



First Choice Couriers, LLC ▪ First Choice Crew Movers, LLC
First Choice Transportation & Logistics, LLC

Employment Application Packet

Contents:

- Vendor/Employment Application
- Confirm Choice Authorization Form
- Release Authorization To Previous Employer Company Form
- Motor Vehicle Driver's-Certification of Violations/Annual Review Form

Position Applying For: _____

TO ALL APPLICANTS

Complete this application fully, legibly, and accurately. Do not leave blanks. **FAILURE TO COMPLETE THE APPLICATION IN ITS ENTIRETY WILL DELAY PROCESSING AND POTENTIAL EMPLOYMENT.**

- ❖ Include all past employment addresses, dates, contacts, and phone numbers for verification.
- ❖ If you are a Commercial Driver License (CDL) holder/driver applicant, you must provide seven (7) years of previous employment history if available. If you do not have this experience, please indicate so.
- ❖ If you **did not** operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.
- ❖ If the answer to a question is not applicable, enter NONE or initial the appropriate block.
- ❖ Sign on all lines requiring your signature. Initial and date each of the mandatory notification boxes.
- ❖ If you need more space for comments – make a note and write your comments on the reverse side of the form.

WE WILL USE THIS INFORMATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, AND TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE, AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.



VENDOR / EMPLOYMENT APPLICATION

FIRST CHOICE COURIERS, LLC
FIRST CHOICE TRANSPORTATION & LOGISTICS, LLC
FIRST CHOICE CREW MOVERS, LLC

DATE: _____

LOCATION APPLYING: _____

VENDOR COMPANY NAME (IF APPLICABLE)	TYPE OF BUSINESS
	<input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETOR <input type="checkbox"/> CORPORATION

APPLICANT INFORMATION				
NAME (FIRST)	(MIDDLE)	(LAST)	TITLE	DBA?
				Y
				N

PHYSICAL ADDRESS					
STREET ADDRESS	APT/SUITE #	CITY	STATE	ZIPCODE	
MAILING ADDRESS (If different from above)					
STREET OR PO BOX	APT/SUITE #	CITY	STATE	ZIPCODE	
EIN OR SSN	HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER		
EMAIL ADDRESS (Required) :					

WORK HISTORY			
<i>If you hold a CDL A or B please list the past 10 years, with no gaps in employment history. All other license holders list only 3 years of past employment history.</i>			
COMPANY NAME	TIME WITH COMPANY (MM/YYYY-MM/YYYY)	JOB TITLE	CONTACT NAME & PHONE NUMBER

CERTIFICATIONS			
STA#:	EXPIRATION:	TWIC#:	EXPIRATION:
HAZMAT:		SAFETY CARD:	
FORKLIFT:		OTHER:	

DRIVER INFORMATION (IF OWNER OPERATOR)				
DRIVER(S)	STATE	LICENSE NUMBER	TYPE	EXPIRATION

VEHICLES AVAILABLE (Contract Labor ONLY)						
CLASS OF EQUIPMENT	DESCRIPTION		LICENSE PLATE	INSURANCE LEVELS & EXPIRATION		
	SIZE / TYPE	QUANTITY	STATE & NUMBER(S)	LIABILITY	WC	CARGO
CAR						
SUV						
PICKUP TRUCK (COVERED BED)						
CARGO VAN						
FLATBED TRUCK						
GOOSENECK TRAILER (LENGTH)						
OTHER TRAILER (DESCRIBE)						
STRAIGHT (BOX) TRUCK						
OTHER						

BUSINESS REFERENCES/ PRIOR EMPLOYMENT REFERENCES		
COMPANY NAME	PHONE NUMBER	CONTACT NAME

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT
Class A & B ONLY

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) require all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1.) Within the last two (2) years, have you ever 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?
Yes _____ No _____

2) Within the last two (2) years, have you ever tested positive, or refused to test on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
Yes _____ No _____

