

Alliance Courier - Duluth

Application for Employment (CMV-DOT)

6220 Grand Ave Duluth, MN 55807

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

IF THE ABOVE ADDRESS IS LESS THAN 3 YEARS PLEASE LIST PRIOR ADDRESSES BELOW

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE FROM: _____ DATE TO: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE FROM: _____ DATE TO: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE FROM: _____ DATE TO: _____

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, BUS, ETC.)	DATES (FROM AND TO)	APPROX. # OF MILES (TOTAL)

How did you hear of this job opportunity? _____

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

Email address

Date received current State license

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

Alliance Courier Request for Employment History

The Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____
Former Employer Name

Mailing Address

City/State/Zip

Phone # _____ Fax # _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant Signature _____ Date _____

REQUEST FROM: Annie Hall, Safety and Compliance Manager
Alliance Courier 1900 W. 94th St Bloomington, MN 55431
P: 952-224-9038 F: 952-224-9039

Name of Applicant: _____ SSN: _____
Job Applying for: _____

OFFICE USE ONLY

Did applicant work for you as a _____ from _____ to _____ YES or NO

If NO, please explain: _____

If employed as a driver, please answer the following: Company Driver? ___ Owner/Operator? ___ Other? ___

Type of truck(s) and/or truck/tractor(s) operated: _____

Accidents? YES or NO If YES, please give date(s) and brief description of accident: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES or NO If NO, please explain: _____

Additional Comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If YES please give dates _____

Verified positive controlled substances test results? YES or NO If YES please give dates _____

Refusals to be tested? YES or NO If YES please give dates _____

Was rehabilitation completed as required? YES or NO If YES please give dates _____

Person Providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Alliance Courier Request for Employment History

The Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____
Former Employer Name

Mailing Address

City/State/Zip

Phone # _____ Fax # _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant Signature _____ Date _____

REQUEST FROM: Annie Hall, Safety and Compliance Manager
Alliance Courier 1900 W. 94th St Bloomington, MN 55431
P: 952-224-9038 F: 952-224-9039

Name of Applicant: _____ SSN: _____

Job Applying for: _____

OFFICE USE ONLY

Did applicant work for you as a _____ from _____ to _____ YES or NO

If NO, please explain: _____

If employed as a driver, please answer the following: Company Driver? ___ Owner/Operator? ___ Other? ___

Type of truck(s) and/or truck/tractor(s) operated: _____

Accidents? YES or NO If YES, please give date(s) and brief description of accident: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES or NO If NO, please explain: _____

Additional Comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If YES please give dates _____

Verified positive controlled substances test results? YES or NO If YES please give dates _____

Refusals to be tested? YES or NO If YES please give dates _____

Was rehabilitation completed as required? YES or NO If YES please give dates _____

Person Providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Alliance Courier Request for Employment History

The Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____
Former Employer Name

Mailing Address

City/State/Zip

Phone # _____ Fax # _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant Signature _____ Date _____

REQUEST FROM: Annie Hall, Safety and Compliance Manager
Alliance Courier 1900 W. 94th St Bloomington, MN 55431
P: 952-224-9038 F: 952-224-9039

Name of Applicant: _____ SSN: _____

Job Applying for: _____

OFFICE USE ONLY

Did applicant work for you as a _____ from _____ to _____ YES or NO

If NO, please explain: _____

If employed as a driver, please answer the following: Company Driver? ___ Owner/Operator? ___ Other? ___

Type of truck(s) and/or truck/tractor(s) operated: _____

Accidents? YES or NO If YES, please give date(s) and brief description of accident: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES or NO If NO, please explain: _____

Additional Comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If YES please give dates _____

Verified positive controlled substances test results? YES or NO If YES please give dates _____

Refusals to be tested? YES or NO If YES please give dates _____

Was rehabilitation completed as required? YES or NO If YES please give dates _____

Person Providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Alliance Courier

Commercial Vehicle Driver Applicant Controlled Substance and Alcohol Questionnaire Pursuant to 49 CFR part 40.25

In the previous 3 years have you:

1. Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR part 382 or 49CFR part 40?

YES NO

2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605?

YES NO N/A

Check all that apply:

I had an alcohol test result of 0.04 or higher? YES NO N/A

I had a Verified Positive Drug Test? YES NO N/A

I refused to test (including verified adulterated or substituted drug test result)?
YES NO N/A

**If you answered YES to any of the above questions:

Have you successfully completed the return-to-duty process? YES NO

Documentation must be provided before any safety-sensitive transportation function is performed

Certification

I certify 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 false statements may result in refusal to hire or immediate termination.

Applicant Signature

Date signed