



## 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)
- COPY OF THE "ALABAMA COIL SECUREMENT TEST"

RETURN ALL OF THE FOLLOWING TO THE OFFICE OR BY MAIL, OR FAX

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

FAX: 615-746-2424 (PLEASE UNDERSTAND NOT ALL COPIES TRANSMITT 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**

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**DRIVER'S APPLICATION FOR EMPLOYMENT**

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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

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? \_\_\_\_\_

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 \_\_\_\_\_  
**Date**                      **Location**                      **Charge**                      **Penalty**

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?** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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**Name of Company** \_\_\_\_\_ **Contact** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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

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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?** \_\_\_\_\_  
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Address \_\_\_\_\_  
Phone \_\_\_\_\_ **Fax** \_\_\_\_\_  
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**Reason for leaving?** \_\_\_\_\_ **Dates from** \_\_\_\_\_ **to** \_\_\_\_\_

DATE FAXED \_\_\_\_\_ **OLD SOUTH FREIGHT SERVICE, INC.** DATE MAILED \_\_\_\_\_

**P.O. BOX 167**

DATE FAXED \_\_\_\_\_ **PLEASANT VIEW, TN. 37146** DATE MAILED \_\_\_\_\_

**1-800-775-6737**

DATE FAXED \_\_\_\_\_ **FAX # 615-746-2424** DATE MAILED \_\_\_\_\_

## **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
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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 PROVIDE 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 FAX THIS FORM BACK TO 615-746-2424 \*\*\*\*\*

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS**

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

1. In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), it 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.

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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 a driver's written or electronic consent prior to accessing the driver'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 driver'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.**