

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES (MONTH/YEAR)	VIOLATION	VIOLATION LOCATION (STATE)	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

Alliance Courier

Motor Vehicle Record Disclosure and Release Form

In connection with my qualification to operate a motor vehicle and/or a commercial motor vehicle for Alliance Courier, I understand that a motor vehicle record (MVR), which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to Alliance Courier from Verified Credentials and other state agencies.

I hereby authorize procurement of my MVR. If qualified, this authorization shall remain on file and shall serve as ongoing authorization for Alliance Courier to procure such reports at any time during my employment. Alliance Courier's commercial auto insurer and agent will also use this information in conjunction with loss control, underwriting and safety review efforts.

Full Legal Name (Include Middle name)

Driver's License Number

Issuing State

Birth Date

Phone Number

Address

Have you had a license in another state?
If so, which state?

City

State

Zip

Date received current State license

Email address

Alliance Courier

Notification and Authorization to Release Criminal Information for Employment Purposes

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the count state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years.

I hereby authorize Alliance Courier to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Alliance Courier in collecting this information. I am also aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position.

Position Applied for: _____

Full Legal Name (Include Middle name)

Social Security Number

Other names used

Date of Birth

Other States you have lived in

Email address

Date you moved to current State

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with Alliance Courier. By signing below I hereby authorize, without reservation, Alliance Courier to conduct a criminal background check. I understand that I have a right to appeal an adverse employment decision made by Alliance Courier based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from Alliance Courier receipt of such appeal. I further acknowledge that a copy of this authorization, regardless of of format, shall be valid as the original.

Signature

Date

Employment Record

(Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

EMPLOYER NAME: _____

ADDRESS: _____ PHONE: _____

POSTION HELD: _____ FROM: _____ TO: _____ SALARY/WAGE: _____

REASON(S) FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON :

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

EMPLOYER NAME: _____

ADDRESS: _____ PHONE: _____

POSTION HELD: _____ FROM: _____ TO: _____ SALARY/WAGE: _____

REASON(S) FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON :

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

EMPLOYER NAME: _____

ADDRESS: _____ PHONE: _____

POSTION HELD: _____ FROM: _____ TO: _____ SALARY/WAGE: _____

REASON(S) FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON :

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Employment Record

EMPLOYER NAME: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY/WAGE: _____

REASON(S) FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON :

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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).

Applicants Signature

Date

OFFICE USE ONLY:

Application Received and Reviewed by:

Name

Date of Hire

Title

Date