



PRE- QUALIFICATION FOR DRIVERS

- FILL OUT APPLICATION COMPLETELY (**ONLY SIGN** ON THE BOTTOM OF THE **LAST 2 PAGES**, PREVIOUS EMPLOYMENT VERIFICATION FORM). MAKE SURE ALL REFERENCES HAVE CORRECT PHONE NUMBER AND ADDRESS.
- DRIVER IS REQUIRED TO HAVE A MINIMUM OF 2 YEARS HAULING STEEL COILS. THIS IS FOR INSURANCE PURPOSES.

CLEAR COPIES OF THE FOLLOWING

- CDL
- SOCIAL SECURITY CARD
- MEDICAL CARD AND LONG FORM PHYSICAL
- RECENT MVR (NOT OVER 30 DAYS OLD)

RETURN ALL OF THE FOLLOWING TO THE OFFICE OR

EMAIL: jkaywoo@yahoo.com

MAILING ADDRESS:
OLD SOUTH FREIGHT SERVICE, INC.
P.O. BOX 167
PLEASANT VIEW, TN. 37146

FAX: 615-746-2424 (PLEASE UNDERSTAND NOT ALL COPIES TRANSMITTED CLEARLY)
IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL 800-775-6737

THANK YOU,

JENNIFER WOOD
SAFETY DIRECTOR

OLD SOUTH FREIGHT SERVICE
P.O. BOX 167 PLEASANT VIEW, TN. 37146
PHONE: 800-775-6737 FAX: 615-746-2424

**OLD SOUTH FREIGHT SERVICE, INC.
P.O. BOX 167, PLEASANT VIEW, TN 37146
PHONE 800-775-6737 FAX 615-746-2424**

DRIVER'S APPLICATION FOR EMPLOYMENT

*******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 disabilities.

Date _____ Home phone _____ Cell phone _____

Name _____ C.B. name _____

Street Address _____

City _____ State _____ Zip code _____

Mailing Address if different from above _____

How long current address _____. If **LESS** than 3 years give other full addresses

EMAIL ADDRESS: _____ WOULD YOU LIKE TO RECIVE EMAILS? YES or NO

Have you ever used a E-LOG system? _____

Do you have your own tractor? _____ Trailer? _____

If not, who do you want to drive for? _____

Applying for what job? _____ Date of birth _____

Social security # _____ F.I.D. number _____

Drivers license # _____ State _____ Expiration date _____

Do you have legal right to work in the United States? ____ Number of years of driving experience? ____

Have you worked for us before? ____ If so, when? _____

Are you now employed? If not, how long since last employment? _____

How did you hear about us? _____ Rate of pay expected _____

Is there any reason why you might not be able to perform the functions of the job for which you have applied? _____. If yes, please explain _____

Please circle highest grade completed in school? 1 2 3 4 5 6 7 8 9 10 11 12 College? 1 2 3 4

Accident Record for last three years If none, check here _____

Date _____ Nature of accident (rear-end, etc) _____ Injuries _____ Fatalities _____

Attach another sheet if more space is needed.

Traffic Convictions for the past 3 years			If none, check here _____	Penalty
Date	Location	Charge		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach another sheet if more space is needed.

Have you ever failed a Drug or Alcohol test? _____

If so please explain. _____

Have you ever been denied a license, permit, or privilege to operate a vehicle? _____

If so, please explain _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If so, please explain _____

Have you ever been convicted of a felony? _____

If so, please explain _____

List states operated in for last 5 years _____

Do you hold any safe driving awards? If so, from who? _____

Show any special courses and/or training which may benefit you on this job? _____

In your best guess, how many miles have you driven in a commercial vehicle? _____

Type of vehicles driven to obtain experience:

Type (straight, tractor-trailer, etc)	Dates	Miles
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____

NAME _____ PHONE _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

I authorize Old South Freight Services, Inc. to make such investigations of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment). I also authorize Old South Freight Services, Inc to obtain my drug and alcohol results from past employers. 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this company.

Applicants Name _____

Applicants Signature _____ Date Signed _____

All Driver applicants to drive a Commercial Motor Vehicle in intrastate or interstate commerce shall provide the following information on all employers during the last 10 years. NOTE: Please start with your most recent employee, and go backwards. Attach another sheet, if needed.

