

ALL DRIVERS MUST MEET THESE QUALIFICATIONS:

- 24 years of age or older
- NO felony convictions – ever at anytime
- NO drug or alcohol related history ever (DUIs and DWIs count)
- 2 years verifiable tractor/trailer experience
- MUST be able to back a 53’ trailer into a tight spot
- MUST have a home or cell phone and reliable transportation
- A fairly flexible schedule
- Must read and write English fluently (this is a DOT Regulation)
- NO more than 1 (ONE) moving violation on your current MVR

In order for your application to be processed you MUST fill out the application completely. Valid phone numbers and contact names for ALL previous employers, the type of tractor and trailer that you drove, the cargo that you hauled and your reason for leaving are required information.

If you meet these qualifications, we are a driver **recruiting** service. We hire for companies in the Metroplex that do not advertise or take applications. We accept applications on a daily basis and attempt to match drivers and their talents and preferences with companies where they will be a “good fit.” It sometimes takes a week or two of trial assignment to find the best combination of driver and company. We also maintain drivers for lease – to provide coverage for vacation, sick leave and jury duty, and temporary assignment to cover increased business and unexpected growth in our client companies. Our drivers work up to 60 hours per week generally with a combination of local and regional work.

We use DAC Services and personal contact for verification of past employment. If companies show on your DAC report that have not been included in your list of previous employers it is considered falsification of application and may prevent you from being considered for employment.

We do not hire everyone who applies, we select the person best qualified for the job and the best match for our client company.

Applicant’s Signature

Date



ABLE DRIVER STAFFING, INCORPORATED

909 S. GREAT SOUTHWEST PKWY, GRAND PRAIRIE, TEXAS 75051

Driver Pre-Employment Application

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a non-job related medical condition or disability. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. The Age Discrimination in Employment Act, 29 U.S.C. 623(f)(1) allows us to ask for your birthday. Title 1 provisions of The Americans with Disabilities Act of 1990 prohibit discrimination against qualified individuals with disabilities in job application procedures.

Personal Information

Name			SS# - -		
Address			Phone ()		
City	State	Zip	How Long?		
Previous Address if under 3 years					
City	State	Zip	How Long?		
Previous Address if under 3 years					
City	State	Zip	How Long?		
In case of emergency notify:			Relationship		
Address			Phone	Home ()	
City	State	Zip		Work ()	
Have you ever been employed by, or applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?					
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
DL #	State	DOB (m/d/y)		/ /	
Endorsements			Expires (m/d/y) / /		
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>					
When are you available to work? Full time? <input type="checkbox"/> Part time? <input type="checkbox"/> Temporary? <input type="checkbox"/> Starting? (m/d/y) / /					
Any restrictions on your work hours? Yes <input type="checkbox"/> No <input type="checkbox"/> Any physical condition that limits you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If YES, please include details and what can be done to accommodate your limitation					
Education: Highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 GED College 1 2 3 4 Grad School 1 2 3					
Name, dates attended, diploma/degree, and location of last school/high school/college you attended:					
List other specialty training or schools					
Armed Forces Branch		Dates		Rank at discharge	
Have you ever been convicted of a felony, dwi/dui, or the sale/use/possession of illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you on probation or parole? Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any criminal actions pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Completely explain any "Yes" answers:					
(conviction will not necessarily disqualify an applicant)					

Employment History

Applicants to drive a commercial motor vehicle having a GVWR of 26,001 pounds or more, designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding, in interstate or intrastate commerce must provide the following information on all employers for the preceding ten (10) years. **Start with your most recent employer** and list in reverse order by dates employed.

