



PO Box 62267
Cincinnati, Oh 45262
p 800.543.7775
f 513.777.7782
www.brandsinsurance.com

**** REQUEST FOR DRIVING RECORD ****

I, _____ request that Brands
print name (exactly as it appears on license)

Insurance order a copy of my driving record so that I can be

considered for employment by Ploger Transportation, LLC.
trucking company

I authorize Brands Insurance to request a copy of my driving
record from the state of _____.

I further authorize Brands Insurance to forward a copy of my driving abstract to
the insurance company that underwrites the coverage for my potential employer.

Driver License Number

Years of experience

Date of Birth

Signature of Driver

Date

**PLEASE FAX MVR REQUESTS TO 513-755-5796
OR EMAIL TO: mvr@brandsinsurance.com**

'Transportation Specialists'

**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 Ploger Transportation, 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 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 Ploger Transportation, 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 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 12/22/2015

Inquiry to Past Employers

From – Prospective Motor Carrier

Company: Ploger Transportation, LLC.

Individual: Robert Ware

Street: 300 Cleveland Rd

City: Norwalk, OH 44857

Phone: 419-465-2100

Ploger Transportation, LLC

To – Previous Employer

Company: _____

Name: _____

Street: _____

City _____ State _____ ZIP _____

Fax: _____

Safety / Personnel Manager: The person below has applied to this company for a driving position. Your firm is listed as a past employer. Kindly reply to this inquiry in reference to this applicant. As you will note from the waiver state below, the applicant has waved any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

➡ Name of Applicant: _____

➡ Social Security Number: _____

➡ Job Applied for: _____

Respectfully: Ploger Transportation, LLC
Fax: 567-424-4069

1. This applicant lists dates of employment with your firm from _____ to _____ is this correct? ___Y ___N
2. What kind(s) of work did he / she do? Driver (type of vehicle _____) ___ Dock ___ Office ___ Shop ___ Other
3. If employed as a driver, please indicate type of equipment driven: ___ Tractor Trailer ___ Straight Truck ___ Twin-Trailers ___ Bus Other (specify) _____
4. Number of DOT recordable accidents as defined under 390.5 within the previous three (3) years? _____, number of accidents in which applicant was ticketed _____, number of accidents in which the applicant was at fault _____.
Date of each accident _____
5. To your knowledge, was this person’s CDL operator’s license suspended while in your employ? _____ If so, please explain _____
6. Number of hours-of-service violations that resulted in an out-of-service order within the past three (3) years? _____
7. Is there anything in the applicant’s history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and/or sever disciplinary problems? _____ Yes _____ No
9. Why did the employee leave your company? _____ Resigned _____ Discharged _____ Lay Off
10. Would you re-employ this person? _____ Yes _____ No Please Explain _____
11. Remarks _____

By: _____

Date: _____

(Signature of person supplying information)

Waiver

Former Employer _____ **Date:** _____

I hereby authorize you to release all information concerning my employment, lease history and/or driver investigation history file, including oral assessment of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

➡ Applicant’s Signature _____

Witness Signature _____

Ploger Transportation, LLC

Request / Consent For Information From Previous Employer On Alcohol & Controlled Substances Testing

Section I: To Be Completed by Prospective Driver

Date: _____
 Print Name (First, M. I., Last) _____
 Driver Signature _____

This is in compliance with 382.405(f) and (h), which states

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An Employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information it is permitted only in accordance with the terms of the employee's specific written consent as outlined in 40.321(b).

40.25 Further states

(a) An employer may obtain, pursuant to a driver's written consent any of the information concerning the driver which is maintained under this Part from the driver's previous employer.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years which are maintained by the driver's previous employers under 382-401(b)(1)(I) through (iv).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than thirty (30) calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of the information in paragraph (b)

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

I, the above mentioned signed, hereby authorize that _____

Previous Employer (Applicant Leave Blank)

Release and forward all information on my Alcohol and Controlled Substances Testing/Training records to Ploger Transportation, LLC:

