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 Recruiting Phone: 574.533.0001
 Recruiting Fax: 1.888.270.3693
www.SynergyRVTransport.com

EMPLOYMENT APPLICATION FOR CONTRACTOR DRIVERS

This application must be filled out completely and accurately to be considered.

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

What are you primarily applying for (check all you are interested in and equipped for):

Single Pull Towable Motorized Haul & Tow Truck/Tractor & 53' Step Deck Trailer

What kind of truck or tractor will you be using? Make: _____ Model: _____ Year: _____

If motorized, do you have a towable vehicle to pull behind units you deliver? Yes No

Last Name: _____ First: _____ Middle: _____

Email Address _____ Date _____

Cell #: _____ Social Security Number: _____

Driver License #: _____ State or Prov.: _____ Class/Type: _____ CDL?: Yes No

Date of Birth _____ How did you hear about us? _____

If you were referred to us, who referred you? _____

Do you have a current DOT Medical Certificate? Yes No

If not, will you be able to obtain one before coming to orientation? Yes No

Current Address: _____ Length of Residence: _____

City: _____ State or Prov.: _____ Zip or Postal Code : _____

*** If at your current address is less than three years, list previous address(es) ***

Previous Address 1 : _____ Length of Residence: _____

City: _____ State or Prov.: _____ Zip or Postal Code : _____

Previous Address 2 : _____ Length of Residence: _____

City: _____ State or Prov.: _____ Zip or Postal Code : _____

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

DL#:	DLS:	DLT:	OOS:	DBLCHK:
DOB:	SSIDN:	PH:	EML:	DBLCHK:
APP/REJ:	PRONOTE:			

Please Print Last Name Here: _____

History of Employment

All applicants who operate in interstate commerce must provide the following information on all current and previous employers for the past ten years. We will request documentation for any employment gaps greater than thirty days. If self-employed you must provide a copy of your 1099 or profit/loss statement from your tax form.

Please list from most recent to oldest for the past ten years. EXPLAIN ANY GAPS IN EMPLOYMENT.

Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please Print Last Name Here: _____

History of Employment (Continued)

Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer or Carrier			From: (Month/Year)
Name			To: (Month/Year)
Address			Reason for leaving:
City	State	Zip	
Contact	Phone	Position	
Were you subject to FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please use additional sheet if needed. You can send separate email with all information if more space is required.
Remember that your work history must go back 10 years with no unexplained gaps of more than one month.

Please Print Last Name Here: _____

Accident/Incident Record for the Past Three Years

List all, regardless of fault, in order from most recent to oldest. If none, enter "none". (Attach sheet if more space is needed)

Date	Nature of Accident or Incident (Head on, Rear end, ETC.)	Fatalities	Injuries

Convictions

Any traffic convictions and forfeitures for the past three years (other than parking violations). If none, enter "none".

Location	Date	Charge	Penalty

Any alcohol or drug related offense ever. If none, enter "none".

Location	Date	Charge	Penalty

Any felony or misdemeanor convictions in the past ten years. If none, enter "none".

Location	Date	Charge	Penalty

Any DOT inspection violations or warnings in the past three years. If none, enter "none".

Location	Date	Violations	Were you placed Out of Service?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

License Revocation, Suspension, Cancellation

FMCSR requires commercial motor vehicle operators to notify their employers if their driver's license has been suspended, revoked or cancelled, or if they are disqualified. Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? Yes No If yes give a brief explanation of when and why _____

Auto and/or CDL Licenses

DOT Regulations specify that it shall be illegal for a commercial motor vehicle operator to have more than one driver's license. (You must list All Licenses held by you within the past three years).

License #	State	Type/Class	Expiration Date

Please Print Last Name Here: _____

FMCSR Employment Questions

Per FMCSR § 382.412, have you tested positive or been terminated for use of drugs or alcohol in the previous two years.

Yes No

If yes, please give date and brief explanation:

Do you have the legal right to work in the United States?

Yes No

Have you ever worked for this company before?

Yes No

If yes, when: From: _____ To: _____ Position: _____

Have you ever applied to this company before?

Yes No

List the states you have regularly operated in during the past five years: _____

Do you have any courses or training that help you as a driver: _____

Do you have any safe driving awards? (Who and what) _____

Type equipment	Dates: From - To	Approximate number of miles
Commercial RV Trailer		
Personal RV Trailer		
Tractor / Trailer		
Flatbed		
Oversize		
Other		

Any other information you would like us to consider with your applications for employment: _____

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.

Printed applicant's name

Synergy RV Transport, Inc.

Motor carrier

Applicant's signature

Synergy RV Transport employee signature

Date

Synergy RV Transport employee title

Please Print Last Name Here: _____

DRIVER APPLICANT READ COMPLETELY AND SIGN

In connection with my application for Independent Contractor Driver (including contract for services) with Synergy RV Transport, Inc., I understand that consumer reports which may contain public record information may be requested from Synergy RV Transport, Inc. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents and incidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY SYNERGY RV TRANSPORT, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to Synergy RV Transport, Inc., upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. In conformity with 49 C.F.R. Part 40, I hereby authorize motor carriers (company/school) listed on my application to furnish SRT the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorize SRT to receive involves tests which were fully required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes SRT with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during my three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Driver Applicant Signature: _____ Date: _____

DRIVER APPLICANT READ COMPLETELY AND SIGN

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

I certify that the information presented on this application was completed by me, and that all entries on it and information in it, including any additional sheets attached, are true and complete to the best of my knowledge.

Driver Applicant Signature: _____ Date: _____

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Synergy RV Transport, 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 Synergy RV Transport, 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

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