

UPSTATE TRANSIT OF SARATOGA, LLC

207 Geyser Rd
Saratoga Springs, NY 12866
Phone: 518-584-5252
Fax: 518-584-1092

**Commercial Motor
Vehicle Driver's
Application for
Employment**

Directions: Answer all questions. Use blue or black ink. Please print.

Date of Application: _____ How did you hear about us? _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

First Name _____ Middle Initial _____ Last Name _____

Social Security # _____ - _____ - _____ Cell Phone: _____ E-mail: _____

List your addresses of residency for the past three years.

Current Address

Street	City	State
Zip Code	Home Phone	How Long?

Previous Addresses

_____				How Long? _____
Street	City	State	Zip Code	
_____				How Long? _____
Street	City	State	Zip Code	

Do you have the legal right to work in the United States? Yes No

Have you ever been arrested? Yes No If yes, please explain: _____

Date of Birth ____/____/____ Can you produce proof of age? Yes No (Required for commercial motor vehicle drivers)

Have you worked for Upstate Transit before? Yes No When? From _____ To _____

Rate of Pay _____ Position _____

Reason for Leaving _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Were you referred? Yes No By whom? _____ Pay rate expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

No Yes Explain if you wish _____

Experience and Qualifications- Other

List any trucking, transportation or other experience that may help in your work for this company.

Have you received any safe driver awards? Yes No If so, from whom? _____

Describe any special equipment or technical materials you can work with (other than those already shown)

Education

Circle Highest Grade Completed: K 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last School Attended _____

Name

Address

List any special courses, classes or programs that will help you as a driver _____

Experience and Qualifications - Driver

	State	License No.	Type	Expiration Date
Driver's Licenses				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
- C. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to A, B or C is "yes," attach statement giving details.

Driving Experience (if none, write none)

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. # of miles (Total)
		To	From	

List States operated in for last five years: _____

Employment History

All applicants to drive a commercial motor vehicle* in interstate commerce must provide the following information on all topics below for the preceding ten years. List complete mailing address, street number, city, state and zip code.

*A commercial vehicle includes vehicles having a GVW rating of 26,000 lbs or greater; vehicles designed to transport 15 or more passengers, including the driver of any size vehicle used to transport hazardous materials in such quantity requiring placards.

Please list employers in reverse order starting with the most recent. Add another sheet if necessary.

Last Employer: _____

Position Held: _____ From _____ To _____

Address: _____ City: _____ State: _____

Telephone #: _____ Reason for leaving: _____

Were you subject to the *Federal Motor Carrier Safety Regulations* at this employer? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____

Last Employer: _____

Position Held: _____ From _____ To _____

Address: _____ City: _____ State: _____

Telephone #: _____ Reason for leaving: _____

Were you subject to the *Federal Motor Carrier Safety Regulations* at this employer? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____

Last Employer: _____

Position Held: _____ From _____ To _____

Address: _____ City: _____ State: _____

Telephone #: _____ Reason for leaving: _____

Were you subject to the *Federal Motor Carrier Safety Regulations* at this employer? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____

Last Employer: _____

Position Held: _____ From _____ To _____

Address: _____ City: _____ State: _____

Telephone #: _____ Reason for leaving: _____

Were you subject to the *Federal Motor Carrier Safety Regulations* at this employer? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____

Last Employer: _____

Position Held: _____ From _____ To _____

Address: _____ City: _____ State: _____

Telephone #: _____ Reason for leaving: _____

Were you subject to the *Federal Motor Carrier Safety Regulations* at this employer? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____

Accident Record for the Past Three Years

Attach sheet if more room is needed. If none, write none.

	Dates	Fatalities	Nature of Accident (Head-on, rear-end, upset, etc.)	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past Three Years

Other than parking violations. If none, write none.

Location	Date	Charge	Penalty

To Be Read and Signed by Applicant

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

Date _____ Applicant's Signature **X** _____

Drug Screening Policy

Statement for Job Applicants, Rehires and Returns from Layoff

It is the policy of this company to maintain a safe, healthy and productive work environment for all its employees; to provide quality services for its customers in an efficient manner; to maintain the integrity and security of its facilities and property, and to perform all these functions in a fashion consistent with applicable state and federal communities and customers.

