



# Application for Employment

3225 West California Ave, Suite 102  
 Salt Lake City, UT 84104  
 (801) 462-2535

<b>Applicant</b> - <i>The U.S. Department of Transportation requires that driver applicants state their date of birth §391.21(b)(2)</i>			
First Name:		Middle:	Last:
SSN:	Phone:	Email:	
Address:			Date of Birth:
City:		State:	Zip:
If at the above residence for less than three years, List below all residences for the past three years. Attach additional sheets if necessary.			
Address:			
City:		State:	Zip:
Address:			
City:		State:	Zip:

<b>Employment</b>			
Position applying for:			<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary
Who referred you?		Rate of pay expected:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" what was the date last employed?			
Do you have any relatives employed by Superior Service Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following::			
Name:		Position:	
Name:		Position:	
Have you worked for Superior Service Transport before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following:			
Position:		Where:	
From Date:		To Date:	
Reason for Leaving:			

<b>Education</b>																	
Circle Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4
Last School Attended:																	
Address:																	
City:												State:			Zip:		

<b>General</b>	
Have you ever been "bonded"? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", name of bonding company:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a full explanation to this application. <i>Note: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.</i>	
Have you ever worked for Superior Service Transport under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", what name:	

<b>Driver Experience and Qualification</b>				
Driver Licenses held in the past 3 years must be shown.	State	License Number	Type	Expiration Date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to A, B or C, attach additional sheets providing a statement of all details.				

<b>Driving Experience</b>				
Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approximate Total Miles
		To	From	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				
List states operated in during the last 5 years.				
List specialty courses or training that will help you as a driver.				
List safe driving awards held and who awards were presented by:				
<b>Accident Review for Past 3 Years:</b> (Attach separate sheet of paper if more space is needed.)				
Dates	Nature of Accident (Head-On, Rear-end, Upset, etc.)	Fatalities	Injuries	
Last Accident:				
Next Previous:				
Next Previous:				
<b>Traffic convictions and forfeitures for the past 3 years other than parking violations.</b>				
Location	Date	Charge	Penalty	

## Physical History

The U.S. Department of Transportation requires that all driver applicants pass certain tests before they are hired to drive for a motor carrier. FMCSR §391 Subpart E.

Date of last Department of Transportation Prescribed physical examination:

Have you ever been granted a waiver under §391.41 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm  Yes  No

## Health and Accident Record

Please describe your health:  Excellent  Good  Fair  Poor

Are you currently under a doctor's care or receiving medical treatment of any kind?  Yes  No If yes, please explain.

Date you last visited a doctor:

Name of doctor:

How much time have you lost from work in the last 3 years because of illness or injury?

Year:	Number of days:	Nature of illness or injury:
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Year:	Number of days:	Nature of illness or injury:
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Year:	Number of days:	Nature of illness or injury:
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Year:	Number of days:	Nature of illness or injury:
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Have you been injured in an accident – including automobile accidents – during the past 5 years?  Yes  No

If "Yes", how many on the job? Other?

Do you have any physical or mental condition which would limit your ability to perform all of the duties of the job that you are applying for?  Yes  No

If "Yes", please explain.

## Record of Previous Employment

Please list the name(s) of your previous employers in reverse chronological order with the present or last employer listed first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

### Previous Employers

1	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
2	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
3	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
4	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
5	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	
6	Employer Name:	Supervisor:		
	Address:	Phone:		
	City:	State:	Zip:	
	Position:	Start Date:	End Date:	
	Reason for Leaving:	Start Pay Rate:	End Pay Rate:	

Have you ever been terminated or asked to resign from any job?  Yes  No

If "Yes", please explain.

## Platform Experience and Qualifications

List types of platform experience and number of years of each:

List platform equipment you can operate (*lift truck, etc.*)

List courses or training in platform work:

## CONSENT FORM - APPLICANT MUST READ AND SIGN

1. I certify that I have read and understood all of this employment application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.
  
2. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-50B, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.
  
3. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.
  - (GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period and without cost to the employer, a copy of my motor vehicle violations record.
  - (MA) – “An applicant for employment with a sealed record on file with the commissioner of probation may answer ‘no record’ with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation my answer ‘no record’ with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.”
  - (MD) – “AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00”
  
4. I understand that information regarding my worker’s compensation history is for the purpose of making certain that I am not hired for a position or assigned a job function that could aggravate a previous injury. I further understand that in compliance with the Americans with Disabilities Act, my worker’s compensation history will only be investigated by **Superior Service Transport, Inc.** after a conditional offer of employment has been extended to me.
  
