

# Liquid Transport Corp

## Application or Qualification Record for Independent Contractor Position



Terminal Number \_\_\_\_\_

Company or O/O \_\_\_\_\_

Name \_\_\_\_\_

Phone (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Current Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If at above residence less than three years, list below all residence for past three years. Attach a separate sheet if necessary.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position applying for: \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear of this opportunity/opening? \_\_\_\_\_ Rate of Pay expected \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Have you ever been known by another name? \_\_\_\_\_ If so, under what name \_\_\_\_\_

Do you have relatives employed/leased by this company? \_\_\_\_\_ If so, identify name(s) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, what was your last day worked? \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you on layoff and subject to recall? \_\_\_\_\_

In case of an emergency, notify (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

For administrative/supervisory positions only, do you have a High School Diploma/GED ? Yes \_\_\_\_\_ No \_\_\_\_\_

Last school attended \_\_\_\_\_  
Name Address

High School \_\_\_\_\_  
Name Address

### GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you currently have any pending criminal charges? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes to either question, please explain fully on a separate sheet of paper. Conviction of a crime, or a pending charge, is not an automatic bar to employment/qualification. All circumstances will be considered.

### SKILLS AND QUALIFICATIONS

Summarize special skills and qualification acquired from employment or other experiences that may qualify you to work with our company. (Attach separate sheet, if more space is needed)

\_\_\_\_\_  
\_\_\_\_\_

Are you presently able to perform all of the essential duties of the job for which you have applied? \_\_\_\_\_

If no, please describe all duties you are unable to perform and tell what may be done to accommodate you:  
\_\_\_\_\_  
\_\_\_\_\_

**Answer questions in this section only if applying for driver position.  
DRIVING EXPERIENCE AND QUALIFICATIONS.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth  
(month/day/year)  
Have you been granted a *Waiver of a Physical Disqualification* issued under 49 CFR 391.49? Yes \_\_\_ No \_\_\_ If yes, attach copy.  
Social Security No. \_\_\_\_\_

**DRIVER LICENSES Identify current license and all licenses held during prior *three* years.**

State	License No.	Type	Expiration Date

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked within the last ten years? Yes \_\_\_ No \_\_\_  
 C. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
 D. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test for the past 2 years? Yes \_\_\_ No \_\_\_  
**If you answered, "yes" to A, B, C, or D attach a statement giving details.**

**DRIVING EXPERIENCE.**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tanker				
Other				

List states operated in during last five years.  
\_\_\_\_\_

**ACCIDENT REVIEW FOR PAST THREE YEARS Attach separate sheet of paper if more space is needed.**

Dates	Description of Accident	Fatalities	Injuries
Last Accident ____/____/____			
Next Previous ____/____/____			
Next Previous ____/____/____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS (Other than parking violations)  
Attach separate sheet of paper if more space is needed**

Location	Date	Charge	Penalty

**EMPLOYMENT/WORK RECORD**

The U.S. Department of transportation requires that driver applicants show all employment/work history for the ten (10) years immediately preceding their application. Applicants for other positions must show all employment for the past five years.

Start with **last or current position**, including military experience and work back (Attach a separate sheet of paper if necessary)

Current employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

**EMPLOYMENT/WORK RECORD, continued**

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

REFERENCES			
List 3 non-relatives who we may contact for a reference, other than those listed in employment history.			
Name	Address & Telephone #	Nature of Relationship	Years known

Answer the questions in this section only if applying for maintenance position.

**MAINTENANCE EXPERIENCE AND QUALIFICATIONS**

List courses, training, and certifications in maintenance work \_\_\_\_\_

**JOB FUNCTION**

Indicate training and experience in the following Job Functions	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer, tank, van Repair			Cooling System		
Air Conditioning			Inspections		
			HM 183 Qualified		

**SHOP EQUIPMENT**

Indicate training and experience with the following equipment	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			MIG & TIG Welding, Alum, Mild Steel, S/S		

Answer the questions in this section only if applying for Clerical/Administrative position.

**CLERICAL/ADMINISTRATIVE EXPERIENCE AND QUALIFICATIONS**

List courses and formal training in office work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate training and years of experience in the following. Comment where necessary.

