



11140 North Moonbeam Drive, Ucon, Idaho 83454

Phone: (208) 552-7785

Fax: (208) 545-8046

Owner Operator Application & Accompanying Forms

Date: _____

Name: _____
FIRST MIDDLE LAST

Cell Phone: _____ Emergency Contact Phone: _____

Age: _____ Date of Birth: _____

License #: _____ License Expiration: _____ License State: _____

Physical Exam Expiration Date: _____

Current Address:

If you have been leased on to other companies previously, please list below:

Company	Start Date -- End Date

Please List the Equipment you would like to lease on with us:

Truck / Trailer	Make / Model	Year



Employment History:

Give a Complete Record of all employment for the past 3 years. Start with your most recent job.

Company Name: _____

Dates Worked: From ___/___/___ to ___/___/___

Position Held: _____

Address: _____

Reason For Leaving: _____

Company Phone: () _____ - _____

Were you subject to the FMCSR's while employed here? YES NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Company Name: _____

Dates Worked: From ___/___/___ to ___/___/___

Position Held: _____

Address: _____

Reason For Leaving: _____

Company Phone: () _____ - _____

Were you subject to the FMCSR's while employed here? YES NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Company Name: _____

Dates Worked: From ___/___/___ to ___/___/___

Position Held: _____

Address: _____

Reason For Leaving: _____

Company Phone: () _____ - _____

Were you subject to the FMCSR's while employed here? YES NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Company Name: _____

Dates Worked: From ___/___/___ to ___/___/___

Position Held: _____

Address: _____



Reason For Leaving: _____

Company Phone: () _____ - _____

Were you subject to the FMCSR's while employed here? ___ YES ___ NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ YES ___ NO

Driving Experience

Total Refer Miles Driven: _____

Total Miles under DOT Regulations: _____

List Special Courses / Training / Endorsements completed: _____

Accident Record for past three (3) years:

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations):

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

___ YES ___ NO

Has any license, permit or privilege ever been suspended or revoked?

___ YES ___ NO

Have you ever been convicted of a felony? _____ Yes _____ No



If the answers to any questions listed above are “yes”, give details

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty which will disqualify applicant from employment opportunities with Pocono Coast West, LLC. It is agreed and understood that Pocono Coast West, LLC or its agents may investigate the applicant’s background to obtain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employer (Pocono Coast West LLC) from all liability for any damages on account of applicant furnishing such information, or information surfaced from investigative efforts mentioned previously. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Name (print)

Applicant Signature

Date



**Background Check Authorization
and Release Form**

Full Name: _____
Last First Middle

Social Security No: _____ DOB: _____

Phone: _____ Email: _____

Driver's License: _____
Number State Class

Address: _____

City State Zip

I hereby authorize the release to Pocono Coast West, LLC, any and all information regarding my prior employment, criminal, credit, driving, workers compensation and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing the information. I understand the information may be reviewed initially and periodically by Pocono Coast West, LLC

I release Pocono Coast West, LLC and their agents and assigns, from any and all demands and/or liabilities that may originate from these investigations, or any demand or liability which may result from any drug testing procedure, or other medical screening procedures conducted by them or their agents, and any person, corporation, company, institute or their agents who may act upon the authority of this release.

I agree falsification ma make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that Pocono Coast West, LLC is relying on third party information and I therefore release Pocono Coast West, LLC, my prospective/actual employer, and their respective owners, agents and employees from any and all liability arising out of errors or omissions. I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Name (print)

Applicant Signature

Date



Driver’s Rights Pertaining to Release of Driver Information under Regulation 392.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- An inquiry into the driver’s driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator’s license or permit during those three years; and, an investigation of the driver’s employment record during the preceding three years.
- A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver’s employment begins and be retained in compliance with 391.51.
- Replies to the investigations of the driver’s safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver’s employment begins. This goes into effect after October 29, 2004.
- Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver’s request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver’s Safety Performance History. *I acknowledge that I have read and understand the contents of this document.*

Applicant Name (print)

Applicant 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 Pocono Coast West, LLC ("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 FM CSA 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 FM CSA 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 FM CSA 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, FM CSA 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 Pocono Coast West, LLC ("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 FM CSA 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 FM CSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FM CSR 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.

Applicant Name (print)

Applicant Signature

Date

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.