DISTANCE BROTHERS
TRANSPORTATION SERVICES

5325 Leopard St
Corpus Christi, Tx 78408

The Road To A Better Future

Contact
Recruiting
Phone: 361-946-2767

Website
www.distancebrothers.com

Motor Coach & Mini Bus Operators

Distance Brothers Services, Inc

With a potential annual income of $60,000 plus, you will be proud to call **Distance Brothers Services, Inc** your new home away from home.

Visit our website *www.distancebrothers.com* to learn more about a future career with Distance Brothers Services, Inc.

DRIVER APPLICATION

Distance Brothers Services, Inc.

5325 Leopard St
Corpus Christi, Tx 78408

REFERRAL SOURCE: _____

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability.
Applicant: Please be advised that DBS Transportation INC will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms. **At-Will Notice:** ***Employment with Distance Brothers Transportation Services is at-will. This means that either the employee or the Company may terminate the employment relationship at any time, with or without cause, and with or without advance notice. No representative of the Company has the authority to enter into any agreement to the contrary.***

Date:_____ _____
*(**City & State** where applicant is completing this application)*

(Last Name)	*(First)*	*(Middle Initial)*	*(Social Security Number)*

_____
(Address – Number & Street) *(City)* *(State)* *(Zip Code)*

_____ _____
Email Adress *(Date of Birth)*
(_____)_____ ***(Note: Date of birth is required by some states to obtain an MVR report)***
Cell Phone -OR - Alternate Telephone Number

Note: If you have resided at the above address for less than three years, please list all states of residence for last three years: _____
_____

Are you 21 years of age or older? ☐ Yes ☐ No

Can you provide proof of age? ☐ Yes ☐ No

Have you ever worked for this company before? ☐ Yes ☐ No
(If yes, dates:_____)

Are you currently employed? ☐ Yes ☐ No

<u>If you are currently employed, may we contact your current employer</u>? ☐ Yes ☐ No

If you **are not currently employed**, what was the last day worked for last employer? _____
(month day year)

(Check Yes or No to the following three questions)	**YES**	**NO**
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Have you ever had a license, permit or privilege revoked or suspended? ……....	_____	_____
Have you ever been convicted of a felony? ……..		

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS

Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the ***previous three (3) years.*** Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also ***provide an additional seven (7) years*** information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer will delay the processing of this application and be returned to you.

The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport 14 or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

LIST MOST RECENT EMPLOYER FIRST THEN WORK BACKWARD SHOWING ALL EMPLOYERS FOR TEN YEARS.
LIST ALSO, ANY PERIOD OF TIME IN WHICH YOU WERE UNEMPLOYED DURING THE PAST 10 YEARS

Present or last employer – or – unemployment period of time

Mo/Yr Mo/Yr
From _____ To _____ Name: _____

Position held: _____ Address:_____
Street City State

Reason for leaving: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ____ No ___
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?
---------- Yes ____ No ___

2nd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address:_____
Street City State

Reason for leaving: _____ Phone No: (_____)_____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes____ No ____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?
---------- Yes ____ No ___

3rd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (_____)_____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes____ No ____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?
---------- Yes ____ No ___

4th most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr
From:_____ To: _____ Name:_____

Position held: _____ Address: _____
Street City State

Reason for leaving:_____ Phone No: (_____)_____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes____ No____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?
---------- Yes ____ No ___

5th most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr

From:_____ To:_____ Name:_____

Position held:_____ Address:_____

Street City State

Reason for leaving:_____ Phone No: (_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ____ No____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?

---------- Yes ____ No ___

6th most recent employer –or- unemployment period of time

Mo/Yr Mo/Yr

From:_____ To:_____ Name:_____

Position held _____ Address_____

Street City State

Reason for leaving_____ Phone No: (_____)_____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ____ No____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?

---------- Yes ____ No ___

7th most recent employer –or- unemployment period of time

Mo/Yr Mo/Yr

From_____ To:_____ Name:_____

Position held _____ Address:_____

Street City State

Reason for leaving _____ Phone No: (_____)_____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ____ No ____

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

8th most recent employer –or- unemployment period of time

Mo/Yr Mo/Yr

From _____ To:_____ Name:_____

Position held:_____ Address:_____

Street City State

Reason for leaving:_____ Phone No: (_____)_____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes____ No____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?

---------- Yes ____ No ___

9th most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr

From_____ To_____ Name_____

Position held_____ Address_____

Street City State

Reason for leaving:_____ Phone No: (_____)_____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes____ No____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?

---------- Yes ____ No ___

NOTE: IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF THIS PAGE TO LIST ADDITIONAL PAST EMPLOYERS, USING SAME FORMAT AS ABOVE OR ASK COMPANY REPRESENTATIVE FOR AN ADDITONAL PAGE FOR LISTING PAST EMPLOYERS.

Note: – Incomplete application forms will be delayed or not considered at all

ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

TRAFFIC CONVICTIONS and FORFEITURES

(list all for past three (3) years)

Date	Location	Charge	Penalty

EDUCATION

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EXPERIENCE – QUALIFICATIONS

List all drivers' Licenses issued to you in the last five (5) years

State	License Number	Type of License	Expiration Date	Endorsements

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

_____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

This certifies that I completed this application, and all entries of information on it are true and complete to the best of my knowledge.

_____ **X** _____

(Date) *(Applicants Signature)*

APPLICANT NOTIFICATION AND RELEASE FORM

In connection with my application for employment (including contract for services) with DBS Inc, I understand consumer reports that may contain public record information, may be requested from HireRight (or like services) or from state agencies. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. Such reports can be furnished by federal, state and other agencies that maintain such records, as well as information from HIRERIGHT (or like services) concerning previous driving record requests made by others from such agencies, and states providing driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT (or like agencies) OR STATE AGENCIES TO FURNISH THE ABOVE REFERENCED INFORMATION.

I have the right to make a request to HIRERIGHT (or like services), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HIRERIGHT (or like services) has previously furnished within the last two year period preceding my request. I hereby consent to your obtaining the above information from HIRERIGHT (or like services), and agree that such information, which you obtain and my employment history with DBS Transportation, if I am hired, will/can be supplied to HIRERIGHT (or like services) and to other companies which may subscribe to HIRERIGHT (or like services).

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for DBS Transportation, INC to procure consumer reports including MVR reports, at any time during my employment (or contract) period.

I further/also understand my employment with DBS Transportation, INC will be pending a **NEGATIVE** pre-employment drug screen result.

_____

(*Print Name – Last, First, Middle Initial)*

_____ _____

(Applicants Signature) *(Date – dd, mm, yy)*

Important Notice Regarding Background Reports

In connection with your application for employment with Distance Brothers Services, Inc (DBS), we may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If DBS uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, DBS 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, DBS will notify you that the action has been taken and that the action was based in part or in whole on this report. DBS cannot obtain background reports from FMCSA unless you consent in writing. If you agree that DBS may obtain such background reports please read the following and sign below:

I further understand that neither DBS 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.

I have read the above notice regarding background reports provided to me by DBS and I understand that if I sign this consent form, DBS may obtain a report of my crash and inspection history. I hereby authorize DBS and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature_____

Print Name:_____

PAST EMPLOYMENT VERIFICATION

Distance Brothers Services, Inc. – 5325 Leopard St. – Corpus Christi, Tx 78408 – Ph# 361-946-2767

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I authorize Distance Brothers Services, Inc. (DBS), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize DBS and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by DBS to provide such information. I hereby release from all liability for damages DBS and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ **Date of Birth:**_____

Applicant's Signature: _____ **DATE:** _____

PAST EMPLOYER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CONTACT: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below

Type of Driving: ( ) Solo ( ) Team

Type of operation: ( ) Company Driver ( ) Owner Operator ( ) Drive for Owner Operator

Was It: ( ) Over the Road ( ) Regional ( ) Local

Type Equipment: ( ) Tractor-Trailer ( ) Straight Truck ( ) Bus ( ) Other

Type of Trailer: ( ) Pneumatic ( ) Van/Reefer ( ) Dump ( ) Tank
( ) Flatbed ( ) Other _____ Trailer dimensions/capacity: _____

Types of commodities hauled: ( ) Dry Bulk ( ) Iron, Steel, Etc. ( ) Coils ( ) Machine
( ) Gen. Freight ( ) Produce ( ) Liquid ( ) People
( ) Other

3. Number of accidents/incidents while employed: _____

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

_____

_____

_____

4. Was your equipment returned to an authorized location: ( ) YES ( ) NO

5. What was reason for leaving? ( ) Voluntarily Quit ( ) Layoff ( ) Discharged Why? _____

6. Is driver eligible for rehire? ( ) Yes ( ) No Why? _____

Name_____Address_____Phone:_____

VERIFIED BY: _____ **TITLE:** _____ **DATE:** _____

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT

Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask the applicant whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for but did not obtain safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past two years.

If the applicant admits that he/she had a positive test or refusal to test, we cannot use the applicant to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

Distance Brothers Services, Inc.
Corpus Christi, Tx 78408

Applicant Name	

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules during the past two years?

   Check One: Yes ____ No ____

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

   Check One: Yes ____ No ____

X _____ _____
(Signature of Applicant) (Date)

_____ _____
(Witnessed by – 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 Distance Brothers Transportation Services ("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 Distance Brothers Transportation Services ("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 2/11/2016