



**INSEARCH CORP.**

# **DRIVER APPLICATION FOR EMPLOYMENT**

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**APPLICATION FOR EMPLOYMENT**

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Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Date of Birth (required for commercial drivers): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

- Yes  No Can you provide proof of age?
- Yes  No Are you at least 23 years old to operate a commercial motor vehicle intrastate?
- Yes  No Are you physically and mentally qualified to drive a company vehicle and possess a valid medical certificate as defined in 49 CFR Part 391?
- Yes  No Do you have the legal right to work in the United States?
- Yes  No Have you ever been bonded? If so, Name of Bonding Company: \_\_\_\_\_
- Yes  No Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  
If yes, please explain: \_\_\_\_\_
- Yes  No Have you worked for Insearch Corp previously?  
If YES, Position: \_\_\_\_\_ Dates: \_\_\_\_ to \_\_\_\_ Rate of Pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
If NO, how did you hear about Insearch Corp? (referred by, etc.) \_\_\_\_\_
- Yes  No Have you ever been convicted of a felony? \_\_\_\_\_

**PREVIOUS ADDRESSES**

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List your addresses of residency for the past 3 years (current address first):

\_\_\_\_\_  
Street Address City State Zip (years/mo.): \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip (years/mo.): \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip (years/mo.): \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip (years/mo.): \_\_\_\_\_

**EMPLOYMENT HISTORY**

FOR THE PRECEEDING 10 YEARS: All driver applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall provide 10 years of information on those employers for whom the applicant operated such vehicle.

**THIS SECTION MUST BE COMPLETED IN FULL PRIOR TO BEING CONSIDERED FOR AN INTERVIEW.**

**- EMAIL OR FAX NUMBER MUST BE PROVIDED FOR EACH EMPLOYER -**

*LIST MOST RECENT EMPLOYER FIRST*

1. Employer Name: \_\_\_\_\_ From-To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Yes  No Were you subject to the FMCSRs† while employed? Salary/Wage: \_\_\_\_\_

Yes  No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

2. Employer Name: \_\_\_\_\_ From-To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Yes  No Were you subject to the FMCSRs† while employed? Salary/Wage: \_\_\_\_\_

Yes  No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

3. Employer Name: \_\_\_\_\_ From-To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Yes  No Were you subject to the FMCSRs† while employed? Salary/Wage: \_\_\_\_\_

Yes  No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

4. Employer Name: \_\_\_\_\_ From-To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Yes  No Were you subject to the FMCSRs† while employed? Salary/Wage: \_\_\_\_\_

Yes  No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

5. Employer Name: \_\_\_\_\_ From-To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Yes  No Were you subject to the FMCSRs† while employed? Salary/Wage: \_\_\_\_\_

Yes  No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

### ACCIDENT RECORD

List all accidents for the past 3 years (attach sheet if more space is needed).

No Accidents

1. Nature of Accident (head-on, rear-end, upset, etc.) \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Fatality  Injury  Hazardous Spill

2. Nature of Accident (head-on, rear-end, upset, etc.) \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Fatality  Injury  Hazardous Spill

3. Nature of Accident (head-on, rear-end, upset, etc.) \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Fatality  Injury  Hazardous Spill

**TRAFFIC CONVICTIONS AND FORFEITURES**

List all traffic convictions and forfeitures for the past 3 years (other than parking violations). (Attach sheet if necessary)

No traffic convictions and forfeitures in the past 3 years.

- 1. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS**

List all driver licenses or permits held in the past 3 years.

- 1. State: \_\_\_\_\_ License No. \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_ Exp Date: \_\_\_\_\_
- 2. State: \_\_\_\_\_ License No. \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_ Exp Date: \_\_\_\_\_
- 3. State: \_\_\_\_\_ License No. \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_ Exp Date: \_\_\_\_\_

Yes  No Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No Have any license, permit or privilege ever been suspended or revoked?

If you answered "YES" to either of the above, give details:

\_\_\_\_\_

**DRIVING EXPERIENCE**

| Class   | Types | Dates (Mo/Yr) |    | Approx. Total Miles |
|---|-------|---------------|----|---------------------|
|   |       | From          | To |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Straight Truck                                     |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Tractor & Sem-iTrailer                             |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Tractor-Two Trailers                               |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Tractor-Three Trailers                             |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Motorcoach-School Bus<br>(more than 8 passengers)  |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Motorcoach-School Bus<br>(more than 15 passengers) |       |               |    |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other  |       |               |    |                     |

List all states operated in for the last 5 years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

List safe driving awards and where received: \_\_\_\_\_

**ADDITIONAL EXPERIENCE AND QUALIFICATIONS**

Other than already indicated list additional experience and qualifications that may help you with your work.

Trucking, transportation or other: \_\_\_\_\_

Courses or training: \_\_\_\_\_

Special equipment or technical materials you can work with: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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Insearch Corp is committed to ensuring that its employees, customers and the public are as safe as possible, and to take meaningful actions to protect its finances, property and other assets. Insearch Corp may conduct an investigation on previous employment safety performance, criminal background and credit history report as part of the process for evaluating an applicant’s suitability 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, veteran status, non-job related disability, or any other protected group status.

**Criminal Background Check and Credit History Disclosure Statement**

In connection with your employment application or your actual employment, Insearch Corp. may obtain a criminal background report about you for employment purposes. The information contained in such criminal background reports may be used by Insearch Corp. 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.

I authorize Insearch Corp. 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.

**Previous Employment Safety Performance History**

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. (In general, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, 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 in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Insearch Corp.

I understand that the 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 understand I have the right 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.

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.

Applicant’s NAME (printed): \_\_\_\_\_

Applicant’s SIGNATURE: \_\_\_\_\_

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

## **Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports**

### **Section I: Disclosure**

Insearch Corp. (the “Company”) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency — GoodHire, LLC. — Address: P.O. Box 391403 Omaha, NE 68139 | Phone: 1-888-906- 7351 | Fax: 650-362-1933 | Email: support@goodhire.com. As a result, GoodHire may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker’s compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as “a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee.”

### **Section II: Authorization and Release**

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, GoodHire, LLC., to the Company and its designated representatives and agents. By my signature below, I authorize the company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor relationship with those partners. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

I authorize GoodHire and its agents to contact my current employer if necessary to verify my current employment status after the following date:

**Applicant Name:** \_\_\_\_\_ **Applicant Email:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com.