



Stageline Express, Inc.

140 64th Ave. N

Coopersville, MI 49404

Ph: 1-800-651-4388 ♦ Fx: (616) 837-5986

Application for Employment as a Truck Driver

NOTICE: Every section **MUST** be complete or it will not be processed.

If the response to any section is "none", you must write "NONE"

Applicant: Read and sign the following notification prior to submitting this Application for Employment.

- The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re: drug and alcohol information).
- As the prospective employer, STAGELINE EXPRESS, INC. notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23(d)(e):
 - 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 STAGELINE EXPRESS, INC.
 - The right to have a rebuttal statement to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.
- EQUAL OPPORTUNITY EMPLOYER: In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age and disability.
- I understand that if I have a protected handicap that affects my ability to perform the position, I may ask STAGELINE EXPRESS, INC. to attempt to make accommodations as required by law. I must make my request in writing to STAGELINE EXPRESS, INC. as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.
- 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 11, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

Name (please print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No. : _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Are there currently and felony charges against you? - If "Yes", give the date of the felony _____

Have you ever been convicted of any crime? - If "Yes", give date of the conviction _____

Have you ever been known by any name other than the one on this application?

If "Yes", please print your name: _____

If "Yes" to any of the above, please explain:

Are you:

STAGELINE EXPRESS, INC. EMPLOYEE APPLICATION

Previous address(es) the 3 years preceding the date of this application.

Dates	Street Address	City	State	Zip Code
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

In Case of Emergency notify:

Name: _____ Relationship to Driver: _____

Address: _____ Phone: _____

Are you able to perform the essential functions of the job for which you are applying with or without any additional accommodation?

Who referred you? _____

What type of position are you seeking?

If a seeking employment as a Solo Driver, are you willing to Team?

If a seeking employment as a Team Driver, Do you have a Teammate?

If 'Yes' please provide your teammate's name: _____

Does your Teammate currently work for StageLine Express, Inc.?

Have you worked for StageLine Express, Inc. before?

If "Yes" when? Dates: From _____ to _____

Rate of pay: _____ Position: _____ Reason for leaving? _____

Education/Military Status: US Military (Branch): _____ Rank: _____

Presently in Guard or Reserves?

What is your Highest Level of Education?

NOTICE!

Previous Employment: Information required by 49 CFR 389.21 (b)(10)(11): Names and address of **all applicant's employers during the ten (10) years preceding the date of this application submitted:** Previous Employment information **must** contain, dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Regulations (FMCSRs), and whether job designed as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and or required under authority of STAGELINE EXPRESS, INC. and part of it's application process

It is mandatory for you to provide a full ten years of your employment or schooling

STAGELINE EXPRESS, INC. EMPLOYEE APPLICATION

Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

STAGELINE EXPRESS, INC. EMPLOYEE APPLICATION

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone: _____

Position Held: _____

Were you subject to FMCSRs while employed by this employer?

Was the job designed as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances requirement of 49 CFR part 40?

Start Date: _____ End Date: _____

Salary: _____ Reason for Leaving: _____

In what states did you drive a CMV? : _____

STAGELINE EXPRESS, INC. EMPLOYEE APPLICATION

List each motor vehicle operator's license or permit issued to you during the past 3 years.

State	Driver's license number	Class	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the type of motor vehicles you have operated that require a Chauffeurs and/or CDL license.

Type of Equipment	How Many Years	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted of, or forfeited bond, or collateral during the 3 years preceding the date of this application.

Date	Violation	Location (City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? -Yes -No, if "Yes" list the circumstances in detail.

Date	Violation	Location (City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines?
Have you ever been convicted of or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?.
Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency and alcohol testing rules in the past three years?

STAGELINE EXPRESS, INC. EMPLOYEE APPLICATION

Driving experience:

Truck Driving School: _____

Graduation Date:

Class / Type of equipment (Busses, Trucks, Truck Tractors, Semi-Trailers, Full Trailers, Pole Trailers):

Type of Equipment	Dates	Total Experience	Approx. Total # of Miles Driven
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all motor vehicle accidents you were involved in for 3 years preceding date application is submitted:

Dates	Nature of Accident (head-on, rear-end, etc.)	# Fatalities	# Injuries
Last Accident	_____	_____	_____
Next Previous	_____	_____	_____
Next Previous	_____	_____	_____

Driver Certification includes all additional sheets. Were any additional sheets used for this application?

If "Yes" list here: _____

I understand that all company employees are employed on an indefinite basis and are subject to termination at any time with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the authorized STAGELINE EXPRESS, INC. personnel has the right to offer employment for any specified period or to make any contact contrary to the statement of at-will employment. Moreover, no such agreement by the authorized STAGELINE EXPRESS, INC. personnel will be enforceable unless the document is in writing, dated, and signed by the authorized STAGELINE EXPRESS, INC. personnel.

This certifies that I completed this application by myself, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature



Stageline Express, Inc.

140 64th Ave. N
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Fair Credit Reporting Act Disclosure Statement

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 11, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

By signing below I hereby authorize my past employers (for up to 10 years) to furnish STAGELINE EXPRESS INC with all information regarding my services, character, and conduct while in their employ; and I release them from any and all liability which may result from furnishing such information. A photocopy of this authorization statement will be considered a valid as the original. STAGELINE EXPRESS, INC. is also required, by law, to obtain information regarding past Drug/Alcohol Tests for drivers (applicants and/or employees) subject to the alcohol and controlled substances testing provisions of the Federal Motor Carrier Safety Regulations, pursuant to 49 CFR 382.413. I authorize the release of the results of any and all DOT Drug/Alcohol test results, as applicable, from previous employers for a period covering **the past three (3) years**.

Applicant's Signature

Date

Print Name

Social Sec. Num.



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

In connection with your application for employment with ***Stageline Express, 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 ***Stageline Express, 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