

CAM Transport, Inc. - Driver Qualification Guidelines

Contractor Selection- Selection and screening of candidates follows stringent guidelines utilizing State, Federal, and Company requirements. Those requirements are as follows:

- > All candidates must be 23 years of age or older.**
- > Must possess 1 valid license of the proper type (CDL) with the required endorsements.**
- > A minimum of (2) years over the road verifiable recent driving experience.**
- > Must be able to read & write the English language well enough to fulfill the requirements of the position applied for per 391.111(b)2.**
- > Must pass an extensive background investigation utilizing a variety of resources and information gathering including:
 - 1. Previous employer work record verification.**
 - 2. Controlled substance and alcohol abuse investigation.**
 - 3. Accident record investigation.(No more than 1 serious violation in the past year (as defined by part 383.5 of the FMCSA Rules/Regulations).**
 - 4. MVR Review and PSP review through FMCSA****
- > Must provide a Medical Examination that does not expire within 6 months**

- > Candidates with a history of any of the following are rejected:
 - . DWI or DUI within the (10) years preceding the date of application.**
 - . Refusing or failing any DOT mandated drug or alcohol test within (10) years of the date of the application.**
 - . No felonies within the last 10 years.**
 - . No more that (1) at fault accident within the past 2 years.**
 - . No more than (3) moving violation in the past 36 months (3 yrs.)**
 - . Invalid citizenship, Contractors license or Social Security documents.**
 - . Providing false or misleading information on an application.****

PRE-QUALIFICATION FORM

Revised 9/2010

This form is only good for generating the MVR, DAC employment history, and Criminal background check. All other forms must still be completed and submitted to the safety department before approval is granted.

Company Cam Transport, Inc. Terminal Terminal

Applicant Name _____ Phone # _____

Date of Birth _____ Social Security #: _____

Address _____

City _____ State _____ Zip Code _____

CDL # _____ State _____ Expiration Date _____

of Tickets last 12 months _____ Last 36 Months _____

of Chargeable Accidents last 3 years _____ Major _____ Minor _____

DWI/DUI/Reckless Driving: No _____ Yes _____ Date _____

Ever failed drug screen: No _____ Yes _____ Date _____

License ever suspended: No _____ Yes _____ Date _____

Ever terminated from job: No _____ Yes _____ Date _____

Ever been convicted of a felony: No _____ Yes _____ Date _____

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413

Yes _____ NO _____

(If answer is NO, contractor may not be signed on)

List all employment for the past 3 years: (DO NOT LEAVE ANY GAPS)

Company Name _____ Dates _____ Phone # _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

**TO BE READ AND SIGNED BY DRIVER/OWNER OPERATOR APPLICANT EQUIPMENT OWNER /
CONTRACT DRIVER RELEASE**

I hereby agree that the information I have provided in this application will be used to determine my eligibility, and that prior employers will be contacted for purposes of investigation as required by CFR 391.23 (a) through (c).

I agree and understand that any misrepresentation or omission on my part insofar as the information I have provided in this application shall be regarded as an act of dishonesty.

It is agreed and understood that the Contractor or his agent may investigate the applicants' background, criminal record, driving record, and personal conduct as related to the position applied for AND THAT APPLICANT RELEASES CONTRACTOR AND HIS AGENTS FROM ALL LIABILITY FOR ANY DAMAGES RESULTING FROM SUCH INVESTIGATION.

The applicant agrees to furnish such additional information and complete such examinations as may be required in order to complete the contractor's file. It is mutually understood and agreed upon that no contract or lease shall create an employer employee relationship.

A. Officer to release the following information concerning any of my past controlled substance results:

1. The type of controlled substance testing for which I submitted a urine sample,
2. The date of such collection,
3. I hereby give my express consent for DAC (USIS) Services, this agency, any previous employer, their agent, or Medical Review the identity of the person or entity performing the collection, analyzing the specimens, and serving as the Medical Review Officer.
4. Whenever the test results were positive the substance identified. I understand and voluntarily consent to submit to urine/breath testing if requested in conformance with 49CFR part 40.1. I understand that such testing will be conducted under the direction of the Medical facility chosen by the contractor. I further understand that samples submitted will be used to determine if I engage in the use of controlled substances as defined in 49 CFR part 40. I give permission for you, your Medical Review Officer or your designated agent to release the above information from time to time to DAC Services 4110 S 100th Ave. Tulsa, Ok. I hereby authorize you your agent, Medical Review Officer, or DAC Services to release this information to any future employer, company or agent thereof providing I have given my express written consent to do so. I hereby release any person or entity from any and all claims arising from the release of the information described above.

B. I agree that if my equipment and services are leased by you that you in turn are hereby released from all liability resulting from providing information as described above to DAC Services, subsequent employers, or others who have my express written consent to request such information. It is understood that no information developed by this investigation including drug or alcohol testing and results thereof will be shared with any insurance carrier, agent, or underwriter.

C. I authorize the Carrier 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 consenting to 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 in making a determination regarding my suitability as a contract driver. I understand and agree that a report regarding my past employment and or drug and alcohol testing and the results thereof is being requested from DAC Services Tulsa OK.

I understand and agree that such reports will include driving record, criminal record, work habits, accidents, claims etc. I have been informed by Contractor that I have the right to submit in writing a rebuttal to any and all such reports with which I do not agree. I have been further informed that I may by submitting a written request obtain a copy of all reports generated by the investigations referred to herein. I have been informed by Carrier I have the right to have my rebuttal statement attached to the alleged erroneous information, the right to have errors corrected by previous employers and the right to request a copy of any information gathered pursuant to the investigation as described herein.

D. I agree that if my equipment and services are leased by you that you in turn are hereby released from all liability resulting from providing information as described above to DAC services, subsequent employers, or others who have my express written consent to request such information. It is understood that no information developed by this investigation including drug or alcohol testing and results thereof will be shared with any insurance carrier, agent, or underwriter.

E. I further understand that neither the carrier 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://dataq.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, DMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Signature _____

Date _____

Agency Rep. _____

Date _____

Please fill out information below if you would like to request any of documents listed to be sent via registered mail (Applicant only)

Printed Name _____

Address _____

Previous Employers _____ DAC (USIS) Reports _____ Law enforcement agency reports _____ MVR _____