Pursuant to these goals, the company requires candidates for employment, rehires and persons returning to work following a layoff of more than 30 days to pass a drug screening test covering illegal substances and alcohol.

Offers of employment are strictly conditional and contingent upon the successful completion of the screening for drugs and abuse.

This requires the candidates to submit a urine specimen and to sign a consent and release statement provided by the company. Refusal will result in the candidate's disqualification for further employment consideration for six months.

SECTION 1: TO BE REVIEWED BY PROSPECTIVE EMPLOYEE

Section § 40.25 As the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past (2) two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Section § 40.25(b)(5) and (e).)

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past (2) two years? **YES () NO ()**
- 2.) If you answered yes, can you provide/obtain proof that have successfully completed the DOT return-to-work requirements? **YES () NO ()**

SECTION 3: CERTIFICATION BY PROSPECTIVE EMPLOYEE AND WITNESS

I certify that the information provided on the document is true and correct

Date _____ Applicant's Signature **X** _____

Date _____ Witness' Signature _____

.....

REFERENCES

List thee people who are **NOT** related to you, either by blood or marriage, who can be used as a reference for your moral character and reliability.

	Name	Street Address	City	State	Zip Code	Phone Number
1.						
2.						
3.						

Request for MVR for Employment Purposes

Disclosure under Fair Credit Reporting Act and Consent
to Procure Consumer Report for Employment Purposes

The undersigned hereby authorizes Upstate Transit of Saratoga, LLC, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof.

Date _____ Applicant's Signature **X** _____

**Complete the following information.
If possible, send a copy/fax of your driver's license with this form**

Name as it appears on the license:

X _____

Driver's license (9 digits, not Social Security number): _____

Date of Birth: _____ Need report by: _____

() Renewal report needed for the above listed individual for updating record purposes only. Employees signature is above.

() Renewal report needed for the above listed individual for updating record purposes only. A signature is already on file from when the original request was made

Our office is running a motor vehicle report for the sole purpose of hiring. The employer listed above has a signed "request and certification of driving record" form on file with our office.

UPSTATE TRANSIT
MOTORCOACH OPERATOR MATH TEST

Solve the following problems:

$$70 - 28 =$$

$$\begin{array}{r} 18.25 \\ + 3.50 \\ + \underline{2.25} \end{array}$$

$$\begin{array}{r} 118763 \\ - \underline{118408} \end{array}$$

$$\begin{array}{r} 7.5 \\ + 8.75 \\ + 3 \\ + \underline{10.75} \end{array}$$

$$12 + 14.5 =$$

$$\begin{array}{r} 70 \\ + 5.5 \\ + 6.5 \\ - \underline{10} \end{array}$$

$$\begin{array}{r} 2978 \\ - \underline{2419} \end{array}$$

$$\begin{array}{r} 10.25 \\ + 4.50 \\ + \underline{8.00} \end{array}$$

If you are on duty driving for 8 hours and on duty NOT driving for 3 hours, how many total hours are you on duty?

If you drive from 10 AM to 11:30 AM, then drive again from 12:15 PM to 4:30 PM, How many hours have you driven?

General Consent for Full Query of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

New Employee/Applicant

I, _____ (Applicant Name), hereby provide consent to Upstate Transit of Saratoga, LLC (The Company) to conduct a FULL query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is for a FULL query. I understand that I must register with Clearinghouse before employment is granted.

I understand that if the FULL query conducted by The Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, I will be solely responsible for clearing it from my record.

Check One:

- ☐ I am registered with the FMCSA Drug & Alcohol Clearinghouse
☐ I am NOT registered with the FMCSA Drug & Alcohol Clearinghouse

Employee Signature

Date

Company Representative

Date



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq., this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer Reporting Agency: Amerisearch Background Alliance, 2529 South Ridge Rd E; Phone: (800) 569-6133. Driving history records (DMV/MVR) will be obtained through First Advantage ADR. You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission's publication, "A Summary of Your Rights under the Fair Credit Reporting Act". You may have additional rights under state law.

