

HT BAR USE ONLY

Applicant: _____
 faxed mailed e-mail in office
Sent to: _____
Received back on ___/___/___



Thank your applying for qualification with

HT Bar, Inc.

The attached application is a **reflection of you**. Please be complete and accurate with all information, as this is the information that will be used in assessing and verifying you for qualification with this company.

In the employment history section:

- List all employment for the last 3 years. Explain any gaps over 1 month in duration.
- List all CDL employers (*those for whom your CDL was required*) that you had for an additional 7 years beyond the above 3 years.
- All address, zip codes, phone numbers **must be complete and accurate**. Do not leave requested information blank. FAX numbers are helpful, but not required.

Thank you again!

When completed fax back to: **817-441-7379**
Or mail back to:
HT Bar, Inc
705 Quail Ridge
Aledo, TX 76008

fax# 817-441-7379

Application for Qualification
HT Bar, Inc. 705 Quail Ridge Aledo, TX 76008

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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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 has been extended.)*

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 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 the Company.

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 understand that 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.

Signature _____

Date _____

Personal Information

Name		Social Security Number	
Present Address, City, State and Zip Code		How long have you lived here?	
Address, City, State and Zip Code for last three years. <i>(Add sheet if more space is needed)</i>		How long there?	
Date of Birth	Telephone number	Alternate Telephone number	
CDL Number	State	Class	Date Expires
		Date Issued	Endorsements

Driving Experience

Class of Equipment	Circle Type of Equipment	Approximate # of Miles	Approximate # of year
Straight Truck	(Van, Tank, Flat, Dump, Reefer)		
Tractor & Semi Trailer	(Van, Tank, Flat, Dump, Reefer)		
Tractor and Doubles	(Van, Tank, Flat, Dump, Reefer)		
Tractor and Triples	(Van, Tank, Flat, Dump, Reefer)		
Motor Coach or School Bus			

Employment History

- To drive in interstate commerce, all driver applicants must provide the following information on **ALL** employers during the preceding 3 years. **Any gap in employment must be fully explained.**
- If you drove a commercial motor vehicle in intrastate or interstate commerce, you must also provide an additional 7 years of information for those employers for whom you operated such a vehicle. **Show all information requested accurately & completely. Do not leave requested information blank.** Add a separate sheet if necessary.

Are you employed now? _____ If not, how long since leaving your last employment? _____

Start with Current or most recent employer and go backwards-

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? _____ Yes _____ No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) _____ Yes _____ No

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? _____ Yes _____ No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) _____ Yes _____ No

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? _____ Yes _____ No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) _____ Yes _____ No

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? _____ Yes _____ No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) _____ Yes _____ No

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? Yes No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) Yes No

Employer Name: _____ Employment Period: From _____ To _____

Address: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Describe your duties and equipment or vehicles you operated: _____

Were you subject to the FMCSR's while employed here? Yes No Salary/Wage _____

Were you subject to the Drug and Alcohol testing requirements of the federal Regulations: (49CFR Part 40) Yes No

Note: Attach a separate sheet if you have more employers to list!

List all traffic accidents you have been involved in during the last 3 years:

(If none, show "none")

Accidents	Date	Nature of Accident	Fatalities	Insures	Hazardous Materials Spill?
Last accident					
Next previous					
Next previous					

List all traffic convictions and/or bond forfeitures you have had in the past 3 years:

(If none, write "none")

Location	Date	What was the charge?	What was the Penalty?

List all commercial drivers licenses you have held during the last 3 years

State	Drivers License Number	Type	Expiration Date

Do you have a legal right to work in the United States? Yes No

No	Inquiry	Yes	No
1	Have you ever been found guilty of a criminal felony or misdemeanor charge? <i>If yes, give details. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.</i>		
2	Have you ever been denied a license, permit or privilege to operate a motor vehicle? <i>If yes, give specific details.</i>		
3	Has your driver's license ever been suspended or revoked? <i>If yes give specific details.</i>		
4	Have you been convicted or pled guilty to DWI/DUI within the last 10 years? <i>If yes give specific details.</i>		
5	Have you tested positive for alcohol or controlled substance in the last 3 years? <i>If yes give specific details.</i>		
6	Have you refused a required test for alcohol or controlled substance in the past 3 years? <i>If yes give specific details.</i>		
7	Have you been denied a job because you failed an alcohol or drug test in the last 3 years? <i>If yes give specific details.</i>		
8	Have you ever been discharged or requested to resign a job or position? <i>If yes give specific details.</i>		
9	Is there any reason you might not be able to perform the functions of the job for which you are applying? <i>If yes, please explain.</i>		

Detail space for "yes" answers to the above 9 questions: _____

Please list three persons that could be contacted in case of an emergency:

Name	Address	City and State	Relationship	Telephone Number

Applicant Certification

This certifies that this application was completed by me, and that the entries on it and information in it are true and complete to the best of my knowledge:

Signed by: _____
Applicants Signature
Date Signed

Interviewer notes:



HT Bar Inc.

***RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 382.701,
THE FMCSA DRUG AND ALCOHOL CLEARINGHOUSE***

In accordance with DOT Regulation 49 CFR Part 382.701 and 49 CFR Part 40, each as applicable, I hereby authorize the DOT-regulated employer listed above to submit a limited query throughout my employment on an annual basis per DOT Regulation Part 382.701. I understand if the limited query returns a record, I must electronically give consent on the FMCSA Drug and Alcohol Clearinghouse website within 24 hours, for the company above to receive the results of that record. (Including any of the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation.)

I agree that employment with the above company is pursuant upon giving consent when necessary.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for all limited query requests made by or on behalf of the Customer.

Print Applicant Name: _____

Driver's License # _____

Applicant Signature: _____

Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

TruckConsultant1 bill@truckconsultant1.com
3108 Andrew Court, Phone: 817-7936766
Bedford, TX 76021
For Client: HT Bar, Inc. Aledo, Texas

PLEASE RESPOND

TO FAX NUMBER- 469-609-0599

Previous Employer:

[Empty box for Previous Employer name]

Phone: _____

FAX: _____

ATTN: _____

APPLICANT- please do not fill out this form. Only sign and date it at the bottom!

_____, Social Security Number _____
has applied to be qualified as a driver for our company. He/she has listed you as a previous employer. Please verify the following information regarding this applicant, and fax back to us as soon as possible. Thank you for your time

Dates of employment indicated on the application are: From: _____ To: _____ Dates Correct? _____

Type of work performed: ___ Local Driver ___ OTR Driver ___ Other _____

Reason for leaving: ___ Resignation ___ Discharge ___ Other: _____ Would you rehire? _____

As a driver, did he/she have any accidents? ___ yes ___ no _____

Was his/her general performance satisfactory? ___ yes ___ no _____

Any hours-of-service or logging problems? ___ yes ___ no _____

Problems with company personnel or customers? ___ yes ___ no _____

Please complete the following if this driver was included on our accident register during the last 3 years.
Date Location Injuries Fatalities Haz Mat Spill
___ ___ ___ ___ ___
___ ___ ___ ___ ___
___ Check here if he she is not included on accident register

In the previous three years, for DOT-related drug and alcohol screening:

- 1. Was this applicant included in a random alcohol/drug program? ___ yes ___ no
2. Has this person tested positive for a controlled substance? ___ yes ___ no
3. Has this person had an alcohol test with breath alcohol concentration of 0.04 or greater? ___ yes ___ no
4. Did the employee have other violations of DOT drug and alcohol testing regulations? ___ yes ___ no
5. Did a previous employer report a drug and alcohol rule violation to you? ___ yes ___ no

If you answered "yes" to any of the drug and alcohol questions; did the employee complete the return-to-duty process? _____
If you answered "yes" to any of the drug and alcohol questions, will you please also transmit a copy of the appropriate documentation - e.g. CCFs, MRO results reports, BATFs, SAP reports, and follow-up testing records.

I hereby authorize you to release and forward the information requested above for the purpose of the investigation as required by 391.23 of the FMCSR. I also authorize you to release and forward the information requested above concerning my Alcohol and Controlled Substances Testing records.

Applicant Signature

Social Security Number

Date Signed

Signature of Person supplying information: _____ Date: _____

Title _____ Phone number _____



Authorization for Disclosure of Information

I understand that in connection with my background check being performed by HireRight, LLC ("HireRight"), one or more of the following source(s) are requiring my hand written signature in order to authorize the release of information to HireRight. Accordingly, I hereby authorize all of the following, without limitation, to disclose information about me to HireRight and its agents in connection with its preparation of background reports on me.

- Law enforcement agencies;
- Learning institutions (including public and private schools, colleges and universities);
- Testing agencies;
- Information service bureaus;
- Record/data repositories;
- Courts
- Motor vehicle records agencies;
- My past or present employers;
- The military; and
- Other individuals and sources with any information about or concerning me.

The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, motor vehicle history, criminal history, military service, professional credentials and licenses.

Applicant Last Name _____ First _____ Middle _____

Other Names Used _____

Applicant Signature _____ Date _____

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 _____ (“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 _____ (“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