

# CDT Owner Operator application

This is a pre-qualification application. By filling out this application and Filling out your printed name we will be able to speed up the process and reduce man hours involved.

After submitting HR will contact you to schedule an appointment to come in and supply the needed copies of documentation and have you sign the application.

WE WILL REQUIRE COPIES OF:

DRIVERS LICENSE  
AND  
SOCIAL SECURITY CARD  
OR  
BIRTH CERTIFICATE

WE ALSO NEED COPIES OF:  
LONG FORM PHYSICAL WITH CARD.

IF YOU ONLY HAVE CARD, THAT WILL GET YOU APPROVAL. YOU WILL HAVE TO GO IN FOR A PHYSICAL.

## DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. **Please read carefully and sign in the space provided if you meet these qualifications.** If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. **Must be at least twenty-three (23) years of age.**
2. **Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position.**
3. **Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.**
4. **No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.**
5. **No more than three (3) moving violations in the last three (3) years of which only one (1) can be a major moving violation.**
6. **No more than three (3) minor accidents in the last five (5) years.**
7. **Possess only one (1) driver's license and it must be from the state of residence.**
8. **Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time, return the application and come back when you have the information. We do not allow applications to be removed from the office area.**
9. **You will be required to pass a D.O.T. physical. Premium will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. Premium will not accept any physical issued for less than a one (1) year period.**
10. **You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.**

I, \_\_\_\_\_ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME:

## Job Description

**Job Title:** Driver of Semi Tractor / Trailer

**Department / Terminal** \_\_\_\_\_

**Report To:** Terminal Manager/Dispatcher/Operations Supervisor

**General Purpose:** Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

**This job description may be revised at any time as dictated by customer needs and management decision.**

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### Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

### Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

PRINTED NAME:

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

## APPLICATION

COMPANY CDT, INC. / PREMIUM TRASPORTATION STAFFING, INC.

ADDRESS 4458 U.S. 441 South

CITY Lake City STATE Florida ZIP 32025

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

### TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right under 49 CFR 391.23(i)(1) to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

PRINTED NAME:

DRIVER NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

2) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

3) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

**NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.**

## EMPLOYMENT HISTORY

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

**CURRENT OR LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**SECOND LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**THIRD LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**EMPLOYMENT HISTORY (ADDENDUM PAGE 1)**

**Driver Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**FOURTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO      \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

**FIFTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO      \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

**SIXTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO      \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**WORK EXPERIENCE (ADDENDUM PAGE 2)**

**Driver Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**SEVENTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**EIGHTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

**NINTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO \*Was this job subject to FMCSA Regulations? YES NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**ATTACH EXTRA SHEETS IF NEEDED**

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (A,B, OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE \_\_\_\_ TYPE \_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 STATE \_\_\_\_ TYPE \_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ. MAT. SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____ TO _____ or _____	_____
TRACTOR & SEMI TRAILER	_____	_____ TO _____ or _____	_____
OTHER	_____	_____ TO _____ or _____	_____

LIST COMMODITIES HAULED: \_\_\_\_\_



**EDUCATION**

Highest grade completed: COLLEGE:  
OTHER TRAINING : \_\_\_\_\_  
HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_  
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO  
IF SO, WHEN? \_\_\_\_/\_\_\_\_/\_\_\_\_ WHERE? \_\_\_\_\_  
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU  
HAVE APPLIED?  YES  NO  
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO  
HAVE YOU EVER TESTED POSITIVE OR REFUSED A DOT  
DRUG OR ALCOHOL TEST?  YES  NO  
HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_  
IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9f-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, 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, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from Hire Right Services that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from Hire Right Services concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from Hire Right Services, and agree that such information which Hire Right Services has or obtains, and my employment history with you, if I am hired, will be supplied by Hire Right Services to other companies which subscribe to Hire Right Services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO HIRE RIGHT SERVICES INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO HIRE RIGHT SERVICES FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO HIRE RIGHT SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, this certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicant Signature Date

PRINTED NAME:

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

PRINTED NAME:

Job applicant's signature ►

Date



**Verify your application!**

**You can submit with the button below, just follow directions.**

**OR**

**Print pages then sign all signature blocks.**

**Either drop off at the office or mail to:**

**CDT Trucking**

**Attn: Timothy Galloway**

**4458 S. U.S. HWY 441**

**Lake City, FL 32025**

**or**

**Email to: [Timothy.galloway@gocdt.com](mailto:Timothy.galloway@gocdt.com)**

**FAX to: (386) 487-6459**