



P.O. Box 477, Wooster, OH 44691

Date of Application: _____

Full-time
 Part-time

Name: _____
Last First Middle

Telephone Number: _____

Present Address: _____
City State Zip

Date of Birth: _____ Social Security Number _____

Previous Address(es) during last three years:

1.) _____
City State Zip From To

2.) _____
City State Zip From To

3.) _____
City State Zip From To

Have you applied for work and/or worked for this company before? Yes When? No

If hired, can you provide evidence of U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

How did you find out about D+S Distribution, Inc? _____

EDUCATION/PERSONAL INFORMATION

Enter the highest grade completed

Grade School (1-8) High School (9-12) College (1-4) Trade/Tech (1-4)

Last School Attended _____ List other specialty training or schools: _____

Have you ever received any safety awards? _____

Do you have full knowledge of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever been convicted of a crime, other than minor traffic violations? Yes No

Have you ever been discharged or asked to resign by any other employer? Yes If Yes Explain No

_____ If Yes Explain

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____

Duties _____

EMPLOYMENT RECORD FOR PAST TEN YEARS

All applicants must list all full and part-time employment including military service, self-employment and periods of unemployment during the preceding 10 years. Note: List employers in reverse order starting with the most recent. Use additional sheets if necessary.

CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			

*The Federal Motor Carrier Safety Regulations 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

COMMERCIAL DRIVER'S LICENSE INFORMATION				
Class of Equipment	TYPE OF EQUIPMENT VAN, TANKER, FLAT, ETC.	FROM	TO	Approx. # of MILES
Straight Truck				
Tractor/Semi Trailer				
Other				

LICENSE-LIST ALL DRIVERS LICENSES HELD IN THE PAST THREE YEARS				
LICENSE #	TYPE	STATE	EXPIRATION DATE: (Month/Day/Year)	
Endorsements (check all that apply)	<input type="checkbox"/>	Double/Triple Trailers	<input type="checkbox"/>	Tank Vehicles
	<input type="checkbox"/>	Passenger Vehicles	<input type="checkbox"/>	Hazardous Materials
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST THREE YEARS:				
STATE:		EXPIRATION DATE:		
STATE:		EXPIRATION DATE:		
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?				Yes No
HAS ANY LICENSE, PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED OR REVOKED?				
	YES	No		
IF YES EXPLAIN:				

ACCIDENTS					
PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"					
DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL Yes or No

TRAFFIC ACCIDENTS AND FORFEITURES			
PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS (OTHER THAN PARKING) IF NONE, WRITE "NONE"			
DATE	LOCATION	CHARGE	PENALTY

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST ON ANY 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 DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS?

Yes

No

Please Initial _____

Please read the following carefully. By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information, which, if known to the Company, would affect my application, unfavorably.

If I am hired by the Company; and if the Company discovers at any time during my term with the Company that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical examination, which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for drugs or alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of term with the Company, I agree to abide by all the Company's rules and regulations as well as the Federal Motor Carrier Safety Regulations.

I understand that nothing in this application creates a contract of employment between the Company and me. If I am hired by the Company, my terms and compensation are 'at will,' which means that my terms can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any agreements with me, either orally or in writing, that is not an at will agreement. Only the President of the Company has the authority to enter into an agreement with me for any specified period of time. I also agree and understand that if I am selected to drive for the Company that I will be on a probationary period during which time I may be discharged without recourse.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs. I acknowledge that this is general release and that if hired it remains in effect for my term with the Company.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

We are an Equal Opportunity Employer and in compliance with Federal and State equal opportunity laws; qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, veteran status, handicap or non-job related disability.

I give the Company my permission to conduct any investigation regarding the information contained in my application, which the company thinks, is necessary to determine my qualifications for assuming a job with the company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally, release all named and unnamed sources from any and all liability, which might result from furnishing any information about me.

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

I also understand that I have the right to:

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

In making this application it is understood that a copy of a consumer report prepared by a consumer reporting agency, also known as a credit report, may be obtained as part of a routine background check. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Before taking any adverse actions based on the consumer report, including denying my terms, D+S Distribution, Inc. will provide to you without charge a copy of the report plus a written summary of consumer rights under the Fair Credit Reporting Act. I hereby authorize a copy of my consumer report from a consumer-reporting agency be released to D+S Distribution, Inc.

