

**DST EXPRESS, LLC**  
**444 W SPRING CREEK PLACE**  
**SPRINGVILLE, UT 84663**  
**PHONE (801) 491-3781 Fax (801)491-6989**

**EMPLOYMENT APPLICATION:**

**PERSONAL:**

Name \_\_\_\_\_  
First, Middle, Last Home Phone# Cell Phone#

Address \_\_\_\_\_  
Street Address City State Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (The US Dept of Transportation requires that driver applicants state their date of birth (sec.391.21(b)(2)).

Social Security # \_\_\_\_\_

Addresses for the past three years (if different from above) Use the back of this sheet if you need more room.

1. \_\_\_\_\_  
Street Address City State Zip Code

2. \_\_\_\_\_  
Street Address City State Zip Code

Were you referred by someone? \_\_\_\_\_ If so, whom? \_\_\_\_\_

Names of any relatives employed by this company: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION:**

Circle the highest grades completed: 6 7 8 9 10 11 12 College 1 2 3 4

Accredited Technical School or Driving School? \_\_\_\_\_

**GENERAL:**

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company under another name? \_\_\_\_\_

If so, under what name? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS:** (Attach sheet if more space is needed)

***DRIVER'S LICENSES***

Please list current and all previous licenses held:

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 ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Department of Transportation regulations state that it is illegal to possess more than one valid driver's license (section 383.21 of Federal Motor Carrier Safety Regulations).

I certify that I possess only one valid driver's license \_\_\_\_\_  
(Please Sign)

***DRIVING EXPERIENCE***

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Total Miles
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

All drivers will be subject to a road test evaluation before hiring as part of the application process

***ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (IF NONE, WRITE "NONE")***

DATES	NATURE OF ACCIDENT (REAR- END, UPSET, ETC)	FATALITIES	INJURIES

***TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)***  
(IF NONE, WRITE "NONE")

LOCATION	DATE	CHARGE	PENALTY

**EMPLOYMENT RECORD:** (Attach sheets if more space is needed)

**\*\*Show ALL employment for the past ten years including any unemployment or self-employment.\*\***

Applicant's Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to the alcohol and controlled substance testing requirements of 49CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

For Office Use Only – Do not write in this space

Supervisor Contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

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Comments: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_

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Supervisor Contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

## DECLARATION OF GAPS IN EMPLOYMENT

This form is to be completed by the applicant if they have had any gaps in their employment history.

Start Date	End Date	Reason for Gap in Employment

Printed Name: \_\_\_\_\_

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

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

## APPLICANT MUST READ AND SIGN

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 understand that any omission or misrepresentation is "falsification", and will result in refusal of or separation from employment.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is agreed and understood that DST or its agents may investigate my background to ascertain any and all information of concern regarding my employment history, whether the same is of record or not. This investigation includes but is not limited to contacting past employers, personal references, DAC service, and any other individual, group, organization, or government entity that can confirm information provided by me. This investigation will also include receiving information regarding Alcohol & Controlled Substance Testing in accordance with Section 40 of the Code of Federal Regulations. I release DST and all other parties named in this application who supply information regarding the applicant for the position with this company. I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that if offered a job, it will be conditioned upon the results of a physical examination and a drug test, and a road test (driving).

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I certify that I have read and understand all of this employment application. If hired, I agree to abide by all the rules and policies of the employer, and all state and Federal regulations.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

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Applicant Signature

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Date

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*