

Application for Qualification

Submit by Email

Company: Solar Transport Company
Address: 6400 Westown Parkway
West Des Moines, IA 50266

Phone: (800) 397-9015
Fax: (800) 353-5623

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Important Instructions

Falsification or omission of facts may result in disqualification. Answer all questions; do not leave any blanks empty. If an answer or information is "no," "none," or "non-applicable" then write "no," "none," or "N/A" in blank.

General Information

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

How did you hear about us?

Date/Time Field Company Driver Position Operator Position

Name
(First) (Middle) (Last)

Phone Number Cell Number Email Address

Age Date of Birth Social Security Number

Previous three years of addresses:

Current Address

Previous Address

Previous Address

Education

High School Name, Address Completed Years

Trucking School, Address Completed Years

College/University, Address Completed Years

Employment

Please list the name(s) of each (previous) employer(s) over the previous three years where the job requirements were subject to the Federal Motor Carrier Safety Regulations and US DOT alcohol and controlled substance testing requirements.

Employers

Employers

List the name and address of **EVERY** employer you have worked for or have been qualified to work for during the past ten years regardless of duration of employment. List must include every employer and fully account for the **ten year period** preceding the date of this application. Include additional sheets if necessary. If self-employed or un-employed please indicate time period and provide substantiating documentation. Remember: All blanks must be completed or explanation given

Indicate if you were subject to U.S. Department of Transportation alcohol and controlled substance testing requirements and the Federal Motor Carrier Regulations foreach employer by circling Yes or No as appropriate.

Employed From MO/YR to MO/YR Present/Most Recent Employer

Position Held Address

Reason for Leaving? Phone Number

Materials Hauled? Trailers Pulled? (with length)

Check box if you were subject to US Department of Transportation alcohol and controlled substances testing requirements and Federal Motor Carrier Regulations.

Previous Employer:

Employed From MO/YR to MO/YR Present/Most Recent Employer

Position Held Address

Reason for Leaving? Phone Number

Materials Hauled? Trailers Pulled? (with length)

Check box if you were subject to US Department of Transportation alcohol and controlled substances testing requirements and Federal Motor Carrier Regulations.

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Position Held Address

Reason for Leaving? Phone Number

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Check box if you were subject to US Department of Transportation alcohol and controlled substances testing requirements and Federal Motor Carrier Regulations.

Previous Employer:

Employed From MO/YR to MO/YR Present/Most Recent Employer

Position Held Address

Reason for Leaving? Phone Number

Materials Hauled? Trailers Pulled? (with length)

Check box if you were subject to US Department of Transportation alcohol and controlled substances testing requirements and Federal Motor Carrier Regulations.

Have you ever been convicted of a felony? Yes No

If answered yes, when?

If yes, please explain

Driver's License Information

How many Drivers Licenses have you held over the past 3 years?

Please list detail for all held licenses including: State, License Number, Type, Endorsements, and Expiration Date.

List each type of commercial motor vehicle you have operated.

Straight Truck , Dates of Operation, Approximate Miles

Tractor and Semi Trailer , Dates of Operation, Approximate Miles

Tractor and TwoTrailers, Dates of Operation, Approximate Miles

Other Equipment, Dates of Operation, Approximate Miles

States Operated in for the past five years

Special Training (Haz Mat, PTD/DDC, etc.)

Safe Driving Awards you hold from whom?

Accident Record

List ALL vehicle accidents and ANY incidents regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application.

Date of Accident and Vehicle Type

Nature of Accident

Location of Accident

of Fatalities?

of Injuries?

Date of Accident and Vehicle Type

Nature of Accident

Location of Accident

of Fatalities?

of Injuries?

Date of Accident and Vehicle Type

Nature of Accident

Location of Accident

of Fatalities?

of Injuries?

Have you **ever** been involved in an accident which resulted in your tractor/trailer being rolled or overturned?

 Yes

 No

List each denial, revocation or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

List

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier, DAC Services, and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier, DAC Services, and its agents or representatives seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) applicant has the following rights with regards to the safety performance history information provided by previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: Applicant has the right to review the records provided by your previous employers. Applicant must make a request to review in writing and submit it to prospective employer no later than thirty (30) days after employment begins or notification of employment is made. Applicant will be provided with the records within five (5) business days of receipt of the written request. If the prospective employer has not received the records at the time of request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If applicant fails to arrange pick up or receive the requested records within thirty (30) days of when they are first made available, then applicants right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If applicant believes there is an error in the records, applicant has the right to have previous employer correct the error. Send any requests for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify applicant within fifteen (15) days of receiving request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of applicant's safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provide is in error, applicant may rebut the disputed information in writing and send it to the previous employer with instructions to include rebuttal in applicants safety performance history file. Within 5 business daysof receiving your rebuttal,the previous employer must; forward a copy to the rebuttal to the prospective employer append the rebuttal to your safety performance information and include it as part of the response from any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. Applicant may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: Applicant may report failure of a previous employer to correct information or include rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I hereby certify that this application was completed by me and that the information provided is correct, complete and true representation of the facts as known to me the applicant.