(Date of Application)

(Applicant Signature)

**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND
CONTROLLED SUBSTANCES STATEMENT**

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, tested positive, or refused to test, on any **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 DOT agency drug and alcohol testing rules during the past two years?

Check one: YES NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone No. _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone No. _____

I certify that the information provided on this document is true and correct.

Signature of Applicant

Date

**Important Notice
Regarding Background Reports for D+S Distribution, Inc.
From The PSP *Online Service***

In connection with your application for employment with D+S Distribution, Inc. (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize D+S Distribution, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving 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.

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 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 have read the above Notice Regarding Background Reports provided to me by D+S Distribution, Inc. and I understand that if I sign this consent form, D+S Distribution, Inc. may obtain a report of my crash and inspection history. I hereby authorize D+S Distribution, Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name: _____
(Please Print)

D+S Distribution, Inc.

P.O. Box 477, Wooster, OH 44691, Phone: (330) 264-0522 ext.1206 (Gene Whipkey) Fax: (330) 264-1422

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER ALCOHOL AND CONTROLLED SUBSTANCE TESTING

Previous Employer: _____

Complete Street Address: _____

City: _____ State: _____ Zip: _____

In compliance with 49 C.F.R. Sections 382.405, 382, 413, and 391.89, please supply the following information regarding the applicant listed below. For the purposes of this investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations, you are released from any and all liability which may result from furnishing such information.

Applicant _____ SS#: _____

Dates of Employment: From: _____ To: _____

RELEASE: I HEREBY AUTHORIZE RELEASE OF THIS REQUESTED INFORMATION TO D+S DISTRIBUTION, INC.

(Date) (Signature of Applicant)

BASED UPON A REVIEW OF YOUR COMPANY'S DRUG AND ALCOHOL TEST RECORDS:

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three- (3) years? Yes No

Has this individual had a controlled substance test with a positive result in the past three- (3) years? Yes No

Has this individual refused a controlled substance test and/or alcohol test within the past three- (3) years? Yes No

Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No

Did a previous employer report a drug and alcohol rule violation to you? Yes No

If "yes" to any of the above questions, did the employee complete a rehabilitation program under direction of a SAP or MRO? N/A Yes No

Not subject to Federal Testing Requirements

Did he/she drive: Motor Vehicle Straight Truck Tractor-Semi-trailer
Bus? Other (specify):

Was he/she a safe and efficient driver? Yes No

Reason for leaving: Resigned Discharged Lay Off Military Duty

Was his/her general conduct satisfactory? Yes No

Was he/she involved in any accidents while employed at your company? Yes No

General Comments:

This form completed by: _____ Title: _____ Date: _____



P.O. Box 477 • Wooster, OH 44691
Toll Free 800-752-5993 • 330-264-7400 • FAX 330-264-7974

CONSUMER REPORT AUTHORIZATION FORM

I hereby authorize **D+S DISTRIBUTION, INC.** to obtain a copy of a consumer report from a consumer reporting agency for employment purposes. I understand that a consumer report may include information regarding my credit history, character, general reputation, and other background information.

This authorization, in original or copy form, shall be valid for this and any future reports and updates that may be requested.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

DATE OF BIRTH: _____

PRIDE IN SERVICE

Web Address: www.dsdistribution.com



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**ADDITIONAL INFORMATION FOR
BACKGROUND INVESTIGATION AND CONSUMER REPORT**

PLEASE PRINT CLEARLY

FULL NAME: _____

OTHER NAMES USED/DATES: _____

CURRENT ADDRESS: _____ PHONE: _____

LIST ALL ADDRESSES FOR PAST 7 YEARS (attach additional sheet if necessary):

_____ DATES: _____

_____ DATES: _____

_____ DATES: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____

I understand that the falsification, misrepresentation, or omission of any information requested on this document will be sufficient cause for the denial or termination of employment regardless of when such fact may be discovered.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

PRIDE IN SERVICE

Web Address: www.dsdistribution.com