

DRIVER'S APPLICATION FOR EMPLOYMENT

SureGrow Agricultural Transportation, Inc
250 CR 416
Comanche, TX 76442

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.

Name: _____
First Middle Maiden, if any Last

List your complete address of residency for the past three years.

Current: _____
Street City State Zip Code

Previous: _____

Previous: _____
Attach sheet, if more space is needed.

Phone: Home: _____ Cell: _____

Date of Birth: _____ Can you provide proof of age? Yes _____ No _____

Social Security Number: _____ Email: _____

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

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

Education

	List name and address of schools	Number of years completed	Diploma/Degree Certificate	Subjects Studied
High school or GED:	_____	_____	_____	_____
College or University:	_____	_____	_____	_____
Vocational or Technical:	_____	_____	_____	_____

Military Service Record

Have you served in the military? _____ From _____ To _____
Branch of Service _____ Rank _____
Duties _____
Type of discharge _____ Any disability? _____

ACCIDENT RECORD FOR PAST THREE YEARS

Date	Nature of Accident	Injuries/Fatalities
Last Accident: _____	_____	Check here if none: _____
Next Previous: _____	_____	_____
Next Previous: _____	_____	_____

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

Location	Date	Charge	Penalty
Most Recent: _____	_____	_____	Check here if none: _____
Next Previous: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____

DRIVING EXPERIENCE

Type of Equipment (van, tank, etc)

Dates Driven

Straight Truck: _____

Tractor & SemiTrailer: _____

Tractor-Two Trailers: _____

Other: _____

Check here if
none: _____

Driver's License: State _____ License Number _____ Class _____
Endorsements _____ Expiration Date _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Yes _____ No _____
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a potential employer during the past two years? Yes _____ No _____

If the answer to ANY of the above questions is YES, provide details on an attached sheet.

DRIVER EMPLOYMENT HISTORY

Instructions: Start with Section 1, read and follow the instructions. **WARNING!** Failure to provide this information in a complete and legible manner will prevent your qualification as a driver. This form will be returned to you if we do not receive it in a complete and legible state.

SECTION 1. Answer each question and proceed as instructed.

- A) Is this your first employment since leaving school/college? Yes _____ No _____
If yes, Name of School _____ (Proceed to Section 3 to complete your certification.)
- B) Is this your first employment since being self-employed for 10 years or more? Yes _____ No _____
If yes, Occupation _____ (Proceed to Section 3 to complete your certification.)

NOTE: If questions A and B were both answered NO, complete Section 2 and 3.

SECTION 2. Please provide your complete history of employment (no gaps) for the past 10 years. Start with the most recent employer.

Most Recent Employer	
Name _____	Phone # _____
Address _____	(Must be complete.)
Position Held _____	From _____ To _____
Supervisor _____	Reason for Leaving _____
Did any of your duties for this employer require driving a commercial motor vehicle?	Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____ No _____
Next Employer	
Name _____	Phone # _____
Address _____	(Must be complete.)
Position Held _____	From _____ To _____
Supervisor _____	Reason for Leaving _____
Did any of your duties for this employer require driving a commercial motor vehicle?	Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____ No _____
Next Employer	
Name _____	Phone # _____
Address _____	(Must be complete.)
Position Held _____	From _____ To _____
Supervisor _____	Reason for Leaving _____
Did any of your duties for this employer require driving a commercial motor vehicle?	Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____ No _____

Next Employer			
Name _____	Phone # _____		
Address _____	(Must be complete.)		
Position Held _____	From _____	To _____	
Supervisor _____	Reason for Leaving _____		
Did any of your duties for this employer require driving a commercial motor vehicle?		Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____	No _____
Next Employer			
Name _____	Phone # _____		
Address _____	(Must be complete.)		
Position Held _____	From _____	To _____	
Supervisor _____	Reason for Leaving _____		
Did any of your duties for this employer require driving a commercial motor vehicle?		Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____	No _____
Next Employer			
Name _____	Phone # _____		
Address _____	(Must be complete.)		
Position Held _____	From _____	To _____	
Supervisor _____	Reason for Leaving _____		
Did any of your duties for this employer require driving a commercial motor vehicle?		Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____	No _____