Area	Exper.	Comments	Area	Exper.	Comments
Typing			Microsoft Office	XXXX	
Data Entry			• Word		
Calculator (10 key)			• Excel		
Billing			• Access		
Collections			• Powerpoint		
Accounting			• Outlook		

PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION

I certify that I have read, understood, and personally completed all of this application. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, will be justification for refusal of employment or of a contractor agreement, or if already employed or contracted, terminated from the company's employ or from the company's Independent Contractor program.

In consideration of my application, I authorize this Company and/or its agents to conduct a thorough investigation of my past employment history, education, character and mode of living, and release this Company, including its officers, employees, agents, and representatives, from all liability or responsibility related to this investigation including, but not limited to, the performance of drug tests or medical examinations, reference checks, credit or consumer investigations, and criminal and driving histories.

I authorize all of my present and former employers and those individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for damages arising from furnishing the requested information. I understand that as an applicant for a position with this Company, or as an Independent Contractor with this Company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

I am aware that I have the following rights: to review information provided by previous employers; to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

I understand that as a condition of employment, or as a condition of working as an Independent Contractor, I maybe required to undergo and successfully pass a screening for alcohol and/or drugs. I agree and consent to give specimens of blood, breath, hair, urine and/or saliva to any medical facility, laboratory, medical personnel, or any other person authorized by the Company to receive any such specimen. I acknowledge that these specimens shall be used to detect the presence, or prior use of, alcohol, marijuana and other narcotics or drugs in my body. I hereby consent to allowing disclosure to the Company or its agents the results of any such alcohol or drug screening that I may be required to undergo. The results of such tests will be considered in determining my suitability for employment or as an Independent Contractor for this Company.

I agree that, as a condition of my employment, or as an Independent Contractor for the Company, if I am directly or indirectly involved in a work related accident, or if the Company believes I may be under the influence of drugs or alcohol, or if I am randomly selected through the drug and alcohol testing program, I will give specimens of my blood, breath, hair, urine and/or saliva for the purpose of testing for the presence or prior use of drugs or alcohol. I consent and agree that if any such test and confirming test results are positive, the Company shall have the right to discharge me, or cancel my Independent Contractor agreement, whichever applies.

In consideration of the Company's provision of its facilities for my convenience, I agree that I will not use them for the purpose of possessing, using, buying, or selling drugs and/or alcohol, or for any other illegal purpose. Therefore, I give my consent to searches of lockers, desks, lunch boxes, briefcases, containers, drawers, parking lots, automobiles, trucks, handbags, and any and all other property which may be either provided to me by the Company or which I bring with me onto Company property. I acknowledge that the right to search these items is expressly given to the Company for searches conducted for these reasons on Company premises.

I understand that I must satisfactorily serve a trial period before becoming eligible for certain benefits of the Company, and if I am an Independent Contractor, these benefits will be set forth in my Independent Contractor Agreement. I further understand that, as an Independent Contractor, I am not entitled to, or will have extended to me, the same benefits as I would if I were an employee of the Company.

If I am offered and accept employment with the Company, or an Independent Contactor arrangement with the Company, I understand that it can be terminated with or without cause or notice, at any time, at the option of either the Company or me. I agree to abide by all the rules, policies and procedures of the Company. I further understand that no manager or representative of the Company, other than the Director of Human Resources has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the individual designated above.

I understand that this application will only be considered for thirty (30) days, and if am not employed by the Company during that period, or if I do not enter into an Independent Contractor Agreement within this time frame, it will be necessary for me to file a new application form with the Company to be further considered.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION TO  
OBTAIN CONSUMER REPORT**

I understand that Liquid Transport Corp in connection with my application for employment or for work as an Independent Contractor may obtain a consumer report on me as part of the application process. This report may include, but is not limited to, criminal history information and records of civil lawsuits in which I am or have been involved.

Information obtained as part of this consumer report will be used solely to determine my eligibility for employment or for an Independent Contractor Agreement with Liquid Transport Corp.

In the event that the information in the report is being considered, in whole or in part, in making an adverse decision with regard to potential work as an employee or an Independent Contractor with Liquid Transport Corp, I understand that I will be provided with a copy of the report and a description of my rights under the federal Fair Credit Reporting Act before the adverse decision is made.

