



## WORK HISTORY

All driver applicants who drive in interstate commerce must provide the following information for the past 7 years for those companies for whom the applicant has worked for. Please complete all required information

(NOTE: List COMPANIES in order starting with the most recent. Add another sheet as necessary)

<b>COMPANY</b>	Were you in a safety sensitive function workplace subject to DOT drug & alcohol testing? Yes No
NAME	FROM MO YR TO MO YR
ADDRESS	POSITION HELD:
CITY	SUBJECT TO FMCSR? YES NO
PHONE & CONTACT	REASON FOR LEAVING

<b>COMPANY</b>	Were you in a safety sensitive function workplace subject to DOT drug & alcohol testing? Yes No
NAME	FROM MO YR TO MO YR
ADDRESS	POSITION HELD:
CITY	SUBJECT TO FMCSR? YES NO
PHONE & CONTACT	REASON FOR LEAVING

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NAME	FROM MO YR TO MO YR
ADDRESS	POSITION HELD:
CITY	SUBJECT TO FMCSR? YES NO
PHONE & CONTACT	REASON FOR LEAVING

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 more than 8 passengers (including the driver), 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

IF NONE, WRITE NONE/ATTACH SHEET IF MORE SPACE IS NEEDED

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

### MOVING TRAFFIC VIOLATIONS/LICENSE SUSPENSIONS FOR THE PAST 3 YEARS

IF NONE, WRITE NONE/ATTACH SHEET IF MORE SPACE IS NEEDED

LOCATION	DATE	CHARGE	PENALTY

### EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVERS 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 \_\_\_
- C. Have you tested positive, or refused to test, on any drug or alcohol test administered by a company to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past two years? YES \_\_\_ NO \_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	# OF YEARS OPERATED	TYPE OF EQUIPMENT OPERATED
TRACTOR & SEMI-TRAILER		
CONTAINERS		
OTHER		

### EXPERIENCE AND QUALIFICATIONS - OTHER

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

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### LIST COURSES & TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by the Applicant and all information provided are true and accurate to the best of my knowledge. I understand that any false or misleading information provided in this application or interview(s) may result in any future agreement between IBT and the Applicant being cancelled.

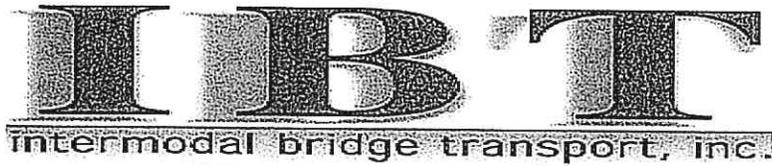
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Signature of Applicant

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Date

Application  
6/26/14 - IBT - CH



INQUIRY FOR PAST WORK HISTORY

(Applicants Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Managers Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FROM: Intermodal Bridge Transport

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
Email: \_\_\_\_\_

TO: Company: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The person named below has applied to this company for a driving position. Your firm is listed by the applicant as a former carrier. Kindly reply to this inquiry in compliance with 49 C.F.R Sections 382.405, 382.413 and 391.89 to Intermodal Bridge Transport at Fax # \_\_\_\_\_ or Email \_\_\_\_\_

Note: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of DOT (Department of Transportation) regulations and may result in a fine and/or civil liability.

Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- 1 Has this individual had an alcohol test with a confirmed breath alcohol concentration of .004 or greater in the past two years?
2. Has this individual had a controlled substance test with a positive result in the past two years?
3. Has this individual refused a controlled substance test and/or alcohol test within the past two years?
4. Has this individual committed other violations of DOT agency drug and alcohol testing regulations?
5. If this individual has violated a DOT drug and alcohol regulation, do you have documentation of the individual's successful completion of DOT return-to-duty requirements, including follow-up tests? (please send this documentation back with this form, if applicable.)

n answering these questions, include any drug or alcohol testing information obtained from previous work history under 10.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_
Company: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip \_\_\_\_\_

This Section Completed by (signature) \_\_\_\_\_ Date: \_\_\_\_\_

If driver was not subject to Part 382 testing requirements while working for you, please check here \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Job Applied For: \_\_\_\_\_