SECTION 3.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I have completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the investigation of any or all statements contained in this application.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), I understand that reports verifying my previous employment, previous drug and alcohol test results, accident history and my driving record may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23, 390.15, 391.53, and 391.25 of the Federal Motor Carrier Safety Regulations. 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 may result in discharge. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to: review the information provided by previous employers; have errors in the information corrected by previous employers; and have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEES EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant's Signature/Certification _____

Date _____

Note: A motor carrier may require an applicant to provide information in addition to that required by the Feder Motor Carrier Safety Regulations.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your consumer rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit SureGrow Agricultural Transportation, Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past three years;
4. Verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as SureGrow Agricultural Transportation, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize SureGrow Agricultural Transportation, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

I hereby authorize SureGrow Agricultural Transportation, Inc. to obtain my Motor Vehicle Records and agree that this information may be obtained at any time during the duration of my employment with this company.

Full Name (please print clearly)

Signature

Date

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

[illegible]

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's Signature)

250 CR 416, Comanche, TX 76442

(Motor Carrier's Address)

(Title)

Request for Information

(In compliance with 49 CFR Parts 40.25 and 391.23)

To be completed by prospective employee.

Date

Print name (First, MI, Last)

SS#

Signature

Birth Date Mo Day Year

I, the above-mentioned signed hereby authorize:

Former employer

Address

Phone Number

Fax Number

to release and forward all information on my Alcohol and Drug Testing records to:

SureGrow Agricultural Transportation, Inc.

250 CR 416

Comanche, TX 76442

Phone: 325.356.1551

Fax: 325.356.1351

Section 2 - To be completed by previous employer.

If a driver was not subject to 49 CFR Parts 40.25 and 391.23 testing requirements while employed by this employer, please check here _____, sign below, and return.

Yes

No

1. Has the person ever tested positive for a controlled substance in the past three years? _____
2. Has the person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last three years? _____
3. Has the person ever refused a required test for drugs or alcohol in the last three years? _____
4. Did a previous employer report a drug/alcohol violation to you within the past three years? _____
5. Did the employee complete the return-to-duty process, if applicable? _____

*Please include information received from other previous employers.

If yes to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address, and phone number.

Name

Address

Phone Number

Fax Number

This section completed by:

Date:

Previous Employer Signature

To be completed by prospective employer.

Date: _____ This form was: _____ Mailed _____ Faxed _____ E-mailed

The information in Section 2 was received by: _____

Information in Section 2 received in form of: _____ Mail _____ Fax _____ Phone _____ E-mail _____ Personal Interview

VERIFICATION OF EMPLOYMENT

SureGrow Agricultural Transportation, Inc.
250 CR 416
Comanche, TX 76442
Office: 325.356.1551 Fax: 325.356.1351

To: _____

Attn: _____

Applicant: _____

SS#: _____

You are hereby authorized to give this information to SureGrow Agricultural Transportation, Inc. regarding my services, character, and conduct while in your employ. Thereby, you are released from any and all liability that may result from furnishing such information.

Applicant's Signature: _____

General information as required by FMCSR 49-391.23.

Dates of employment: Start date _____ End date _____

What kind of work did he/she do? _____

Any record of salary garnishments? _____

If employed as driver, specify equipment? _____

Number of accidents _____ Number preventable _____

Was his/her driver's license ever suspended or revoked? _____

Number of on-the-job injuries while in your employ _____

Reason for leaving your employ. Discharged _____ Laid off _____ Resigned _____

Was his/her general conduct satisfactory? Yes _____ No _____ Other _____

Would you re-hire? Yes _____ No _____ Upon review _____ Other _____

Remarks: _____

Company: _____ Phone: _____

Address, City State, Zip: _____

Name: _____

Signature: _____ Date: _____

Mail or personally deliver this form to:
TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
7551 Metro Center Drive, Suite 100, MS-92B
Austin, TX 78744



**THIS FORM MUST BE FILLED OUT COMPLETELY AND
MUST BE SIGNED AND DATED BEFORE A NOTARY.**

PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____.

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER

1. Name of Employer (Print or type)	3. Employer's Federal Tax I.D. #	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type)	Phone Number ()	5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 et. seq. because:

(Employer Must Check One):

- ☐ I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").
- ☐ I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The DWC FORM-156 will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to DWC.

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____, YEAR _____.

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission Expires: _____



ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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 authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015