Attn: Safety Department

Phone: 419-465-2100

Fax: 567-424-4069

Section II: To Be Completed By Previous Employer

	Yes	No	N/A
1. Has this person ever tested positive for a controlled substance in the last three (3) years?	_____	_____	_____
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three (3) years?	_____	_____	_____
3. Has this person ever refused a required test for drugs or alcohol in the last three (3) years?	_____	_____	_____
4. Has this person failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP); pursuant to the DOT drug and alcohol requirements?	_____	_____	_____
5. Has this person subsequently violated the alcohol or controlled substance regulations after Successfully completing a SAP's rehabilitation program?	_____	_____	_____
6. Within the previous three (3) years has this person violated any of the DOT drug and alcohol requirements while employed in a safety-sensitive position?	_____	_____	_____
7. Have you received information from a previous employer that this individual violated DOT Drug and/or alcohol regulation?	_____	_____	_____

If Yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

Name: _____ Address: _____

Phone Number: _____ Signature of Previous Employer: _____ Date: _____

Section III: To Be Completed by Prospective Motor Carrier

Release Information

Contact _____
 Interview By _____
 Date: _____
 Date Received Back _____

Consent Form

_____ Faxed to previous employer Date: _____
 _____ Mailed to previous employer Date: _____

Interview Method

_____ Mail _____ Phone _____ Personal Interview



Ploger Transportation, LLC

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby consent Ploger Transportation, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Ploger Transportation, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Ploger Transportation, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent to Ploger Transportation, LLC to conduct a limited query of the Clearinghouse, Ploger Transportation, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

Ploger Transportation
300 Cleveland Rd.
Norwalk OH 44857

Application Date: _____

Please print in ink. All portions of this application must be completed. All recruitment and selection activities will be conducted without regard to race, creed, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, or any other protected class status defined by applicable local, state, or federal laws

NAME				
Last:	First	Middle		
HOME TELEPHONE		CELL PHONE		
SOCIAL SECURITY NUMBER <small>(If hired, you will be required to show your Social Security Card to verify this number)</small>		If hired, on what date can you start?		
CURRENT ADDRESS				
Street:	City:	State:	Zip:	How Long?
(List your addresses of residency during the 3 years preceding the date the application is submitted)				
PREVIOUS ADDRESS				
Street:	City:	State:	Zip:	How Long?
Street:	City:	State:	Zip:	How Long?
Street:	City:	State:	Zip:	How Long?
Date of Birth* ____/____/____		Can you provide proof of age? _____		
*(Required for Commercial Drivers)				
Have you every applied for employment or worked for this company before? Yes No If "Yes" where?				
Dates: From	To	Rate of Pay \$	Position	
Reason for leaving				
Are you employed?		If not, how long since leaving last employment?		
If employed, can you furnish proof that you are legally entitled to work in the USA? Yes No			Are you age 21 or over? Yes No	
Were you referred?		By whom?		
Have you ever been convicted of a felony? <small>If yes, please explain below. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.</small>				
Is there any reason you might be unable to perform the function of the job for which you have applied? If yes, please explain:				
EMERGENCY CONTACT				
Name	Address		Telephone	

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

Do you have a valid *Driver's License*?
 Yes No

List each unexpired commercial motor vehicle operator's license or permit that has been issue to you (attach sheet if more space is needed):
 Driver's License No: Issuing State: Expiration Date:

List all motor vehicle accidents in which you were involved during the 3 years preceding the date the application is submitted (attach sheet if more space is needed). If none, write none:
Date Offense/Nature Fatalities/Personal Injuries

List all violations of motor vehicle laws or ordinances (other than violations involving parking only) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:

(A) Have you ever 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
 If the answer to either (A) or (B) is yes, attach statement giving details

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

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

List State operated in for the last five (5) years

List special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

EDUCATION
 Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
 Last school attended:
 Name: Address:

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

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.

I authorize you to make such investigations and inquiries of my personal, employment and financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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.

_____ Date

_____ Applicants Signature

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

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_____ Date

_____ Applicants Signature

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

EMPLOYER	DATE	
Name:	From: Mo ____/Yr ____	TO: Mo ____/Yr ____
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Contact Person:	Reason for Leaving	
Phone Number:		

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.

I authorize you to make such investigations and inquiries of my personal, employment and financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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.

_____ Date

_____ Applicants Signature