By signing below, I authorize Amerisearch Background Alliance, to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion. I am seeking Amerisearch Background Alliance, will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to Amerisearch Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: _____

Applicant Name: _____

Applicant Email address: _____

Applicant Phone number: _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

City/State/ Zip Code: _____

Social Security Number: _____

Month/Day of Birth/Year: _____

Driver's License Number: _____

State: _____

May we contact your current employer? ☐ Yes ☐ No ☐ Not currently employed

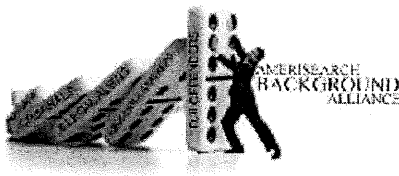
Signature: _____

Date: _____

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above. I would like to receive a copy of my consumer report (background check)

(CA, MN, OK only) ☐ Yes ☐ No

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A
600 Pennsylvania Ave., N., Washington, D.C. 20580.



Nature and Scope of Consumer/ Investigative Report

I understand this report may contain information as to my character, general reputation, personal characteristics or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employers. In addition, this report may contain or reveal history of **earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other** related matters that may concern my eligibility for the position or promotion I am seeking.

By signing below, I understand that any or all present or past employer, supervisor(s) or agent(s) of the employers, (past or present); high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, credit bureau, personal or professional reference; to release records or information to Amerisearch Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information.

In accordance with provisions in the FCRA, for verified criminal records where there is a guilty verdict and no conditions such as "dismissal", "adjudication withheld", "pray for judgement", ARD or similar court differed judgements, these records have no restrictions except where prohibited by law and may be presented to your future employer.

I further understand that information may be obtained from an investigation of public media or public social media via internet or other means that may be available to Amerisearch Background Alliance.

By signing the document below I am acknowledging that I understand and agree to the nature and scope of this investigative report and I am authorizing Amerisearch Background Alliance and Ohio Corp 877-592-7983 to provide this report to the party listed below.

EU applicants only: Company has determined the report(s) selected below are necessary for the proposed employment relationship with you.

- | | |
|---|--|
| ☐ Credit Reports | ☐ Civil Reports (including Lawsuit, Lien, Judgment, Bankruptcy, and Insolvency) |
| ☐ Criminal Reports | ☐ Identity Reports (including ID Checks, Address Checks, and Property Checks) |
| ☐ Motor Vehicle Reports | ☐ Education, Employment, License, Association and Reference Verifications! |
| ☐ Media or Adverse Lists | ☐ Verification of any other data in your CV (Curriculum Vitae) |

For additional information please go to:

<https://www.amerisearchbga.com/wp-content/uploads/2018/04/privacy-policy-2018.pdf>

This authorization shall be valid in original, faxed or photocopied form.

Report to be released to: _____

Applicant Name: _____

Applicant's Address: _____

City/State/Zip code: _____

Social Security Number: _____

Date of Birth Month /Day/Year: _____

Signature of Applicant _____ **Date** _____

Amerisearch Background Alliance will not provide any information where such disclosure is restricted by Federal or State Law

DRIVER HISTORY FORM

MANDATORY FOR NEW VENTURE

Insured: _____ Name of Driver: _____

Driver's License Number: _____ Driver's Date of Birth: _____

EMPLOYMENT HISTORY - (Including Current Employer, list in order of most recent employer first)

EMPLOYER: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax #: () _____ E-mail Address: _____

Type of Vehicle Driven: ☐ Limo ☐ Van ☐ Bus ☐ Other: _____

☐ Full Time ☐ Part Time Average Number of Hours Per Week Driving: _____

Dates of Employment: From: _____ To: _____

Radius of Operation: ☐ 0-50 miles ☐ 50-100 miles ☐ Over 100 miles

EMPLOYER: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax #: () _____ E-mail Address: _____

Type of Vehicle Driven: ☐ Limo ☐ Van ☐ Bus ☐ Other: _____

☐ Full Time ☐ Part Time Average Number of Hours Per Week Driving: _____

Dates of Employment: From: _____ To: _____

Radius of Operation: ☐ 0-50 miles ☐ 50-100 miles ☐ Over 100 miles

EMPLOYER: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax #: () _____ E-mail Address: _____

Type of Vehicle Driven: ☐ Limo ☐ Van ☐ Bus ☐ Other: _____

☐ Full Time ☐ Part Time Average Number of Hours Per Week Driving: _____

Dates of Employment: From: _____ To: _____

Radius of Operation: ☐ 0-50 miles ☐ 50-100 miles ☐ Over 100 miles

Do you object to verification of the above information? ☐ Yes ☐ No

