

American Global Express
2977 HWY K Suite 135
O'Fallon, MO 63368

(SHALL REMAIN ACTIVE FOR 60 DAYS)

To Applicant: READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. Federal law obligates us to provide reasonable accommodations to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process, to take any required tests, or to perform any essential elements of the position sought. You will be considered for employment without regard to any prohibited basis of discrimination under state or federal law.

PLEASE PRINT - ALL QUESTIONS MUST BE ANSWERED COMPLETELY

Name: _____ Soc. Sec. No. _____
First Middle Last

Date of Birth: _____ Phone () _____

Please list each address at which you have resided during the three (3) years preceding the date on which this application is submitted.
 (Use an additional sheet of paper if necessary)

Present Address _____ How Long _____
Street City State Zip Code

Past Address _____ How Long _____
Street City State Zip Code

Referred by: Employee _____ Magazine _____
 Internet _____ Newspaper _____ Other _____

Have You Worked For This Company Before? _____ When? _____

How Many Years of Verifiable Tractor Semi-trailer experience Can You Prove? _____ Years

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS WITH "YES" or "NO"

Are you a U.S. Citizen or otherwise lawfully authorized to work in the USA? YES NO () ()	Have you ever been convicted of or pled guilty to a felony (if yes, when and for what?) * _____ YES NO () ()
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Have you ever been convicted of or pled guilty to driving while intoxicated or under the influence? () ()	Have you ever had your license suspended, revoked, or ever been denied a license? () ()
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(if yes, when and what state?) * _____

Are you able to perform, with or without accommodation, the essential functions of the position for which you have applied? () ()	Have you ever refused or had a positive drug or alcohol test? () ()
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Are you familiar with Federal Motor Carrier Safety Regulations? () ()
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Can you read, speak and write the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records? () ()

* Note: A plea of guilty or a conviction will not necessarily disqualify you from consideration for employment. The nature of the crimes and when it/they occurred will be considered.

EMPLOYMENT FOR PAST 10 YEARS

Give a **Complete** Record of ALL employment for the Past **10 years**.
Employment record may not have any gaps and must match verified references.

PRESENT OR LAST EMPLOYER

May we Contact? Yes _____ No _____

From _____ To _____ Name _____

Phone # () _____ Address _____
Street City State

Position Held _____ Pay rate: _____

Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____

Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

SECOND LAST EMPLOYER

From _____ To _____ Name _____

Phone # () _____ Address _____
Street City State

Position Held _____ Pay rate: _____

Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____

Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

THIRD LAST EMPLOYER

From _____ To _____ Name _____

Phone # () _____ Address _____
Street City State

Position Held _____ Pay rate: _____

Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____

Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

CONTINUE EMPLOYMENT HISTORY ON FOLLOWING

EMPLOYMENT FOR PAST 10 YEARS

Give a **Complete** Record of ALL employment for the Past **10 years**.
Employment record may not have any gaps and must match verified references.

FOURTH LAST EMPLOYER

From _____ To _____ Name _____
Phone # () _____ Address _____ Street _____ City _____ State _____
Position Held _____ Pay rate: _____
Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____
Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

FIFTH LAST EMPLOYER

From _____ To _____ Name _____
Phone # () _____ Address _____ Street _____ City _____ State _____
Position Held _____ Pay rate: _____
Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____
Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

SIXTH LAST EMPLOYER

From _____ To _____ Name _____
Phone # () _____ Address _____ Street _____ City _____ State _____
Position Held _____ Pay rate: _____
Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____
Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

CONTINUE EMPLOYMENT HISTORY ON FOLLOWIN

EMPLOYMENT FOR PAST 10 YEARS, CONTINUED

Continue to give a Complete Record of ALL employment for the Past 10 years. Employment record may not have any gaps and must match verified references.

SEVENTH LAST EMPLOYER

From _____ To _____ Name _____

Phone # () _____ Address _____

State _____ Street _____ City _____

Position Held _____ Pay rate: _____

Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____

Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

EIGHTH LAST EMPLOYER

From _____ To _____ Name _____

Phone # () _____ Address _____

State _____ Street _____ City _____

Position Held _____ Pay rate: _____

Reason For Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations at any time while employed with this company? Yes _____ No _____

Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes _____ No _____

DRIVER'S LICENSE AND DRIVING RECORD

CURRENT DRIVER'S LICENSE

State _____ Date Issued _____ Expiration Date _____ License No. _____ Endorsements _____

PLEASE LIST STATE AND YEARS OF ALL DRIVER'S LICENSES HELD:

State _____ From (Date) _____ To (Date) _____

State _____ From (Date) _____ To (Date) _____

If you have ever had a license suspended, revoked or denied, please explain here: _____

Have you ever been disqualified subject to Section 383 or 391, of the Federal Motor Carrier Safety Regulations for other than a physical disability? Yes _____ No _____ If yes, explain: _____

Have you worked under any other names? Please list and explain: _____

DRIVER'S LICENSE AND DRIVING RECORD (Continued)

LIST ALL ACCIDENTS OR INCIDENTS – “PREVENTABLE & NON-PREVENTABLE”

(Use a Separate Sheet of Paper if Necessary)

	Date	Nature of Accident (head-on, rear-end, rollover, backing, etc.)	Fatalities	Injuries	Extent of Damage - \$
Last Accident					
Next Previous					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS (Tickets) & Forfeitures For the “Past 3 Years” (Other than parking tickets)

	Location	Date	Charge	Penalty
1.				
2.				
3.				
4.				
5.				
6.				

DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES.

(Examples: Buses, trucks, truck tractors, semi-trailers, full trailers, pole trailers, etc.)

TYPE OF EQUIPMENT	TOTAL EXPERIENCE	TYPE OF EXPERIENCE (nature of job)

List any special courses or training you have taken that will help you as a driver: _____

List any safe driving awards you have received and from whom? _____

Owner Operator Equipment information

Tractor Make	Tractor Model
Year	VIN#
Plate #	Current Mileage

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 American Global Express (“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 American Global Express (“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)

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's 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.

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