My signature below authorizes Liquid Transport Corp to obtain a consumer report concerning me and acknowledges receipt of a copy of a summary of my rights under the Fair Credit Reporting Act.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for six (6) months from the date signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Home Street Address

\_\_\_\_\_  
Current Home Telephone Number  
(with Area Code)

\_\_\_\_\_  
City, State, Zip Code

Under California law, the consumer reports we order on you for contract purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. You have a right to receive a free copy of the consumer report by making a written request to Liquid Transport Corp not later than sixty (60) days after receipt of any adverse action notice from our company. You also have the right to dispute information contained on the consumer report with the consumer reporting agency, HireRight, located at P.O. Box 33181, Tulsa, Oklahoma 74153, 800-381-0645. HireRight is required to have personnel available to explain to you the information contained in the consumer report, and you may dispute any adverse information contained in the report to HireRight. A copy of your consumer rights under Section 1786.22 of the California Civil Code is attached hereto for your further review. Please be advised that HireRight did not make the decision to take any adverse action against you, nor can it provide you with any information as to any adverse action taken by Liquid Transport Corp.

<b>To: Drug Records Dept 1-800-322-5298</b>	<b>From:</b> _____ (Company Contact Name)	
<b>HireRight</b>	_____ (Company Name)	
<b>Use Fax 9 800-267-4093 (Manual Service)</b>	<b>Fax #:</b>	
<b>Use Fax # 800-257-8069 (If Database Retrieval)</b>	<b>HireRight Customer #:</b>	<b>HireRight Sub-account:</b>

**PART I - DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to HireRight for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years (i) alcohol tests with a result of 0.04 or higher, (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized HireRight to review involves tests required by DOT. If any carrier (company/school) listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Telephone Number

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

<b>Print Applicant Name:</b>	<b>Applicant Signature:</b>
<b>Social Security No:</b>	<b>Date:</b>

**PART II - CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from HireRightCommercial Services ("HireRight"). These reports may include the following types of information: names and data of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that HireRight has previously furnished within the three-year period preceding your request. HireRight may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

**1 AUTHORIZE WITHOUT RESERVATION HIRERIGHT, AND ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT, TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

I hereby consent to your obtaining the above information from HireRight and I agree that such information which HireRight has or obtains, and my employment history (**not DOT drug and alcohol information without a specific consent by me**) with you if I am hired, will be supplied by HireRight to other companies that subscribe to HireRight. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part 11 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.



**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

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

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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:

**2. I authorize \_\_\_\_\_ (“Prospective Employer”) 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.**

3. 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

# Liquid Transport Corp

## Application or Qualification Record for Independent Contractor Position



Terminal Number \_\_\_\_\_

Company or O/O \_\_\_\_\_

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Current Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If at above residence less than three years, list below all residence for past three years. Attach a separate sheet if necessary.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position applying for: \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear of this opportunity/opening? \_\_\_\_\_ Rate of Pay expected \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Have you ever been known by another name? \_\_\_\_\_ If so, under what name \_\_\_\_\_

Do you have relatives employed/leased by this company? \_\_\_\_\_ If so, identify name(s) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, what was your last day worked? \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you on layoff and subject to recall? \_\_\_\_\_

In case of an emergency, notify (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

For administrative/supervisory positions only, do you have a High School Diploma/GED ? Yes \_\_\_\_\_ No \_\_\_\_\_

Last school attended \_\_\_\_\_  
Name Address

High School \_\_\_\_\_  
Name Address

### GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you currently have any pending criminal charges? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes to either question, please explain fully on a separate sheet of paper. Conviction of a crime, or a pending charge, is not an automatic bar to employment/qualification. All circumstances will be considered.