Do you have your own reliable vehicle to get to and from your employer? Yes _____ No _____
Do you have a smartphone? Yes _____ No _____

A. Have you been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been convicted of DUI? Yes _____ No _____ Date: _____

A. Have you been convicted of a crime - felony or misdemeanor? Yes _____ No _____

IF THE ANSWER TO EITHER A, B, C OR D IS YES, ATTACH STATEMENT GIVING DETAILS

EMERGENCY CONTACT INFORMATION		
NAME	RELATIONSHIP	PHONE NUMBER

TO BE READ AND SIGNED BY VENDOR / CONTRACTOR / EMPLOYEE

I certify that this application was completed by me, the information I provided is true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

NOTICE – BACKGROUND INVESTIGATION AUTHORIZATION

In connection with your application and/or contract with First Choice Couriers, LLC (Company) this notice is provided to inform you that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for contract purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, driving and/or motor vehicle records, social security verification, verification of your education or employment history or other background checks. They may involve interviews with sources such as your neighbors, friends or associates. Reports may be obtained any time after receipt of this authorization and if contracted, throughout the course of your contract, as permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Confirm Choice, 4205 Hillsboro Pike, Suite 200, Nashville, TN 37215, toll free number 1-888-925-0114. For information about Confirm Choice’s privacy practices, see www.confirmchoice.com. The scope of this notice and authorization is not limited to the present and, if contracted, will continue and allow Company to conduct future screenings for retention, promotion or reassignment, unless revoked by you in writing. Company also reserves the right to share such reports with a third-party for whom you will be placed to work as a representative of Company, if applicable.

Acknowledgement and Authorization

By signing below you acknowledge receipt of a copy of the *A Summary of Your Rights under the Fair Reporting Act* and certify that you have read this notice and authorization as well as the summary.

You hereby authorize, without reservation, the obtaining of a “consumer report” and/or “investigative consumer report” at any time after receipt of this authorization and during the course of your contract, to the extent permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Company, if applicable.

Minnesota & Oklahoma applicants only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking “yes”, a copy will be provided to you at the address you provide on this notice.

I would like to receive a copy of my consumer report: Yes No

New York applicants only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting Confirm Choice directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosures to consumers (RCW 19.182.070) by contacting Confirm Choice directly.

California, Maine applicants only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking “yes” a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: Yes No

Signature

Today’s Date

Social Security Number*

Print Full Name

Other names you have used

Date of Birth*

Driver’s License Number & State Issued

Name as it appears on Driver’s License

Current Address

City State Zip

Previous Address 1: _____

Previous Address 2: _____

* This information will be used for contract-related background screening purposes only and no other purpose.

Release Authorization To Previous Employer Company

Work Record and Consumer Reports Release Authorization: Per 49 CFR §391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish First Choice Couriers, LLC, hereafter "The Company", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that The Company does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish The Company with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

Medical Records Release Authorization: I authorize The Company to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim or damages for providing my medical information to "The Company".

Drug and Alcohol History Release Authorization: Per 49 CFR §40 and §382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment to release to "The Company" the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by a SAP). I understand that this information is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS, AND AGREEMENTS

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

Collection of the individual's Social Security Number (SSN) is required in order to positively identify the individual. We will forward this release to all previous employers to obtain your United States Department of Transportation safety performance history and drug and alcohol history, if any.

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employes to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 36 months. Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)		SOCIAL SECURITY NUMBER:		DATE OF EMPLOYMENT:	
HOME TERMINAL (CITY AND STATE)		DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE
					DATE OF BIRTH
IS THIS A COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 36 months.					
DATE	OFFENSE		LOCATION	TYPE OF VEHICLE OPERATED	
<i>IF YOU HAD NO VIOLATIONS, CHECK THE FOLLOWING BOX</i> <input type="checkbox"/>					
If no violatons are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 36 months.					
Date of Certification		Driver's Signature			

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
Printed Name	Title

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.