



# EMPLOYMENT APPLICATION

## Welcome to Atlas Trucking

We haul freight across the United States and Ontario, Canada, working with a well-qualified team of employee drivers and owner operators under contract. We support our road force with a team of managers who work one-on-one with every driver to make sure every load we carry arrives safely and on time.

In this application package you will find everything you need to know and do to join our enthusiastic and dedicated driver workforce.

## Contractor Requirements

Must be at least 23 years of age and have a valid class "A" CDL from state of residence.

Must have two-year verifiable experience in the last five years, on the equipment you will operate and an acceptable work history for the past 10 years. All gaps in employment must be accounted for (acceptable driver training program can substitute for sixth months experience).

No more than three moving violations in any type of motor vehicle in the last three years.

No license suspension/disqualification for traffic convictions within the last three years.

A copy of a valid long form physical and medical card performed in the last six months.

A DOT drug test with a negative result.

No drug or, alcohol (DUI/DWI) related convictions/ incidents within the last five years.

Incidents older than five years will be reviewed.

No felonies in the past five years. Felonies over five years will be reviewed.

No more than two preventable accidents in the last three years.

No more than three driving jobs in the last 15 months or no more than six driving jobs in the last 36 months.

*Thank you for your interest in joining the Atlas Trucking driver team.*



Has your licenses been revoked, suspended, or restricted

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Driving Experience**

Class of Equipment	Material Hauled	Over the Road?	Years	Miles

Have you ever hauled steel before? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What type of steel? Coil Rod \_\_\_\_\_ Bars \_\_\_\_\_

**Accident Review for past 3 years**

Dates	Location	Injuries or Deaths	Type vehicle Being Driven	Where you Responsible?	Describe

**Traffic convictions of any type in last 3 years**

Date	Location	Moving Violation	Disposition	Points

The information you provide on the following pages may be used, and the previous employers listed below will be contacted, for the purpose of investigating your safety performance history.

**Work History** – Give a complete history of your last ten years of employment for the past 10 years starting with your present or most recent employer. Account for every month including months you where not employed.

Company:		Supervisor:	
Address:	City:	State:	
Position:	Dates: From    /    /    To:    /    /		
Reason for Leaving:		Phone:	
Where you subject to the FMCSR during the course of your employment? Yes ___ No ___ Were you subject to the Alcohol /Controlled Substance testing required by 49CFR Part40? Yes ___ No ___			

Company:		Supervisor:	
Address:	City:	State:	
Position:	Dates: From    /    /    To:    /    /		
Reason for Leaving:		Phone:	
Where you subject to the FMCSR during the course of your employment? Yes ___ No ___ Were you subject to the Alcohol /Controlled Substance testing required by 49CFR Part40? Yes ___ No ___			

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Address:	City:	State:	
Position:	Dates: From    /    /    To:    /    /		
Reason for Leaving:		Phone:	
Where you subject to the FMCSR during the course of your employment? Yes ___ No ___ Were you subject to the Alcohol /Controlled Substance testing required by 49CFR Part40? Yes ___ No ___			

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Address:		City:	State:
Position:		Dates: From    /    /    To:    /    /	
Reason for Leaving:		Phone:	
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Position:		Dates: From    /    /    To:    /    /	
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Address:		City:	State:
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Company:		Supervisor:	
Address:	City:	State:	
Position:	Dates: From    /    /	To:    /    /	
Reason for Leaving:		Phone:	
Where you subject to the FMCSR during the course of your employment? Yes ___ No ___			
Were you subject to the Alcohol /Controlled Substance testing required by 49CFR Part40? Yes ___ No ___			

Use additional piece of paper if necessary to list all past employment.

**Character References other then relatives, list reference that can verify your self employment:**

Name	Phone #		
Address:	City:	State:	Zip:
Occupation and Place of Employment:			

Name	Phone #		
Address:	City:	State:	Zip:
Occupation and Place of Employment:			

**In case of an emergency, contact:** \_\_\_\_\_ **Phone#:** (    ) \_\_\_\_\_

Waiver – This is to inform you that an investigative report maybe made whereby information is obtained through personal interviews with third parties, such as family, friends, neighbors or others whom are acquainted. This inquiry includes information as to your character general reputation, personal characteristics and mode of living, whichever maybe applicable.