### SKILLS AND QUALIFICATIONS

Summarize special skills and qualification acquired from employment or other experiences that may qualify you to work with our company. (Attach separate sheet, if more space is needed)

\_\_\_\_\_  
\_\_\_\_\_

Are you presently able to perform all of the essential duties of the job for which you have applied? \_\_\_\_\_

If no, please describe all duties you are unable to perform and tell what may be done to accommodate you:

\_\_\_\_\_

**Answer questions in this section only if applying for driver position.  
DRIVING EXPERIENCE AND QUALIFICATIONS.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth  
(month/day/year)  
Have you been granted a *Waiver of a Physical Disqualification* issued under 49 CFR 391.49? Yes \_\_\_ No \_\_\_ If yes, attach copy.  
Social Security No. \_\_\_\_\_

**DRIVER LICENSES Identify current license and all licenses held during prior *three* years.**

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked within the last ten years? Yes \_\_\_ No \_\_\_  
 C. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
 D. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test for the past 2 years? Yes \_\_\_ No \_\_\_

**If you answered, "yes" to A, B, C, or D attach a statement giving details.**

**DRIVING EXPERIENCE.**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tanker				
Other				

List states operated in during last five years.  
\_\_\_\_\_

**ACCIDENT REVIEW FOR PAST THREE YEARS Attach separate sheet of paper if more space is needed.**

Dates	Description of Accident	Fatalities	Injuries
Last Accident ____/____/____			
Next Previous ____/____/____			
Next Previous ____/____/____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS (Other than parking violations)**

**Attach separate sheet of paper if more space is needed**

Location	Date	Charge	Penalty

**EMPLOYMENT/WORK RECORD**

The U.S. Department of transportation requires that driver applicants show all employment/work history for the ten (10) years immediately preceding their application. Applicants for other positions must show all employment for the past five years.

Start with **last or current position**, including military experience and work back (Attach a separate sheet of paper if necessary)

Current employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:		Phone:	
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

**EMPLOYMENT/WORK RECORD, continued**

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:			Phone:
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:			Phone:
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:			Phone:
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:			Phone:
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

Previous employer/lessor:		Supervisor's name:	
Address w/city & state:			Phone:
Position held:	Salary:	From:	To:
Were you subject to FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Alcohol & Drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving:			

REFERENCES			
List 3 non-relatives who we may contact for a reference, other than those listed in employment history.			
Name	Address & Telephone #	Nature of Relationship	Years known

Answer the questions in this section only if applying for maintenance position.

**MAINTENANCE EXPERIENCE AND QUALIFICATIONS**

List courses, training, and certifications in maintenance work \_\_\_\_\_

**JOB FUNCTION**

Indicate training and experience in the following Job Functions	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer, tank, van Repair			Cooling System		
Air Conditioning			Inspections		
			HM 183 Qualified		

**SHOP EQUIPMENT**

Indicate training and experience with the following equipment	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			MIG & TIG Welding, Alum, Mild Steel, S/S		

Answer the questions in this section only if applying for Clerical/Administrative position.

**CLERICAL/ADMINISTRATIVE EXPERIENCE AND QUALIFICATIONS**

List courses and formal training in office work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate training and years of experience in the following. Comment where necessary.

Area	Exper.	Comments	Area	Exper.	Comments
Typing			Microsoft Office	XXXX	
Data Entry			• Word		
Calculator (10 key)			• Excel		
Billing			• Access		
Collections			• Powerpoint		
Accounting			• Outlook		

PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION

I certify that I have read, understood, and personally completed all of this application. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, will be justification for refusal of employment or of a contractor agreement, or if already employed or contracted, terminated from the company's employ or from the company's Independent Contractor program.

In consideration of my application, I authorize this Company and/or its agents to conduct a thorough investigation of my past employment history, education, character and mode of living, and release this Company, including its officers, employees, agents, and representatives, from all liability or responsibility related to this investigation including, but not limited to, the performance of drug tests or medical examinations, reference checks, credit or consumer investigations, and criminal and driving histories.

I authorize all of my present and former employers and those individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for damages arising from furnishing the requested information. I understand that as an applicant for a position with this Company, or as an Independent Contractor with this Company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

I am aware that I have the following rights: to review information provided by previous employers; to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

I understand that as a condition of employment, or as a condition of working as an Independent Contractor, I maybe required to undergo and successfully pass a screening for alcohol and/or drugs. I agree and consent to give specimens of blood, breath, hair, urine and/or saliva to any medical facility, laboratory, medical personnel, or any other person authorized by the Company to receive any such specimen. I acknowledge that these specimens shall be used to detect the presence, or prior use of, alcohol, marijuana and other narcotics or drugs in my body. I hereby consent to allowing disclosure to the Company or its agents the results of any such alcohol or drug screening that I may be required to undergo. The results of such tests will be considered in determining my suitability for employment or as an Independent Contractor for this Company.