Current/Most Recent Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Second Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Third Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Fourth Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	

Employment History (continued)

Fifth Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Sixth Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Seventh Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	
Eight Prior Employer		From (mo/yr)
Address		To (mo/yr)
City, State, Zip		Phone ()
Position(s) Held		Contact
Were you subject to FMCSR's while employed by this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this job designated as a safety sensitive function, subject to drug and alcohol testing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary/Wage	Reason for Leaving <small>(Be specific: accident, wage dispute, etc.)</small>	
Cargo	Tractors	Transmissions
Trailers	Areas of Operation	

Ask for another sheet if required

ABLE DRIVER STAFFING, INCORPORATED

909 S. GREAT SOUTHWEST PKWY, GRAND PRAIRIE, TEXAS 75051

Applicant Certification of 30-Days in Employment (Or Military Driving Experience, if applicable)

Section 1:

Gap Dates		Reason for Gaps of 30-Days or More
From:	To;	
From:	To:	
From:	To:	
From:	To:	
From:	To:	
From:	To;	

Section 2: (if applicable)

While in the military, I was trained on and operated (list type) _____ of equipment for _____ years/months. I have requested ? I have not requested a copy of my DD214 or DA Form 1059 or DD Form 2589 to verify this information.

This is to verify that the above information is true and accurate. **NOTE:** Falsification of this information is cause for NON-HIRING or TERMINATION, if employed

APPLICANT SIGNATURE

DATE

Driving History

Applicants to drive a commercial motor must report: 1. Facts and circumstances of **any** suspension, denial, or revocation of any license, permit or privilege to operate a motor vehicle that has been issued to the applicant, 2. All motor vehicle accidents for the last three (3) years, and 3. All violations of motor vehicle laws or ordinances in which the applicant was convicted or forfeited bond within the last three (3) years.

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					
Has any license, permit or privilege to operate a motor vehicle ever been suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					
Accident record for the past 3 years					
Date	Nature of Accident <small>(Upset, Rear-End, Head-On, etc)</small>	Preventable or Non-preventable?	Number of Injuries	Fatalities	Amount of Property Damage
Traffic convictions and forfeitures for the past five (5) years, other than parking violations. If none, write "None"					
Date	Location	Charge	Penalty		
Have you ever made a Workman's Compensation Claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.					
Have you ever tested positive for a controlled substance during a routine drug screen?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever refused to submit to a routine drug screen or a breath alcohol test?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you be willing to take a physical examination? Yes <input type="checkbox"/> No <input type="checkbox"/>			Drug Screen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What Kind of work are you looking for? What are you qualified for by Endorsement? What's your experience?					
<input type="checkbox"/> Single		<input type="checkbox"/> Teams		<input type="checkbox"/> Local	
<input type="checkbox"/> Short haul		<input type="checkbox"/> OTR		<input type="checkbox"/> Flat Bed	
<input type="checkbox"/> Reefer		<input type="checkbox"/> Doubles/Triples		<input type="checkbox"/> Willing to Unload	
<input type="checkbox"/> Hazmat		<input type="checkbox"/> Tanker		<input type="checkbox"/> Passenger	
Which hours are you willing to work? When are you NOT available?					

Certification of Correctness and Permission for Reference Checks and Payroll Deduction of Drug Screen or Other Charges

I certify that this application was completed by me, and all information submitted in this application is true and correct. I understand that submitting false statements or false information, including falsification by omission, on this application will be cause for immediate termination of any employment that might be offered by Able Driver Staffing, Incorporated (ADSI), and accepted by me.

I understand that if I am offered employment after submission of this application, I will be required to submit a urine sample for controlled substances testing, that it will be at my expense, with the company doctor, and that fees will be deducted from my first paycheck and reimbursed to me by ADSI after 90 days of employment by the company.

I understand that if I am employed by ADSI that I may not abandon clients' equipment or load, or use clients' equipment illegally under any interpretation of the law, and that if I do abandon equipment or load, or operate the equipment illegally I will be financially responsible for any such abandonment or illegal use, and that costs resulting from my abandonment or illegal use of clients' equipment may be deducted from my wages, and that ADSI will be the sole judge of whether abandonment or illegal use has occurred. I further understand that if I engage in any illegal activity under any interpretation of any State or Federal statute or regulation while on duty for ADSI that I will be terminated without notice and without recourse.

I understand that if I am employed by ADSI, during the course of my employment by ADSI I may be required or permitted to draw funds from ADSI for expenses and/or personal use. I agree to supply receipts for any approved expenses related to my employment, and I agree to reimburse by payroll deduction any funds advanced to me in excess of approved expenses or for personal use, whether by ADSI or third party (COM/EFS Check) transfer.