Name of Company _____ **Contact** _____

Address _____

Phone _____ **Fax** _____

Position _____ **If driver, was it for a commercial vehicle?** _____

Did you haul steel coils? _____ **If yes how long?** _____

Reason for leaving? _____ **Dates from** _____ **to** _____

Name of Company _____ **Contact** _____

Address _____

Phone _____ **Fax** _____

Position _____ **If driver, was it for a commercial vehicle?** _____

Did you haul steel coils? _____ **If yes how long?** _____

Reason for leaving? _____ **Dates from** _____ **to** _____

Name of Company _____ **Contact** _____

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Address _____

Phone _____ **Fax** _____

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Reason for leaving? _____ **Dates from** _____ **to** _____

Name of Company _____ **Contact** _____

Address _____

Phone _____ **Fax** _____

Position _____ **If driver, was it for a commercial vehicle?** _____

Did you haul steel coils? _____ **If yes how long?** _____

Reason for leaving? _____ **Dates from** _____ **to** _____

Driver only sign
and date @
bottom of this
form

OLD SOUTH FREIGHT SERVICE, INC. DATE SENT _____

P.O. BOX 167

PLEASANT VIEW, TN. 37146 DATE SENT _____

1-800-775-6737

FAX # 615-746-2424 OR EMAIL jkaywoo@yahoo.com DATE SENT _____

PREVIOUS EMPLOYMENT VERIFICATION FORM

APPLICANT NAME _____ S.S. # _____

PREVIOUS EMPLOYER _____

PHONE # _____ FAX # _____

THE ABOVE APPLICANT HAS LISTED YOUR COMPANY AS A PREVIOUS EMPLOYER. PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE ON THE VERIFICATION FORM BELOW.

DATES OF EMPLOYMENT : FROM: _____ TO: _____

POSITION: _____ PART TIME _____ OR FULL TIME _____

OVER THE ROAD _____ OR LOCAL _____ SOLO _____ OR TEAM _____

TRACTOR/ TRAILER _____ OR STRAIGHT TRUCK _____

VAN _____ OR TANKER _____ OR REEFER _____ OR FLATBED _____ OR OTHER _____

ANY STEEL COIL HAULING EXPERIENCE? _____ IF YES HOW LONG? _____

WAS THE DRIVER INVOLVED IN ANY ACCIDENTS WHILE EMPLOYED? YES _____ NO _____
IF YES PLEASE DESCRIBE.

DATE	NATURE OF ACCIDENT	PREVENTABLE	INJURIES/FATALITIES	AMOUNT

HAS THE EMPLOYEE TESTED POSITIVE FOR DRUGS OR ALCOHOL WITHIN THE LAST 3 YEARS? YES _____ NO _____

HAS THE EMPLOYEE HAD A **BAC** OF 0.04 OR GREATER WITHIN THE LAST 3 YEARS? YES _____ NO _____

HAS THE EMPLOYEE REFUSED A TEST FOR DRUGS OR ALCOHOL WITHIN THE LAST 3 YEARS? YES _____ NO _____

HAS THE EMPLOYEE VIOLATED ANY **DOT** DRUG OR ALCOHOL REGULATIONS INT THE PAST 3 YEARS? YES _____ NO _____

IF YES TO **DOT** VIOLATIONS, PLEASE PROVDE DOCUMENTATION OF EMPLOYEE'S SUCCESSFUL COMPLETION OF **DOT** RETURN-TO-DUTY REQUIREMENTS (INCLUDING FOLLOW-UP DRUG AND ALCOHOL TESTS).

WAS THE EMPLOYEE'S GENERAL CONDUCT AND PERFORMANCE SATISFACTORY? YES _____ NO _____

COMMENTS _____

IS EMPLOYEE ELIGIBLE FOR REHIRE? YES _____ NO _____ WHY OR WHY NOT? _____

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO **OLD SOUTH FREIGHT SERVICE, INC.** FOR PURPOSE OF INVESTIGATIONS AS REQUIRED BY SEC. 391.413 OF FEDERAL MOTOR CARRIERS SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY, WHICH MAY RESULT FROM FURNISHING THIS INFORMATION.

APPLICANTS SIGNATURE _____ DATE _____

FORM COMPLETED BY _____ DATE _____

*******PLEASE SEND THIS FORM BACK TO**

FAX # 615-746-2424 OR EMAIL jkaywoo@yahoo.com

Pre-Employment Screening Program (PSP)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **OLD SOUTH FREIGHT SERVICE, INC.** (“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 **OLD SOUTH FREIGHT SERVICE, INC.** (“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. **NOTICE:** The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5. LAST UPDATED 12/22/2015