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1. This applicant list dates of employment with your firm from: \_\_\_\_\_ to \_\_\_\_\_  
is this correct? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If worked as a driver, please indicate type of equipment driven: Tractor-Trailer \_\_\_\_\_; Straight Truck \_\_\_\_\_;  
Crane \_\_\_\_\_; Twin Trailers \_\_\_\_\_ Other (please specify) \_\_\_\_\_

3. Number of reportable accidents \_\_\_\_\_; number of accidents in which applicant was ticketed \_\_\_\_\_;  
number of accidents in which the applicant was at fault \_\_\_\_\_ (please explain) \_\_\_\_\_  
Date of each accident \_\_\_\_\_

4. To your knowledge, was this person's chauffeur/operators license suspended while in your working for your company?  
if so, please explain \_\_\_\_\_

5. Why did this individual leave your company? Resigned \_\_\_\_\_; Discharged \_\_\_\_\_; Laid off \_\_\_\_\_

Information supplied by: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature



## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 of the Federal Motor Carrier Safety Regulation apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirement in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer/lessor the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your leasing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the lessor and state must be in writing.
  
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

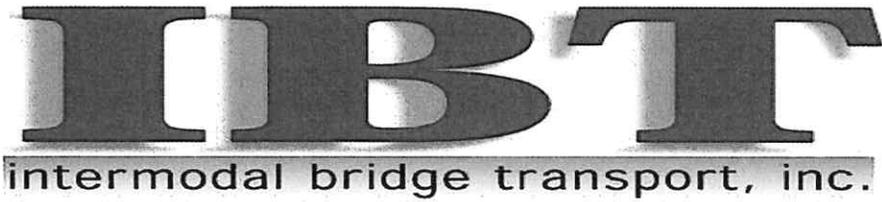
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



**CONTRACTOR'S PREVIOUS ALCOHOL AND DRUG TEST STATEMENT**

1. In the past two years, have you tested positive, or refused to test, on any previous contractor's drug or alcohol test, but did not get a contract for safety-sensitive position as a result of refusal or failure?

YES (Proceed to Number 2) \_\_\_\_\_

NO (Please complete the signature and date) \_\_\_\_\_

2. Please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow-up testing.

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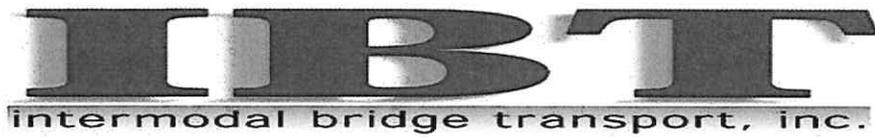
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Signature : \_\_\_\_\_

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

Alcohol & Drug Test Form

6/20/14 IBT-CH



## DRIVER QUALIFICATION & IDENTIFICATION CERTIFICATE

\_\_\_\_\_  
Name of Driver (Please Print)

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Social Security Number

I certify that the above named driver, as defined in Sec. 390.5 is regularly driving a commercial motor vehicle operated by the below named and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His/her current medical examiner's certificate expires on \_\_\_\_\_.  
Date

This certificate expires: \_\_\_\_\_  
DATE NOT LATER THAN EXPIRATION OF MEDICAL CERTIFICATE

Issued by \_\_\_\_\_  
Name of Carrier)

Issued On \_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Driver Qualification & Identification Certificate  
7/1/14- CH



## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)2(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous work experience, previous drug and alcohol test results, and your driving records may be obtained on you. These reports are required by Sections 382.413, 391.23 of the Federal Motor Carrier Safety Regulations.

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

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

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Fair Credit Form

6/20/14 IBT-CH



## **IMPORTANT NOTICE TO DRIVERS REGARDING BACKGROUND REPORTS**

As an independent contractor and/or subcontractors looking to contract trucking services for IBT, IBT may obtain one or more background reports on you from various consumer reporting agencies and/or any other source(s) regarding your previous work experience, credit history, driving record and/or criminal background history or personal references. If IBT uses any information it obtains from a background report as a basis in its decision to not offer you a contract, IBT will notify you of its decision and the reason such decision was based in part or in whole on a particular background report. Furthermore, IBT will provide you with a copy of the report and a written summary of your rights under the Federal Fair Credit Reporting Act before taking any final adverse action and how to contact the consumer reporting agency that provided the information.