I agree that, as a condition of my employment, or as an Independent Contractor for the Company, if I am directly or indirectly involved in a work related accident, or if the Company believes I may be under the influence of drugs or alcohol, or if I am randomly selected through the drug and alcohol testing program, I will give specimens of my blood, breath, hair, urine and/or saliva for the purpose of testing for the presence or prior use of drugs or alcohol. I consent and agree that if any such test and confirming test results are positive, the Company shall have the right to discharge me, or cancel my Independent Contractor agreement, whichever applies.

In consideration of the Company's provision of its facilities for my convenience, I agree that I will not use them for the purpose of possessing, using, buying, or selling drugs and/or alcohol, or for any other illegal purpose. Therefore, I give my consent to searches of lockers, desks, lunch boxes, briefcases, containers, drawers, parking lots, automobiles, trucks, handbags, and any and all other property which may be either provided to me by the Company or which I bring with me onto Company property. I acknowledge that the right to search these items is expressly given to the Company for searches conducted for these reasons on Company premises.

I understand that I must satisfactorily serve a trial period before becoming eligible for certain benefits of the Company, and if I am an Independent Contractor, these benefits will be set forth in my Independent Contractor Agreement. I further understand that, as an Independent Contractor, I am not entitled to, or will have extended to me, the same benefits as I would if I were an employee of the Company.

If I am offered and accept employment with the Company, or an Independent Contactor arrangement with the Company, I understand that it can be terminated with or without cause or notice, at any time, at the option of either the Company or me. I agree to abide by all the rules, policies and procedures of the Company. I further understand that no manager or representative of the Company, other than the Director of Human Resources has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the individual designated above.

I understand that this application will only be considered for thirty (30) days, and if am not employed by the Company during that period, or if I do not enter into an Independent Contractor Agreement within this time frame, it will be necessary for me to file a new application form with the Company to be further considered.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION TO  
OBTAIN CONSUMER REPORT**

I understand that Liquid Transport Corp in connection with my application for employment or for work as an Independent Contractor may obtain a consumer report on me as part of the application process. This report may include, but is not limited to, criminal history information and records of civil lawsuits in which I am or have been involved.

Information obtained as part of this consumer report will be used solely to determine my eligibility for employment or for an Independent Contractor Agreement with Liquid Transport Corp.

In the event that the information in the report is being considered, in whole or in part, in making an adverse decision with regard to potential work as an employee or an Independent Contractor with Liquid Transport Corp, I understand that I will be provided with a copy of the report and a description of my rights under the federal Fair Credit Reporting Act before the adverse decision is made.

My signature below authorizes Liquid Transport Corp to obtain a consumer report concerning me and acknowledges receipt of a copy of a summary of my rights under the Fair Credit Reporting Act.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for six (6) months from the date signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Home Street Address

\_\_\_\_\_  
Current Home Telephone Number  
(with Area Code)

\_\_\_\_\_  
City, State, Zip Code

Under California law, the consumer reports we order on you for contract purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. You have a right to receive a free copy of the consumer report by making a written request to Liquid Transport Corp not later than sixty (60) days after receipt of any adverse action notice from our company. You also have the right to dispute information contained on the consumer report with the consumer reporting agency, HireRight, located at P.O. Box 33181, Tulsa, Oklahoma 74153, 800-381-0645. HireRight is required to have personnel available to explain to you the information contained in the consumer report, and you may dispute any adverse information contained in the report to HireRight. A copy of your consumer rights under Section 1786.22 of the California Civil Code is attached hereto for your further review. Please be advised that HireRight did not make the decision to take any adverse action against you, nor can it provide you with any information as to any adverse action taken by Liquid Transport Corp.



