

# Sound Delivery Service



POST OFFICE BOX 2068 SUMNER WA. 98390 / 13505 PIONEER AVE. E. PUYALLUP WA. 98390

OFFICE: (800) 562-7014 / (253) 200-2208 FAX: (253) 200-2235

## Qualification Application

Application date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Employment date: \_\_\_\_\_

### Personal information:

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you a United States citizen? YES / NO Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Physical exam expiration date: \_\_\_\_\_

Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-MAIL: \_\_\_\_\_

Have you worked for **SDS** before? YES / NO If yes dates from: \_\_\_\_\_ To: \_\_\_\_\_

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

Current address: \_\_\_\_\_

### Previous addresses: (PAST TEN YEARS)

From: \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

### Education:

General Education Highest level completed: \_\_\_\_\_ Graduated? YES / NO

(College? Yes / No graduated? Yes / No) (Trade school? YES / NO Graduated? YES / NO)

Degree/certification: \_\_\_\_\_

\_\_\_\_\_

# Sound Delivery Service



## Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

### Present or Last Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo./Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)  
Reason for Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

### Previous Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo. /Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)  
Reason For Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

### Previous Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo. /Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)  
Reason For Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

# Sound Delivery Service



## Employment History Continued

### Previous Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo./Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)

Reason for Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

### Previous Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo. /Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)

Reason For Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

### Previous Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Mo. /Day/Yr. Mo./Day/Yr.

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)

(City) (State/Zip)

Reason For Leaving \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### Contact Person:

Were you subject to the FMCSRs\* 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

# Sound Delivery Service



## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for past three years (attach sheet if more space is needed)

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

### Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

### Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

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

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES  NO

D. Have you ever been convicted of a felony? ..... YES  NO

If the answers to A, B, C or D is "YES", give details \_\_\_\_\_  
\_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# Sound Delivery Service



## 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.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*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 for Qualification 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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.*

*(See Section 40.25(b)(5) and (e).)*

Applicant Name printed: \_\_\_\_\_ ID Number: \_\_\_\_\_

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Yes  No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes  No

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

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.

- (a)(1) 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
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) 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.
- (c) 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.
- (d) 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.
- (e) 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***

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I \_\_\_\_\_, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WA license #

## EMPLOYER ATTESTATION

(A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.

(B) That AMERICAN DRIVING RECORDS is acting on behalf of

\_\_\_\_\_ who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.

(C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving related to driving by an individual as a condition of that individual's employment upon the public highways or otherwise at the direction of the employer or organization, and that no information contained herein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle as defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire and commercial vehicles as defined in Chapter 46.25 RCW.

(D) That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the forgoing is true and correct.

### Sound Delivery Service

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
**P.O. Box 2068 Sumner, WA. 98390**

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
**13505 Pioneer Way E. Puyallup, WA. 98372**

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
**David E Dent**

\_\_\_\_\_  
*Representative Name (print)*

\_\_\_\_\_  
**Director of Safety**

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

Driver Name (Printed): \_\_\_\_\_

# Sound Delivery Service



## **IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with Sound Delivery Service, you are notified Sound Delivery Service, 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 Sound Delivery Service uses any information it obtains from the FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Sound Delivery Service 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 on your driving history or safety report, Sound Delivery Service 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 Sound Delivery Service uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Sound Delivery Service 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 Sound Delivery Service who procured the report, then, within 3 business days of receiving your request, together with proper identification, Sound Delivery Service must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither Sound Delivery Service 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. Sound Delivery Service cannot obtain background reports from FMCSA without your authorization.



# Sound Delivery Service



## AUTHORIZATION

If you agree that Sound Delivery Service may obtain such background reports, please read the following and sign below: I authorize Sound Delivery Service 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 Sound Delivery Service to make a determination regarding my suitability as an employee. I further understand that neither Sound Delivery Service 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 Sound Delivery Service and I understand that if I sign this Disclosure and Authorization, Sound Delivery Service may obtain a report of my crash and inspection history.

I hereby authorize Sound Delivery Service and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Signature \_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

# Sound Delivery Service



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.