By Law, IBT cannot obtain background report from consumer reporting agency or any other sources on you unless you consent in writing. If you agree to allow IBT to obtain such background reports, please read the following and authorize below.

### **CONSENT TO PROCUREMENT OF BACKGROUND REPORTS**

I authorize IBT to obtain, to the extent permitted by law, one or more background reports regarding my previous work experience, credit history, driving and/or criminal background history from a consumer reporting agency or any other source at the discretion of IBT.

I authorize IBT to contact any organization or individual that I have listed on my work history experience statement or any other reference mentioned in our meeting/interview, to obtain any relevant information about my qualifications, education, work experience, skills, performance, credentials, characteristics, attitude, abilities and involvement in specific events. I understand that I am consenting to the release of any information about my qualifications held or known by listed work history. In addition, I consent to the release of any information about my qualifications held or known by other organizations or individuals, including but not limited to schools and educational institutions, professional or business associates, and friends and acquaintances, that

IBT might come in contact with in the course of conducting a reference check or background investigation of my suitability as an independent contractor or sub-contractor.

Furthermore, I authorize that IBT may request any and all relevant information from various federal and state agencies that maintain records concerning my past activities relating to my driving experience and criminal and civil history. I understand that I am consenting to the release of safety performance information including crash data and inspection history, and acknowledge that the release of such information is relevant to my suitability as a contractor for IBT.

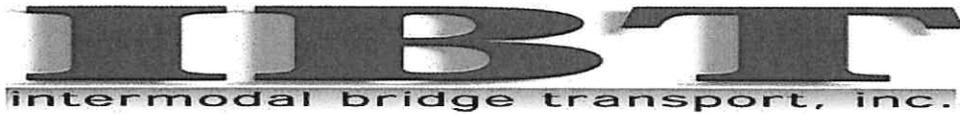
In consideration for a contract with IBT, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that responds to requests from IBT or its agents for information obtained on me. I also agree not to file or pursue any complaints, claims, or legal actions against IBT or any of its officers, employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above agreement referred to as the "Important Notice to Drivers Regarding Background Reports" and hereby consent to procurement of background Reports and related references and information by IBT. I hereby authorize IBT and its employees, agents, and affiliates to obtain the reports and information listed herein.

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

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

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



## **MANDATORY USE FOR ALL ACCOUNT HOLDERS REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

According to the regulations and requirements of the Federal Motor Carrier Safety Administration (FMCSA), IBT is prohibited from altering or changing the wording on the below form. In order for IBT to process your request to work as a prospective contractor/subcontractor, please fill out the below form:

1. In connection with your application for employment with \_\_\_\_\_IBT\_\_\_\_\_ (“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).

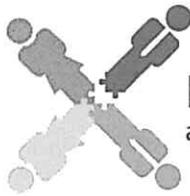
When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which 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 \_\_\_\_\_IBT\_\_\_\_\_ (“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,



**Employment Research Services**  
an Applicant Information Company

**DISCLOSURE AND RELEASE**

In connection with my application for lease (including contract for services) with Intermodal Bridge Transport ("leasee"), I understand that consumer reports, which may contain public record information, may be requested from a consumer reporting agency. These reports may include the following types of information: names and dates of previous work history, reason for termination of work history, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies, which maintain such records; as well as information from the agency concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to Applicant Information, a consumer reporting agency (which company will identify to me prior to taking adverse action based in whole or in part upon information contained in such report), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, and my work history with you if I am leased, may be supplied by leasee to the agency for release to other companies which subscribe to the agency's services.

I hereby authorize procurement of consumer report(s). If leased (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my lease (or contract) period.

California, Minnesota, and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered by you.

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_  
(Initials)

\_\_\_\_\_  
Print Name

\_\_\_\_\_-\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Driver's License Number      D/L

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone Number                      Date

G:\CLIENTS\T ERS-Client RELEASE & ORDER Forms 2014

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.

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

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

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

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*

PSP Form  
6/30/14 IBT-CH