You have my permission to perform these checks. I hereby authorize company individuals to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit, arrest record, driving record, etc. I hereby release Atlas Trucking Company and its authorized individuals from any and all liability for damage whatsoever the nature, which may result from this investigation of me.

I hereby authorize the present and past employers to furnish my previous employment record with them, with reason for separation, and any and all information which said company may have concerning me to the company's investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results as required by section 382.405(f), 382.413 and 382.401(b) of the Federal Motor

Carrier Safety Regulations. I also release present and past employers and their authorized individuals from any and all liability for damages whatsoever as a result for furnishing my past employment records.

I hereby authorized any local, county, state or federal law enforcement agency to furnish all information regarding my arrest, convictions or information listed to the Atlas Trucking investigative agency including my Motor Vehicle Report and Pre Employment Screening for roadside inspections in the past 36 months. I hereby release said law enforcement agencies from any and all liability for damages, whatsoever which may result from furnishing any information concerning me.

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.

Signed \_\_\_\_\_ Date \_\_\_\_\_ SSN# \_\_\_\_\_ - - \_\_\_\_\_

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Atlas Trucking Company LLC ("Prospective Employer"), it 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.

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.

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 that 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 NICTD on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver'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 driver'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 nonchanged.



### Inquiry to Past Employer

Company: Atlas Trucking Co. L.L.C.  
 Address: 20601 Trolley Industrial Drive  
 E-mail: ~~safe~~ y@atlastrucking.com

Fax # 313-429-2108  
 Phone# 313-429-2107

Fill out

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

You are hereby authorized to give to Atlas Trucking Co. L.L.C. all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Atlas Trucking L.L.C. to comply with the requirements of 49 CFR, 382.413 & 391.23, I hereby consent to Atlas Trucking Co.L.L.C. obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment record. I hereby authorize and direct my prior employers to release such information to Atlas Trucking Co. L.L.C. in personal interviews, telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Atlas Trucking Co. L.L.C. to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

LEAVE BLANK

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

LEAVE BLANK

Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Driver: Yes \_\_\_ No \_\_\_ Part-time \_\_\_ Full-time \_\_\_  
 Company driver \_\_\_ Owner Operator \_\_\_ Driver for Owner Operator \_\_\_  
 Equipment: Van \_\_\_ Tank \_\_\_ Flatbed \_\_\_ Tractor \_\_\_ Straight Truck \_\_\_ Other \_\_\_  
 List areas in which applicant drove regularly: \_\_\_\_\_  
 Logs: Did applicant violate hours of service regulations? Yes \_\_\_ No \_\_\_  
 Accidents: Total number \_\_\_\_\_ Preventable \_\_\_ Non-Preventable \_\_\_  
 D.O.T. Reportable Accidents: \_\_\_\_\_  
 Tickets: Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_  
 What license did applicant have? Class \_\_\_\_\_ State of issue \_\_\_\_\_  
 Why did applicant leave your employ? \_\_\_\_\_  
 Is applicant eligible for rehire? Yes \_\_\_ No \_\_\_ If no, why? \_\_\_\_\_  
 Was applicant's license ever suspended or revoked? Yes \_\_\_ No \_\_\_

In accordance with part 382.405, 382.413, and 40.25	:	Yes	No
Has this person ever tested positive for a controlled substance in the past three years?	:	___	___
Has this person ever had an alcohol test concentration of 0.04 or greater in the past three years?	:	___	___
Has this person ever refused a required test for drugs or alcohol in the past three years?	:	___	___
Has this person violated any other DOT agency drug and alcohol testing regulations?	:	___	___

Fill out

Additional comments: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

1st Attempt	2nd Attempt	3rd Attempt	4th Attempt
Date _____	Date _____	Date _____	Date _____
Time _____	Time _____	Time _____	Time _____
Method _____	Method _____	Method _____	Method _____
Contact _____	Contact _____	Contact _____	Contact _____