

**FAIR CREDIT REPORTING ACT Disclosure Statement:**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on your for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

**IMPORTANT NOTICE Regarding Background Reports from the PSP ONLINE SERVICE:**

1. In connection with your application for employment with **Stutsman Holdings (dba: Eldon C. Stutsman, Inc., Stutsman Transportation, Inc., or Wellman Farm Center)** hereinafter referred to as "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.**

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

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

Name (Please Print): \_\_\_\_\_



**DRIVER MOTOR VEHICLE RECORD RELEASE**

Name: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_  
Drivers License State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

*Driver's authorization to release information:*

I, \_\_\_\_\_, do hereby authorize any State Department of Motor Vehicles to release any and all information pertaining to my driving record to Stutsman Transportation, Inc or its designee. This authorization shall remain in effect for the duration of my employment with the above named company.

Signed: \_\_\_\_\_

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

# DRIVERS APPLICATION FOR EMPLOYMENT OR LEASE

## **STUTSMAN TRANSPORTATION, INC.**

*P.O. BOX 111, 121 Lassie St.*

*HILLS, IA. 52235*

*PHONE : 800-669-2281 FAX : 319-679-2239*

**( ANSWER ALL QUESTIONS, DO NOT LEAVE ANY BLANKS! )**

In compliance with Federal and State equal employment 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.

Date of Application: \_\_\_\_\_

**\*\*\*\*\* READ, SIGN & DATE STATEMENTS ON PAGE 4 \*\*\*\*\***

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
Last First Middle

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

**\*Have you ever failed or refused a pre-employment Drug/Alcohol Test given by a company where you never accepted employment? YES NO** (If yes, please provide documentation of your successful completion of a return-to-duty process.)

**\*Have you ever been convicted of a Felony? YES NO** If Yes, When? \_\_\_\_/\_\_\_\_/\_\_\_\_

A Conviction Record will not necessarily bar you from employment. Such factors, Age and Time of Offense, Seriousness, and Nature of the violation will be taken into account!

Have you worked for this company before? YES NO Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied ?

If yes, explain if you'd like: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **EMPLOYMENT & LEASE HISTORY**

*All drivers and / or owner/operators must list your previous employment or lease for the past 3 years. If you have been driving for more than 3 years you must list employment for up to 7 additional years.....For vehicles with GVWR of 26,001 or more, vehicles designed to haul 15 or more passengers or vehicles transporting hazardous materials in quantities requiring placards.*

**FILL IN ALL INFORMATION !!**

**ATTACH A SEPARATE SHEET IF NECESSARY FOR ADDITIONAL EMPLOYERS.**

<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO

**\*\* MAKE SURE YOU COMPLETED ALL INFORMATION. \*\***

**LIST ALL ACCIDENTS IN THE PAST 3 YEARS. \*\* IF NONE, WRITE NONE \*\***

DATES	LOCATION CITY or TOWN (OR NEAR) & STATE	# INJURIES	# FATALITIES	HAZMAT INVOLVED?	
				YES	NO
1.					
2.					
3.					
4.					

**LIST ALL MOVING VIOLATIONS IN THE PAST 3 YEARS. \*\* IF NONE WRITE NONE. \*\***

STATE	DATE	VIOLATION	PENALTY
1.			
2.			
3.			
4.			

( IF MORE SPACE NEEDED, ATTACH A SEPARATE SHEET )

**EDUCATION**

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED: NAME:		CITY:

**DRIVER LICENSES PAST 3 YEARS**

STATE	LICENSE #	TYPE	EXPIRATION DATE

1. HAVE YOU EVER BEEN DENIED A LICENSE TO OPERATE A MOTOR VEHICLE? YES  NO
2. HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? YES  NO

IF YES TO EITHER 1 OR 2 GIVE DETAILS ON SEPARATE SHEET!

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIP. (VAN, FLAT, TANK, ETC.)	DATES		APPROX. TOTAL NUMBER OF MILES
		FROM	TO	

WHAT STATES HAVE YOU RUN IN THE PAST 3 YEARS?	
ANY SPECIAL COURSES OR TRAINING TAKEN?	
ANY SAFETY AWARDS AND FROM WHOM?	

**ANY OTHER QUALIFICATIONS & EXPERIENCE**

SHOW ANY OTHER EXPERIENCE OR TRAINING IN TRANSPORTATION NOT MENTIONED. SHOW ANY OTHER TECHNICAL TRAINING OR HEAVY EQUIPMENT TRAINING YOU MAY HAVE RECEIVED. SHOW ANY OTHER CERTIFICATIONS YOU HAVE, I.E...FORK LIFT, MECHANIC, ETC.


**TO BE READ SIGNED AND DATED BY APPLICANT**

I authorize: STUTSMAN TRANSPORTATION, INC. to make such investigations and inquires of my personal history *PROSPECTIVE EMPLOYER* including employment, financial or medical history, including drug & alcohol back ground checks, motor vehicle driving history (MVR) and other related matters as may be necessary in arriving at an employment decision and whatever is necessary for required periodic investigations such as motor vehicle driving records (MVR). (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

I understand that the information I have provided in regard to my current employer and/or my previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- 1) *Review information provided by previous employers;*
- 2) *Have errors in the information corrected by employers and for those previous employers to re-send the corrected information to the prospective employer;*
- 3) *Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE