



250 Technology Dr., Clearfield, PA 16830
Phone: 877-871-0074

Application for drivers leased to Zeeland Freight Services LLC
Application must be completed even if submitting a resume

Personal Information

Date: _____ Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Phone Number: _____ Email Address: _____

Current residential address

_____	_____	_____	_____
Street	City	State	Zip

Residential addresses over last 3 years (if less than 3 years at current address):

_____	_____	_____	_____
Street	City	State	Zip

_____	_____	_____	_____
Street	City	State	Zip

Current and previous business address (if less than 3 years at current address):

_____	_____	_____	_____
Street	City	State	Zip

Identify which motor vehicles you have previously operated

Type of equipment	Years of Experience	Miles Driven
Straight truck		
Tractor/semi-trailer		
Tractor/full trailer		
Twin trailers		
Bus		
Other (please name)		

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation) that has not been expunged?

☐ Yes ☐ No (A conviction will not necessarily automatically disqualify you. Rather, such factors as age and date, of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

If yes, briefly explain: _____

Are you at least 21 years of age? ☐ Yes ☐ No (If not, you may be required to provide authorization to work).

How did you hear about us? _____

Referred by: _____

CDL/Driving Information

Driver's license #: _____ Class (A, B, C): _____

Endorsement(s): _____

Issuing state: _____ Expiration date: _____

Years of driving experience: _____

List all moving violations in the last 3 years that resulted in conviction, forfeited bond or collateral (other than parking violations):

List all the accidents in the last 3 years, including the date and nature of each accident, any fatalities or personal injuries it caused, and whether you or other drivers were at fault:

Have you been convicted of a DUI/DWI during the last 10 years? ☐ Yes ☐ No

If yes, date of conviction: _____

Complete one of the following:

☐ I certify that my motor vehicle license, permit or privilege has not been denied, revoked or suspended; or

☐ My motor vehicle license, permit or privilege has been denied, revoked, or suspended for the following reasons and dates:

(List dates and reasons for license suspension, revocation or denial)

Previous work history

Have you previously worked for Pennsylvania Grain Processing, LLC? ☐ Yes ☐ No If yes, when? _____

Have you previously worked for Zeeland Freight Services, LLC? ☐ Yes ☐ No If yes, when? _____

Provide all employment or contract services for the last 3 years, and an additional 7 years of commercial driving experience (add another sheet if needed).

Previous carrier/employer: _____

From (month/year): _____ To (month/year): _____

Address: _____
Street City State Zip

Position held: _____

Contact person: _____
Name Phone Email address

Reason for leaving: _____

Were you subject to FMCSA Regulations? ☐ Yes ☐ No

Was this position designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing requirements? ☐ Yes ☐ No

Previous carrier/employer: _____

From (month/year): _____ To (month/year): _____

Address: _____
Street City State Zip

Position held: _____

Contact person: _____
Name Phone Email address

Reason for leaving: _____

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Address: _____
Street City State Zip

Position held: _____

Contact person: _____
Name Phone Email address

Reason for leaving: _____

Were you subject to FMCSA Regulations? ☐ Yes ☐ No

Was this position designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing requirements? ☐ Yes ☐ No

Authorization

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.

Signature: _____ Date: _____

The information you provide in this application may be used and the previous employers/carriers listed above will be contacted for the purpose of investigating safety performance history.

Request for Work Information

I hereby authorize the company, or companies listed below to release the information listed below to Zeeland Freight Services, LLC (ZFS) as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Once the information is provided, I have the following rights: (i) To review the information you provided; (ii) to correct any errors and to have the corrected information sent to ZFS; and (iii) to submit a rebuttal if I do not agree with the accuracy of the information.

Also, in accordance with 49 CFR Part 382.413, I hereby authorize and require my previous and/or current employers/carriers listed by me to release the results (including any refusal to test) of all drug and alcohol tests to ZFS.

If I submit a rebuttal, my previous employer/carrier has five days to forward the rebuttal to ZFS and attach a copy of the rebuttal to my permanent safety performance history.

Signature: _____ Date: _____

Verification Of Work History For:

Driver name: _____ Social Security #: _____

Driver signature: _____

(Current or previous company to complete this section)

Company name: _____

Work history: Date From: _____ Date To: _____

Position held: _____

What type of equipment did driver operate? ☐ Straight truck ☐ Tractor/trailer ☐ Tractor/dump trailer ☐ Other

Type of driving: ☐ Local ☐ Over-the-road Was the driver applicant a safe and efficient driver? ☐ Yes ☐ No

Did the driver applicant have any accidents while working for you? ☐ Yes ☐ No

If yes, describe briefly: _____

Reason for leaving? ☐ Discharged ☐ Resignation ☐ Layoff ☐ Other

Was the driver applicant's conduct satisfactory? ☐ Yes ☐ No

If no, please explain: _____

Did this driver applicant have log problems? ☐ Yes ☐ No Late deliveries? ☐ Yes ☐ No

Would you rehire/release this driver? ☐ Yes ☐ No ☐ Upon review

If no, why not? _____

Was driver subject to FMCSA Regulations? ☐ Yes ☐ No

Was the position a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? ☐ Yes ☐ No

Company name: _____

Signature: _____

Print name: _____

Title: _____

Date: _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department of Transportation's regulations and may result in a fine and/or civil liability.

Part 2 - FMCSA Notification of Right to Review Information

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

- I) You have the right to review information provided by previous employers.
- II) You have 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 prospective employers.
- III) You have 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 have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

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

I, _____ (name), hereby provide consent to Zeeland Freight Services LLC (ZFS), through the FMCSA Clearinghouse website, to conduct a full or limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. ZFS may conduct unlimited additional full and limited queries of the Clearinghouse for the duration of my employment/lease as required by the FMCSA.

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

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

Signature: _____ Date: _____