<b>To: Drug Records Dept 1-800-322-5298</b>	<b>From:</b> _____ (Company Contact Name)	
<b>HireRight</b>	_____ (Company Name)	
<b>Use Fax 9 800-267-4093 (Manual Service)</b>	<b>Fax #:</b>	
<b>Use Fax # 800-257-8069 (If Database Retrieval)</b>	<b>HireRight Customer #:</b>	<b>HireRight Sub-account:</b>

**PART I - DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to HireRight for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years (i) alcohol tests with a result of 0.04 or higher, (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized HireRight to review involves tests required by DOT. If any carrier (company/school) listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Telephone Number

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

<b>Print Applicant Name:</b>	<b>Applicant Signature:</b>
<b>Social Security No:</b>	<b>Date:</b>

**PART II - CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from HireRightCommercial Services ("HireRight"). These reports may include the following types of information: names and data of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that HireRight has previously furnished within the three-year period preceding your request. HireRight may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

**1 AUTHORIZE WITHOUT RESERVATION HIRERIGHT, AND ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT, TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

I hereby consent to your obtaining the above information from HireRight and I agree that such information which HireRight has or obtains, and my employment history (**not DOT drug and alcohol information without a specific consent by me**) with you if I am hired, will be supplied by HireRight to other companies that subscribe to HireRight. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part 11 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

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

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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:

**2. I authorize \_\_\_\_\_ (“Prospective Employer”) 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.**

3. 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

**LIQUID TRANSPORT CORP  
Inquiry To Past Employers**



**(Fax to: Corp Safety at 317-841-7420 or  
Email to: [safety@liquidtransport.com](mailto:safety@liquidtransport.com))**

<b>FROM:</b> <i>Prospective Employer</i>	<b>TO:</b> <i>Previous Employer</i>		
Liquid Transport Corp	Company:		
8470 Allison Pointe Blvd, St. 400	Street:		
Indianapolis, IN 46250	City:	State:	Zip:
Phone: (800) 942-3175	Phone: ( )	Fax: ( )	

**Personnel Manager:** The person named below has applied for employment. Your firm was listed as a past employer. Note below that the applicant has waived all liability against your company and its agents for any information supplied as a result of this **two (2) page inquiry**.

A quick response is greatly appreciated. Thank you.

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Job Applied for: \_\_\_\_\_

1. This applicant lists dates of employment with your firm from: \_\_\_\_\_ to \_\_\_\_\_. Is this correct? Yes  No  If no, please explain. \_\_\_\_\_

2. What kind(s) of work did he/she do? Driver  (Type of vehicle) \_\_\_\_\_  
Dock  Office  Shop  Other (Specify) \_\_\_\_\_

3. If employed as a driver, please indicate type of equipment driven.  
Tractor trailer  Straight truck  Twin-Trailers  Tank   
Other (Specify) \_\_\_\_\_

4. Number of accidents as defined by FMCSR 390.15 & 390.5: \_\_\_\_\_. For each, complete the following. If more than three (3), use attachment. **If none, please check box.**

Date	Location	# of Injuries	# of Fatalities	Hazmat Material Spill

Accident Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. To your knowledge, was this person's chauffeur's/operator's license suspended while in your employ? \_\_\_\_\_ If so, explain. \_\_\_\_\_

6. Products hauled: General Freight  Hazardous Materials  Wastes

7. Number of incidents: (spills/late deliveries, etc.) \_\_\_\_\_

8. Performance Evaluation: Good  Satisfactory  Poor   
9. Did the applicant pose either repeated and/or severe disciplinary problems? Yes  No   
If so, explain. \_\_\_\_\_

10. Why did this person leave your company?  
Resigned  Discharged  Laid-Off

11. Would you re-employ this person? Yes  No  Please explain. \_\_\_\_\_

12. In the last three years, has this person

	Yes	No
a. Tested positive for a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had an alcohol test with a Breath Alcohol Concentration 0.04 or greater.	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever refused a required test for drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
d. Had any other DOT drug and alcohol regulation testing violations?	<input type="checkbox"/>	<input type="checkbox"/>
e. Had any other employer report a drug and alcohol violation to you?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** is checked in any of the above question, please give the Substance Abuse Professional's name, address and phone number for further reference.

Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

13. Remarks: \_\_\_\_\_

14. By: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print Name of person supplying information)*

By: \_\_\_\_\_  
(Signature)

### Waiver

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize you to release all employment information, including oral assessments of job performance, accidents, any and all information regarding alcohol and controlled substances testing and/or related refusal(s) to submit to testing, ability and fitness, to the above company in connection with my potential employment. I release you from all liability as a result of providing this employment information. I am aware that I have the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_