

DRIVER QUALIFICATION EMPLOYMENT FILE PACKET

REVISED: AUGUST 2020

**FILL OUT THIS APPLICATION IN ITS
ENTIRETY AND EMAIL TO
WILLCLARK@EAGLETRUCKLINE.COM
ALONG WITH A PICTURE OF YOUR
CDL (FRONT AND BACK), SOCIAL
SECURITY CARD, MEDICAL EXAM
CARD, AND TWIC (IF APPLICABLE).**

**HUNTER MADISON TRUCKING, LLC
DBA EAGLE TRANSPORTATION
24 CHAPPELL HILL ROAD
PETAL, MS 39465**

EAGLE TRASPORTATION

DRIVER INFORMATION

Name: _____

Address: _____

Cell Phone #: _____

CDL State: _____

CDL #: _____

CDL Expiration Date: _____

SS#: _____

DOB: _____

Email: _____

FOR OWNER OPERATORS ONLY:

Owner Operator will provide the following:

License Plate: Yes No

Fuel Decal: Yes No

Fuel Tax: Yes No

2290: Yes No

Bobtail/Physical Ins: Yes No

Occ Acc/Workers Comp: Yes No

Truck equipped with PTO/Hydraulic pumping equipment: Yes No

Name of LLC or Company (if applicable): Yes No

FEIN# (if applicable): _____ FEIN SS#

Preface

EAGLE TRANSPORTATION

The material contained in this document is the property of the Motor Carrier named above.

Using this document or part thereof signifies your acceptance to be bound by Company Terms of Use.

DOT Compliance is the responsibility of the Motor Carrier and Company assumes no responsibility for any inconsistencies with DOT/FMSCA Regulations and shall not be liable for any consequence brought upon Motor Carrier by using material listed in the document.

EAGLE TRANSPORTATION
24 Chappell Road
Petal, MS 39465

Dear Applicant:

Please complete the attached Driver Application in its entirety and include the following:

- 1) Copy of CDL--FRONT & BACK
- 2) Copy of Social Security card
- 3) Copy of medical exam card
- 4) TWIC--If applicable

Please pay special attention to the Employment History section and provide all of the required information for each previous employer, including:

- 1) Name
- 2) Address
- 3) Contact name
- 4) Contact telephone number
- 5) Employment start and end dates
- 6) Position/duties

Please note, incomplete applications will not be processed until all of the required information is provided.

Thank you

EAGLE TRANSPORTATION

Application

Contents:

- 1) Application Information
- 2) Pre-employment questionnaire
- 3) Personal Biography
- 4) Previous Employment Alcohol and Drug Statement
- 5) Statement of on-duty hours
- 6) Driver's license certification
- 7) Criminal background disclosure statement
- 8) Urinalysis consent form
- 9) Fair credit reporting act and authorization
- 10) PSP Authorization
- 11) Medication disclosure form
- 12) Tax documents
- 13) Benefit documents
- 14) IRS--FORM I-9

EAGLE TRANSPORTATION
Pre-Qualification Questionnaire

1. Are you at least 25 years old? Yes No
2. Are you presently qualified to operate a commercial motor vehicle Per CFR49 Part 391.11? Yes No
3. Do you have at least two (2) years verifiable driving experience as a Class A Commercial driver? Yes No
4. Are you able to pass a DOT road test in a combination tractor/trailer? Yes No
5. Can you supply a complete work history for the past three (3) years?
Note, this list must include employer name, supervisor name, contact number and employment start & end dates and MUST be correct. Yes No
6. Has your CDL ever been suspended or revoked?
If Yes, provide details: Yes No
7. Have you ever been charged and/or convicted of any of the following offenses:
- a. Reckless driving Yes No
 - b. Driving on wrong side of road Yes No
 - c. Hit and run Yes No
 - d. Leaving the scene of an accident Yes No
 - e. Causing a fatality through the negligent operation of a CMV Yes No
 - f. Driving while intoxicated (DWI) Yes No
 - g. Driving under the influence (DUI) of alcohol or other controlled substances Yes No
- If Yes to any of the above questions, please provide details:
8. Have you ever been charged or convicted of a felony?
If so please provide details: Yes No
9. Have you ever refused or failed a drug or alcohol test? Yes No
10. Have you been convicted of:
- a. More than one (1) moving violation in the past twelve (12) months? Yes No
 - b. More than three (3) moving violations in the past three (3) years? Yes No
11. Have you been involved in a DOT preventable accident in the past three (3) years? Yes No

I certify this information is true and correct and I understand and agree Eagle Transportation believing this information to be true and correct, shall act upon it accordingly. Any facsimile copy, Photostat or carbon copy of this declaration shall be treated as the original. Any falsification of this document or the application shall preclude my employment with Eagle Transportation.