I understand that ADSI is classified by the Texas Workforce Commission as a Temporary Help firm, and that in accordance with Section 207.045(h) of the Texas Unemployment Compensation Act if I am employed by ADSI that:

- 1.) I am required to contact ADSI on completion of assignments, no later than the day following the last day worked,
- 2.) I am required to contact ADSI daily for work assignments, and
- 3.) Unemployment benefits may be denied if I fail to do so.

In connection with my application for employment with ADSI, I understand that a consumer report that may contain public record information is being requested from DAC Services, Tulsa, OK, or a similar reporting agency (Reporting Agency). This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, and other information.

I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, etc., from Federal, State, and other agencies which maintain such records as well as information from a Reporting Agency concerning: 1) previous driving record requests made from such State agencies, 2) State provided driving record, and/or 3) claims involving me in the files of insurance companies.

I hereby grant my consent to ADSI for obtaining the above information from a Reporting Agency, and I agree that such information that a Reporting Agency has or obtains, and my employment history with ADSI, if I am employed, will be supplied by such Reporting Agency to other companies which subscribe to Reporting Agency services.

I also understand and consent that ADSI may request for employment screening purposes, any public record information on me from any Federal, State, County, or City Office or Agency; and that any public information obtained on me will be considered included in my ADSI records.

I authorize without reservation, any Party or Agency contacted by ADSI and/or any Reporting Agency acting on ADSI's behalf, to furnish the above mentioned information.

I understand that I have a right to make a request to any Reporting Agency used by ADSI, upon proper identification, the nature and substance of all information in its files on me at the time of my request; the source of the information; the recipients of any reports on me which the Reporting Agency has previously furnished within the two (2) year period preceding my request.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Social Security Number

Release for Controlled Substances Testing

To: Able Driver Staffing, Incorporated

From: _____
Printed Applicant Name

- A. I voluntarily consent to submit to urine tests if requested by you, in conformance with Department of Transportation (DOT) regulations (49 C.F.R. Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT Regulations (49 C.F.R. Parts 391 and 40).

I give permission to you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100 E. Ave., Suite 200, Tulsa, OK 74146, (916) 664-9991, the information obtained from such tests or the fact that I refused to take such test. I hereby authorize you, your Medical Review Officer or DAC Services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company, or agent my express, written permission. I further give you permission to provide any State or Federal agency with the information obtained from such tests if you are required by law to do so.

- B. I hereby give my voluntary consent for DAC Services, any previous employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:

1. The types of controlled substances testing for which I submitted a urine specimen.
2. The date of such collection.
3. The location of such collection.
4. The identity of person or entity:
 - I. Performing the collection
 - II. Analyzing the specimens, and
 - III. Serving as the Medical Review Officer
5. Whether the test finding was "positive" or "negative" and, if "positive," the controlled substances identified in any positive test.

- C. If I am unable to pay for the drug test charges at the time of the test, I agree that ADSI may pay the charges, that ADSI may deduct reasonable drug test charges from my first pay check, that ADSI may reimburse me for these charges after 90 calendar days of continuous employment with ADSI, and that there will be no reimbursement of these charges if I am employed with ADSI for less than 90 days.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this release to those identified in the preceding paragraphs.

I certify that I have read, understand, and agreed to all of the provisions of this release.

Applicant Signature

Company Witness

Applicant Print Name

Able Driver Staffing, Incorporated

Company

Social Security Number

Company DAC Number

Date

Date

Request for Information from Previous Employer



ABLE DRIVER STAFFING, INCORPORATED
909 S. GREAT SOUTHWEST PKWY
GRAND PRAIRIE, TEXAS 76051
(972) 647-2000 • FAX (972) 602-7177

Date: _____

I hereby authorize Able Driver Staffing, Inc. to investigate my background, prior work history, including any and all results from drug and alcohol testing (screening) in accordance with regulations of the Federal Highway Administration (FHWA), title 49, sections 382.405, 382.413, 383.35, 391.23, and 391.27.

