, Rear End etc)	Fatalities Caused	Personal Injuries Caused
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Other Details


A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

B. Has your license, permit, or privilege to operate a motor vehicle that has been issued to you ever been denied, revoked, or suspended?  Yes  No

If the answer to either A or B is yes, please state the facts and circumstances surrounding such occurrence(s):


1. During the past two years, have you ever tested positive on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?  Yes  No

2. During the past two years, have you ever refused to test on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?  Yes  No

If the answer to either 1 or 2 is yes, please state the facts and circumstances surrounding such occurrence(s):


## Employment History

Employment history, last ten years- Account for gaps in between employers

Company Name:		Telephone	
Address:		Employment Dates:	From
		(Month and Year):	To
Name of Supervisor:		Salary/Pay:	
Job Title:			
Duties:		Reason for Leaving:	

Where you subject to the FMCSRs (DOT Regulations) while employed by this employer?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirments as requires by 49 CFR part 40?  Yes  No

Employment history, last ten years- Account for gaps in between employers

Company Name:		Telephone	
Address:		Employment Dates:	From
		(Month and Year):	To
Name of Supervisor:		Salary/Pay:	
Job Title:			
Duties:		Reason for Leaving:	

Where you subject to the FMCSRs (DOT Regulations) while employed by this employer?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirments as requires by 49 CFR part 40?  Yes  No

Employment history, last ten years- Account for gaps in between employers

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Address:		Employment Dates:	From
		(Month and Year):	To
Name of Supervisor:		Salary/Pay:	
Job Title:			
Duties:		Reason for Leaving:	

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Address:		Employment Dates:	From	
		(Month and Year):	To	
Name of Supervisor:		Salary/Pay:		
Job Title:				
Duties:		Reason for Leaving:		

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Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirments as requires by 49 CFR part 40?  Yes  No

Employment history, last ten years- Account for gaps in between employers

Company Name:		Telephone		
Address:		Employment Dates:	From	
		(Month and Year):	To	
Name of Supervisor:		Salary/Pay:		
Job Title:				
Duties:		Reason for Leaving:		

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		(Month and Year):	To	
Name of Supervisor:		Salary/Pay:		
Job Title:				
Duties:		Reason for Leaving:		

Where you subject to the FMCSRs (DOT Regulations) while employed by this employer?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirments as requires by 49 CFR part 40?  Yes  No

\* Includes vehicles (1) with a gross combination weight rating of 26,001 pounds or more provided the towed unit has a gross vehicle weight rating of more than 10,000 pounds; (2) with a gross vehicle weight rating of more than 26,000 pounds or such lesser rating as determined by federal regulation; (3) designed to transport sixteen or more passengers, including the driver; or (4) transporting hazardous materials which are required to be placarded in accordance with 49 CFR part 172, subpart F.

\* 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 or used to transport 8 or more passengers (including the driver) or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Education	School Name	Location	Course of	# of years	Did you	Degree/Diploma
		(City and State)	Study	completed	Graduate	Received
High School:						
Tech/Trade:						
College/University:						
Graduate Level:						

Military Experience	(if applicable)
Branch:	
Rank:	
Years of Service:	
Skills/Duties:	

Do you have any other experience, training, qualifications or skills which you feel should be brought to our attention ?  Yes  No

If YES, please explain:


### Please Read and Sign Below

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 such inquiry by the company into the statements made in this application as may be necessary in reaching an employment decision and/or complying with state or federal law, rule, or regulation.

I hereby release the company and any persons or institutions so contacted from any liability for information furnished as a result of such contact. I understand that any false or misleading information given in this application, including a failure to disclose requested information, may result in the withdrawal of an offer of employment or the termination of my employment, if I have already begun employment. I understand that any offer of employment is contingent upon the successful results of a physical examination, including a drug test, a background screen, and motor vehicle record check. By signing below, I consent to such procedures. I understand that if I am employed, my employment is "at will". This means that employment may be terminated at any time, with or without prior notice, for any lawful reason, by me or the company.

Applicant's Signature:

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Date

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Please Note: Application may be rejected if not signed above.