Applicant Name (print)

Date

Applicant Signature

Personal Biography

Office Use Only Date Approved

1. EAGLE TRASPORTATION _____

Company Name

Date of Application

24 Chappell Hill Road Petal, MS 39465

Company Address

Company Phone

2. _____

Name

Current Address

City/ State/ Zip

3. _____

How Long?

Phone

Social Security #

4. Date of Birth _____

5. List your previous addresses of residency for the past 3 years if different from current address.

Street City State/ Zip How Long? _____

Street City State/ Zip How Long? _____

Street City State/ Zip How Long? _____

6. Experience

Straight Truck _____
Experience Years

Semi (List types of equipment such as van, flat, etc.)

Type From To

Type From To

Type From To

Type From To

Personal Biography

7. Traffic Violations Last 3 Years

Date	Location	Charge	Type of Vehicle

8. Accidents Last 3 Years

Date	Location	Description	Type of Vehicle

9. Drivers Licenses Held in Last 3 years

State of License _____	License# _____	Exp. Date _____
State of License _____	License# _____	Exp. Date _____
State of License _____	License# _____	Exp. Date _____

10. Has your license ever been suspended or revoked? _____
If yes, When _____ For What reason? _____

11. Have you ever been convicted of a felony? _____
If yes, date and nature of offense _____

12. List all Schools or training related to trucking that you have attended.

13. Circle/Select highest educational level completed _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

14. Have you ever served in the Armed Forces? _____
If yes, did you receive an honorable discharge? _____

15. Are you a U.S. citizen? _____
If foreign national, do you have a valid green card? _____

16. List states operated in at least 3 years. _____

Personal Biography

List all employment and driving history during the last 10 years

A. Company _____
Address _____
Phone _____ Dates employed from _____ to _____
Contact _____ Reason for Leaving _____
Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

B. Company _____
Address _____
Phone _____ Dates employed from _____ to _____
Contact _____ Reason for Leaving _____
Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

C. Company _____
Address _____
Phone _____ Dates employed from _____ to _____
Contact _____ Reason for Leaving _____
Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

D. Company _____
Address _____
Phone _____ Dates employed from _____ to _____
Contact _____ Reason for Leaving _____
Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

E. Company

Address

Phone _____ Dates employed from _____ to _____

Contact _____ Reason for Leaving _____

Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

F. Company

Address

Phone _____ Dates employed from _____ to _____

Contact _____ Reason for Leaving _____

Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

G. Company

Address

Phone _____ Dates employed from _____ to _____

Contact _____ Reason for Leaving _____

Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

H. Company

Address

Phone _____ Dates employed from _____ to _____

Contact _____ Reason for Leaving _____

Position _____ Designated Sensitive Function: Yes No Subject to FMCSR: Yes No

Personal Biography

TO BE READ BY AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries, and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the federal Motor Carrier Safety Regulations effective October 29,2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews 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

Previous Pre-employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or 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 Department of Transportation (DOT) agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety functions for you until and unless the employee documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

EAGLE TRANSPORTATION

Company Name

24 Chappell Hill Rd.

Street

Petal

MS

39465

City

State

Zip Code

Prospective Employee Name (print)

ID Number

The Prospective Employee is required by Sec. 40.25(j) to respond to the following questions:

1) Have you tested positive or refused to test, on 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 drug and alcohol testing rules during the past two years?

Yes No

2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

Prospective Employee Signature

Date

Witnessed by (signature)

Date

Criminal Background Check Disclosure Statement

In connection with your employment application or your actual employment, Eagle Transportation (the Company) may obtain a criminal background report about you for employment purposes. The information contained in such criminal background reports may be used by the Company for employment purposes, such as hiring you. If you are hired by the company, the information in a criminal background report and/or investigative criminal background report may be used for other employment purposes, such as promotion, retention and termination.