 Witness Signature Applicant Signature
Applicant: Do not write below this line.

Will you kindly reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence, and we will gladly reciprocate should you make a similar request.

TO: _____ FAX: _____

Mr./Ms. _____ SS# _____ has
 made application to this company for a position as TRUCK DRIVER and states that he/she was employed by you
 from _____ to _____ . (_____ to _____)
Please correct these dates if necessary.

1. Is employment record with your company correct as stated above? Yes No
2. Did this person drive motor vehicles for you? Yes No
 Straight Truck? Tractor-Trailer? Other? _____
3. Did this person drive for you during his/her entire tenure with your company? Yes No
 If "No," for what period did he/she actually drive? from _____ to _____
4. Was this person a safe and efficient driver? Yes No
 Dates of any accidents: _____
5. Did this person have custody of money or valuables? Yes No
6. Did this person receive Workman's Compensation at any time? Yes No
7. Reason for leaving your employ? Discharged? Laid Off? Resigned?
8. Eligible for re-hire? Yes No
 Quality of work Excellent Good Fair Poor
 Safety habits Excellent Good Fair Poor
 Driving skills Excellent Good Fair Poor

FMCSA REQUIRES that we ask for, and REQUIRES that you provide, the following information:

- Was this person subject to FMCSR's while employed by you? Yes No
 Was this person's job designated as a safety sensitive function, subject to drug and alcohol testing? Yes No

Within the last three (3) years:

- Has this person tested positive for a controlled substance? Yes No
 Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes No
 Has this person refused a required test for drugs or alcohol? Yes No
 Has this person violated other DOT agency drug and/or alcohol testing regulation(s)? Yes No

IF YES to any of the above questions, and if this person successfully completed DOT return to work requirements, give the Substance Abuse Professional's name, address and phone number.

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Date: _____ By (signature): _____

FMCSA also REQUIRES that you provide to us information on any DOT agency drug and/or alcohol testing violations that you have received from this person's previous employers (within the last three years) who were required to perform DOT drug and alcohol testing.

- Are you in the possession of any such information? Yes No
 Are you sending it to us? Not applicable Yes No

(Former Employer Printed Name, Title and Signature)

(Date)

Employment Checklist

Applicant: _____ Date: _____

Interviewed By: _____

<input type="checkbox"/> Application Complete	<input type="checkbox"/> Copy DL, Med & SS Card	<input type="checkbox"/> Signatures Checked	
Med card Expires		DL Expires	
<input type="checkbox"/> I-9	<input type="checkbox"/> W-4	<input type="checkbox"/> Hand Book	
<input type="checkbox"/> MVR	<input type="checkbox"/> Criminal Check	<input type="checkbox"/> DAC	WCH
Work Experience & Preferred			
<input type="checkbox"/> Endorsements	<input type="checkbox"/> Local	<input type="checkbox"/> Reefer	<input type="checkbox"/> Wide Loads
<input type="checkbox"/> Hazmat	<input type="checkbox"/> Short Haul	<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Used Tarps
<input type="checkbox"/> Tanker (Dry Pneumatic)	<input type="checkbox"/> OTR	<input type="checkbox"/> Roll off	<input type="checkbox"/> Containers
<input type="checkbox"/> Doubles/Triples	<input type="checkbox"/> Willing to Unload	<input type="checkbox"/> Teams	<input type="checkbox"/> YES <input type="checkbox"/> Training <input type="checkbox"/> Smoker <input type="checkbox"/> Non
<input type="checkbox"/> Willing to fly	<input type="checkbox"/> Fork Lift <input type="checkbox"/> Pig/Back	<input type="checkbox"/> Yard Dog	<input type="checkbox"/> End Dump
Contacts			
<input type="checkbox"/> Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	
<input type="checkbox"/> Fax	<input type="checkbox"/> Alt. Phone	<input type="checkbox"/> Work (P/T)	
Hours/Days Willing to Work			
<input type="checkbox"/> Monday-Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sundays	
<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Reliable Transportation	

Can you back a 53 foot trailer into tight spaces up ramps? _____

Notes: