

**MP TECHNOLOGIES, LLC**

**DRIVER APPLICATION FOR EMPLOYMENT**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Maiden, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS FOR PAST \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip)

3 YEARS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM / TO	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR TWO TRAILERS			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked: YES \_\_\_\_\_ NO \_\_\_\_\_

**REQUIRED: Complete information below for your last employers.**

**CDL DRIVERS:** DOT requires employment information for past 3 years; **NON-CDL DRIVERS** employment for the past 3 years be listed below. - (attach blank page if more than three employers per above)

**LAST EMPLOYER:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

**SECOND TO LAST EMPLOYER:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

**THIRD TO LAST EMPLOYER:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 (Applicants Signature)

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq, the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit MP Technologies, LLC to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials and information and/or copies of documents from any military service.

I understand that an "investigative consumer report" may include information as to character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization as well as MP Technologies, LLC. from the liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that may compile the report, after I have provided proper identification.

I hereby authorize MP Technologies, LLC. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Full Name: \_\_\_\_\_

(Please print clearly)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_