5. I authorize without reservation, any party (*including, but not limited to, employers, law enforcement agencies, state agencies, FMCSA-PSP, institutions and private information bureaus or repositories*) contacted by **Superior Service Transport, Inc.** to furnish any or all of the information needed to evaluate my application. In addition, I hereby release **Superior Service Transport, Inc.** from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons who in good faith provide to **Superior Service Transport, Inc.** as requested in order to successfully complete a background investigation for my application for employment. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by **Superior Service Transport, Inc.**
  
6. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.
  
7. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding my application; and that I will update or correct the application as necessary, prior to any action on my application.

First Name:		Middle:		Last:	
SSN:	Phone:	Email:			
Address:					
City:			State:	Zip:	
Driver License No.:			State:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Applicant Signature:				Date of Signature:	

**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **Superior Service 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.

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 **Superior Service 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 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): \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## Section 1: To Be Completed by Prospective Employee

First Name:	Middle:	Last:
Date of Birth:	Social Security Number:	here by authorize(s)
Previous Employer:		
Address:		
City:	State:	Zip:
Phone:	FAX:	Email:
to release and forward the information requested in Section 3 of this document concerning my Alcohol and Controlled Substance Testing Records within the previous 3 years from _____ (date of employment application)		
to:		
<p><b>Superior Service Transport</b>  <b>Attn: Mark Morris (801) 661-0477</b>  <b>3225 West California Ave, Suite 102</b>  <b>Salt Lake City, UT 84104</b>  <a href="mailto:Mark.Morris@ShipSST.com">Mark.Morris@ShipSST.com</a>  <b>FAX (801) 972-1557</b></p>		
In compliance with §40.25(g) and §291.23(h), release of this information must be made in a written form that ensures confidentiality, such as FAX, email or letter.		
Applicant's Signature:		Date of Signature:

## Section 2: To Be Completed by Previous Employer

The applicant named above was employed by us: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employed as:		From Date:	To Date:	
Did he/she drive motor vehicle for you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what type: <input type="checkbox"/> Straight Truck, <input type="checkbox"/> Tractor-Semitrailer, <input type="checkbox"/> Bus, <input type="checkbox"/> Cargo Tank, <input type="checkbox"/> Doubles/Triples, <input type="checkbox"/> Other (specify)				
<b>If there is no negative safety performance history, check here , sign below and return.</b>				
<b>Accidents:</b> Please complete the following for any accidents include on your accident register (§390.15(b)) that involved the applicant in the three years prior to the application date shown in Section 1, or check here if there is no accident register for this driver.				
Date	Location	No. of Injuries	No. of fatalities	Hazmat Spill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies.				
Representative Name:			Title:	
Representative Signature:			Date of Signature:	

<b>Section 3: To Be Completed by Previous Employer</b>			
<b>DRUG and ALCOHOL HISTORY</b>			
If driver was <b>NOT</b> subject to Department of Transportation testing requirements while employed by this employer, please check here, fill in the dates of employment from _____ to _____ complete the bottom of Section 3, sign and return.			
Driver was subject to Department of Transportation testing requirements _____ to _____.			
1. Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Has this person committed other violations of Subpart B of Part 382 or part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. For a driver who has successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In answering these questions include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the "Date of Signature" shown in Section 1.			
Representative Name:		Title:	
Company:		Phone:	
Address:			
City:		State:	Zip:
Representative Signature:		Date of Signature:	
<b>Section 4: To Be Completed by Prospective Employer</b>			
This form was (check one) <input type="checkbox"/> FAXed to previous employer, <input type="checkbox"/> Mailed by USPS, <input type="checkbox"/> E-mailed, <input type="checkbox"/> Other (describe)			
By:		Date:	
Information received from:			
Method of Transmission: <input type="checkbox"/> FAX, <input type="checkbox"/> USPS Mail, <input type="checkbox"/> E-mail, <input type="checkbox"/> Phone, <input type="checkbox"/> Other (describe)			
By:		Date:	

## Instructions to complete the SAFETY PERFORMANCE HISTORY RECORD REQUEST

<p><b>Section 1: Prospective Employee</b></p> <ul style="list-style-type: none"> <li>• Prospective Employee should complete the information in this section</li> <li>• Sign and date the form</li> <li>• Submit the form to the Prospective Employer</li> </ul>	<p><b>Section 3: Previous Employer – Drug and Alcohol History</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date the form</li> <li>• Retain a copy</li> <li>• Return original to Prospective Employer</li> </ul>
<p><b>Section 2: Previous Employer – Accident History</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date the form</li> <li>• Complete Section 3</li> </ul>	<p><b>Section 4: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• When received from Prospective Employee <ul style="list-style-type: none"> <li>○ Complete the information in the top block</li> <li>○ Send a copy to the Previous Employer</li> </ul> </li> <li>• When returned <ul style="list-style-type: none"> <li>○ Record receipt of form from Previous Employer</li> <li>○ Retain copy</li> </ul> </li> </ul>