**Part I - Disclosure and Authorization for Release of Information for Employment Purposes - 49 CFR Part 391.23, DOT Drug and Alcohol Testing**

We are required to inform you that the information you provided in accordance with paragraph (b)(10) of the DOT regulations regarding driver applications may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history as required by paragraphs (d) and (e) of 391.23.

d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(1) General driver identification and employment verification information.

(2) The data elements as specified in 390.15(b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(i) Any accidents as defined by 390.5 of this chapter.

(ii) Any accidents the previous employer may wish to provide that are retained pursuant to 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph 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.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a 382.605 or 49 CFR part 40, subpart O referral:

(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(ii) Verified positive drug tests;

(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

We are also required to notify you of your due process rights as specified in 391.23(i) regarding information received as a result of these investigations.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years - via the application form or other written document prior to any hiring decision that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i) The right to review information provided by previous employers;

(ii) 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;

(iii) 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.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

This certifies that I have read and understand that I will be subject to investigation and inquiry pursuant to the terms and conditions of 391.23 parts (d), (e), and (i) as stated above, or as otherwise required by state or federal law, and hereby consent to the same.

Applicant's Signature:

Date:

Please Note: Application may be rejected if not signed above.

**Request for Authorization to Check of Driving Record**

I hereby authorize you to release the following information to Steed Bros Inc for purposes of investigation as required by Sections 391.23 and 391.25 of Federal Motor Carrier Safety Regulations. I hereby release employers, schools, health care providers, and other persons from any and all liability which may result from furnishing such information.

Applicant's Signature:	Date:
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Please Note: Application may be rejected if not signed above.

**Consumer Report/Investigative Consumer Report Disclosure as required by the Fair Credit Reporting Act (FCRA)**

In connection with your application for employment and in accordance with pertinent laws, Steed Bros Inc/HireRight (formerly USIS) may obtain consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning you: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information sources (collectively, "Suppliers"). Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within certain statutorily-prescribed time periods preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

<input type="checkbox"/>	<- Check this box if you are applying for employment in <b>California</b> and/or you are a California resident and, in either case, you wish to receive a copy of your <b>credit report or investigative consumer report</b> if one is obtained or assembled by HireRight. Pursuant to 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 by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
<input type="checkbox"/>	<- Check this box if you are applying for employment in <b>Oklahoma</b> and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your <b>consumer report</b> if one is obtained or assembled by HireRight.
<input type="checkbox"/>	<- Check this box if you are applying for employment in <b>Minnesota</b> and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your <b>consumer report</b> if one is obtained or assembled by HireRight



**Authorization for Release of Information**

I hereby authorize Steed Bros Inc/HireRight to obtain Information and disclose Information to its customers ("Customers"), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize Steed Bros Inc/HireRight and HireRight Customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release Steed Bros Inc/HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this document. I agree that Information in Steed Bros Inc/HireRight's possession and my employment history with Customers if I am hired or contracted may be supplied by HireRight to other HireRight Customers for legally permissible purposes. By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (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 with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Steed Bros Inc/HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Applicant's Signature:	Date:
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Please Note: Application may be rejected if not signed above.

**Pre-Employment Screening Program (PSP)**

In connection with your application for employment with Steed Bros Inc, it 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 Steed Bros Inc uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Steed Bros Inc 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, Steed Bros Inc 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 Steed Bros Inc uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Steed Bros Inc 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 Steed Bros Inc who procured the report, then, within 3 business days of receiving your request, together with proper identification, Steed Bros Inc must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Steed Bros Inc cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that Steed Bros Inc may obtain such background reports, please read the following and sign below:

**I authorize Steed Bros Inc 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 Steed Bros Inc to make a determination regarding my suitability as an employee.**

I further understand that neither Steed Bros Inc 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.

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 Steed Bros Inc and I understand that if I sign this consent form, Steed Bros Inc may obtain a report of my crash and inspection history. I hereby authorize Steed Bros Inc and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Applicant's Signature:	Date:
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\*Please type your name, indicating your electronic signature. Application may be rejected if not signed.

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 a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver'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.