Signature Field

Date/Time Field

DISCLOSURE AND RELEASE

In connection with your application for employment, and/or Annual review of your driving record, I understand that consumer reports which may contain public record information may be requested by DAC Services.

These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal record, etc., from federal, state and other agencies which maintain such records as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me which DAC has previously furnished with the three year period proceeding my request. I hereby consent to your obtaining the above information from DAC and I agree that such information which DAC has or obtains, and my employment history with the carrier if I am fired, and will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serves ongoing authorization for you to procure consumer reports and Motor Vehicle Records at any time during at any time my employment (or contract) period.

Applicant's
Name

Applicant's
Address

Signature Field

Applicant's SSN#

Applicant's Date
of Birth

Applicant's
License #

Pre-Employment Drug Testing

Notification and Consent

I understand that as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 342 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). I understand that if I test positive for use of controlled substances, I may not medically qualify to operate a commercial motor vehicle. I also understand that I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in § 40.37, without my written authorization.

I hereby agree to submit to a urine test.

Date

Applicant's
Name

Signature Field

RELEASE& DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j)

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency.

Testing rules during the past three (3) years.

Name Date/Time Field

Social Security Number

Applicant/Driver to answer items listed below:

During the past three (3) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

- Yes
- No

During the past three (3) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

- Yes
- No

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return- to - duty process required by Part 40 Subpart O.

Date/Time Field

Signature Field

Witness

Record keeping requirements: If "Yes" to either question -5 years retention.
If "No" to either question-discard after employment terminates.

Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting the information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reporting its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in the future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone whom has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinstated the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.
- You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.

This sheet should be given to the person being interviewed.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Solar Transport, 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 Solar Transport 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 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 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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/Time Field

Signature Field

Name

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers **should consult their own legal counsel** with respect to the proper format and content of this notice



Applicant Name Social Security # Date of Birth

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol and/or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and rehabilitation completion under direction of SAP/MRO) to each hand every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this 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 per 49 CFR Part 390 and 49 CFR Part 391.23(d)(1).

Signature Field Witness Signature Field

List the name of EVERY employer you have worked for or have been qualified to work for during the past 10 years regardless of duration of employment. This list must include every employer, even if you were self employed. Account for the 10 year period preceding the date of this application.

Employer

Requesting **Employer** to Complete

Previous Employer
City, State
Dates Worked for you

Previous **Company** to Complete

Confirmed Dates of Employment

Positions Held?

If Driver, please indicate what type of position held:

What type of equipment was operated?

- Local Driver
- Over The Road Driver
- Straight Truck
- Tractor Trailer (Reefer)
- Tractor Trailer (Van)
- Dump Truck
- Tractor Trailer (Flatbed)
- Tractor Trailer (Tanker)
- Tractor Trailer (Doubles/Triples)
- Bus

ACCIDENTS (Past 3 Years) :

Date of Accident DOT Recordable? Y/N City, ST # of Injuries # of Fatalities Haz Mat? Y/N
Accident Description

Date of Accident DOT Recordable? Y/N City, ST # of Injuries # of Fatalities Haz Mat? Y/N
Accident Description

Work Record Satisfactory? Yes/No
Eligible for Rehire? Yes/No Reason for Leaving?

SECTION I - TO BE COMPLETED BY EMPLOYEE

Name

Employee SSN# or ID#

Please list below the names of each previous employer over the previous 3 years where the job requirements were subject to The Federal Motor Carrier Safety Regulations and US DOT alcohol and controlled substance testing requirements.

Employers

I hereby authorize release of information from the Department of Transportation regulated drug and alcohol testing records by my previous employers, listed in section I-B, to the employer listed in section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40 and 49 Part 382. I understand that information to be released in *Section II-A* by my previous employers, is limited to the following DOT related testing items:

1. Alcohol tests with a result of .40 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol rule violation;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of return-to-duty process following a rule violation.

Signature Field

Date/Time Field

New Employer Name : **Solar Transport Company, 6400 Westown Parkway, West Des Moines, Iowa, 50266**

Phone: **515.457.6325** Fax: **515.221.9205**

Designated Employer Representative: **Bridget D. Nixon, Director of Safety**

SECTION II - TO BE COMPLETED BY PREVIOUS EMPLOYER

In providing this information, please include any required drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations.

In the THREE years prior to the date of the driver's signed waiver, for DOT regulated testing...

1. This person was employed in a safety sensitive function that required alcohol and controlled substance testing by 49 CFR Part 40? If "NO" skip the remainder of this section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. This person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. This person refused to submit to a post accident, random, reasonable suspicion, or follow up alcohol or controlled substance test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. This person committed other violations of Subpart B of Part 382 or Part 40	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. This person violated a DOT drug and alcohol regulation and completed an SAP prescribed rehabilitation program in our employ, including return to duty and follow up tests? (If "YES" please include documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ, but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Person Providing Information

Title

Signature Field

Date