A criminal background report may contain the following types of information about you: criminal history including felony filings, misdemeanor filings, and motor vehicle records, general reputation, personal characteristics, or mode of living that is compiled through the use of personal interviews with references, employers, neighbors, friends, associates, etc. You have a right to request disclosure of the nature and scope of the reports.

If the Company obtains a criminal background report about you, and if the company considers any information when making an employment decision that directly and adversely affects you, you will be provided with a copy of the applicable reports before the decision is finalized.

I authorize the Company to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks and verification of my identification and Social Security Number. I agree that this disclosure/authorization, in original or copy form, is valid for all current and future criminal background reports.

I understand that the Company may use such criminal background reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination.

Driver's Name: _____

Other Names Used (i.e. Maiden, Alias) _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EAGLE TRASPORTATION

Urinalysis Consent Form

I understand, as a prequalification condition, I am required by 49 CFT Part 40; 53 FR 47002 U.S. Department of Transportation Research and Special Programs Administration to submit to a controlled substance test.

I agree to provide a urine sample at a location and time designated by the Company, to be tested for controlled substances.

I understand if I test positive for use of controlled substances, I am not medically qualified to drive a commercial motor vehicle or perform safety-sensitive functions.

The results of the controlled substance test will be maintained by the Company-designated Medical Review Officer who will report to the Company whether the test results were negative or positive. I authorize the Medical Review Officer to release the test results to Eagle Transportation.

The results will not be released to any additional party without my written authorization.

I agree to submit to the required controlled substance urinalysis.

Applicant's Name (print)

Applicant's Signature

Applicant's Social Security #

Date

EAGLE TRANSPORTATION

Medication Disclosure Form

(For employees performing safety-sensitive job functions)

Medication Disclosure: Covered Persons in Safety-Sensitive Positions who are taking drug or medication which adversely effects, or which may reasonably be expected to adversely effect, the Covered Person's ability to perform work in a safe and productive manner, are required to promptly report the use of such drug and/or medication to Human Resources using this form. Such disclosures will be treated confidentially by Company. This form is job-related and consistent with business necessity. Upon completion, Human Resources, and where appropriate, the Covered Person and Covered Person's physician, will determine the appropriate response consistent with applicable law.

Company Name: Eagle Transportation

Employee Name: _____ Date: _____

Supervisor Name: _____

Prescription Drug Utilized: _____

Date of Prescription: _____ Length of Time on Prescription: _____

Prescribing Physician Name: _____ Phone number: _____

Address: _____

List any over-the-counter medication that could potentially affect your ability to perform work in a safe and productive manner:

Describe any safety-related side affects you have been warned about or you have experienced as a result of using this prescription or over-the-counter medication?

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Instructions:

The Requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 9 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 9 people, or transports hazardous material that require placarding.

Driver Requirements:

Parts 383 and 391 of the Federal Motor Carrier Safety (FMCSA) Regulations contain some requirements that you as a driver must comply with. These requirements were effective on July 1, 1987. They are as follows:

1) ***Possess Only One License:***

You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2) ***Notification of License Suspension, Revocation, or Cancellation:***

Section 391.15 (b) (2) and 383.33 of the FMCSA regulations require that you notify your employer **the next business day** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

3) ***The following license is the only one I will possess:***

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

Driver Certification: I certify that I have read and understand the above requirements.

Driver's Name (printed): _____

Driver's Signature: _____ Date: _____

**DISCLOSURE STATEMENT
PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)**

By this document Eagle Transportation discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment of any time during your employment (including independent contractor assignment, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15U.S.C 1681 et seq.

**AUTHORIZATION TO PROCURE A CONSUMER REPORT OR
INVESTIGATIVE CONSUMER REPORT**

I HEREBY authorize Eagle Transportation or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to Eagle Transportation, I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to Eagle Transportation, a copy of this Authorization will be provided to me.

Print Name _____ Date _____ Time _____

Signature _____

California, Minnesota and Oklahoma Residents Only:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report Concerning me that is requested.

**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 EAGLE TRANSPORTATION (“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 EAGLE TRANSPORTATION (“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 2/11/2016