



Email to:

recruiting@tradewinds.net

Fax to:

877-200-1722

Or mail to:

Tradewinds

1318 E. 236th Street

Arcadia, In 46030

Phone (888) 489-3777

DRIVER APPLICATION

All questions must be completed

Date of Application: _____

I am interested in signing on as a:

Owner Operator Lease Purchase Company Driver

Personal Information

Type of driver: Van Flatbed

Name: _____ Social Security #: _____
Last First MI

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____ Phone#: _____

Address: _____ City: _____ St: _____ Zip: _____

Have you ever worked or applied here before? Yes No If yes, what date: _____

Have you ever tested positive or refused any drug or alcohol test during the past five (5) years? Yes No

Residence Address for the past three (3) years.

1) _____
Street City State Zip

2) _____
Street City State Zip

3) _____
Street City State Zip

Education

Have you attended truck driving school? Yes No Graduation Date: _____

Name of driving school: _____ City: _____ State: _____ Zip: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 _____ Other: _____

Last school attended: _____ Did you graduate? Yes No

Other education: _____

Military Status

Have you served in the armed forces? Yes ____ No ____ If yes, which branch? _____

Dates of service: From: _____ To: _____ Any special skills? _____

Honorable or Dishonorable discharge? _____

Are you currently a member of the active reserves or National Guard? _____ Yes ____ No ____

Referred by: _____

Drivers License Information

Have you ever been convicted of DWI, DUI, OWI, Careless or Reckless Driving? Yes No Date: _____

Explain: _____

Has your license (any) or privilege to drive ever been suspended or revoked for ANY reason? Yes No Date: _____

Explain: _____

Have you ever been convicted of any misdemeanor other than a traffic violation? Yes No Date: _____

Explain: _____

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

Explain: _____

List ALL driver's licenses that you presently hold or have held in the past three (3) years.

License Number State Expiration Date

*Disclosure of this information does not necessarily disqualify you from consideration.

Accidents

List and explain in detail, giving date, location of all accidents (regardless of fault) that you have been involved in during the past five (5) years in any type of vehicle. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. If you have not been involved in any accidents in the past five (5) years, write "none" in each box.**

Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Traffic Violations

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past five (5) years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS, MAY RESULT IN YOUR DISQUALIFICATION. If you have not had a traffic conviction or forfeited bond in the past five (5) years, write "none".**

Type of Violation	Date	City	State	Penalty
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Driving/Equipment Experience

Type of Equipment Operated	Length of Experience	Approximate Number of Miles
<input type="checkbox"/> Straight Truck		
<input type="checkbox"/> Tractor & Semi-Trailer		
<input type="checkbox"/> Tractor & Full Trailer		
<input type="checkbox"/> Other		

In what states have you driven regularly? _____
 What awards do you hold for safe driving? _____

DRIVING/WORK EXPERIENCE

PLEASE INCLUDE ALL DATES INCLUDING UNEMPLOYED TIMES . BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL YOUR PAST EMPLOYERS FOR THE PREVIOUS TEN YEARS. (Make copies of this page if necessary.)

Name of Company: _____		Phone #: (_____) _____	
Address: _____		City: _____ State: _____ Zip: _____	
Start Date: _____	End Date: _____	Reason for Leaving: _____	
Position: _____		Supervisor Name: _____	
Equipment Operated: _____		Were you required to comply with the FMCSR's? ___ Yes ___ No	
Accidents: _____		Were you required to submit to Drug/Alcohol Testing? ___ Yes ___ No	
Name of Company: _____		Phone #: (_____) _____	
Address: _____		City: _____ State: _____ Zip: _____	
Start Date: _____	End Date: _____	Reason for Leaving: _____	
Position: _____		Supervisor Name: _____	
Equipment Operated: _____		Were you required to comply with the FMCSR's? ___ Yes ___ No	
Accidents: _____		Were you required to submit to Drug/Alcohol Testing? ___ Yes ___ No	
Name of Company: _____		Phone #: (_____) _____	
Address: _____		City: _____ State: _____ Zip: _____	
Start Date: _____	End Date: _____	Reason for Leaving: _____	
Position: _____		Supervisor Name: _____	
Equipment Operated: _____		Were you required to comply with the FMCSR's? ___ Yes ___ No	
Accidents: _____		Were you required to submit to Drug/Alcohol Testing? ___ Yes ___ No	
Name of Company: _____		Phone #: (_____) _____	
Address: _____		City: _____ State: _____ Zip: _____	
Start Date: _____	End Date: _____	Reason for Leaving: _____	
Position: _____		Supervisor Name: _____	
Equipment Operated: _____		Were you required to comply with the FMCSR's? ___ Yes ___ No	
Accidents: _____		Were you required to submit to Drug/Alcohol Testing? ___ Yes ___ No	

Work Experience

(Continuation page)

PAGE # _____

Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Driver Name: _____

RELEASE / AUTHORIZATION TO OBTAIN INFORMATION

Tradewinds, Inc.

Arcadia, IN

(317) 848-9975

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Applicant Name: _____
Social Security No: _____

Applicant Signature: _____
Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part §391.23 you have certain rights regarding the 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.

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

I expressly understand that as part of the investigation into my background and driving performance, reports from various 3rd Party Vendors, commonly referred to as “consumer reports” may be obtained. I further understand that these reports may include but are not limited to information surrounding my; previous employment history, state and federal vehicle operation data, criminal history reports, and other such information which may substantiate any claims made by me within my application as a driver of a Commercial Motor Vehicle. I understand that I may request the nature and substance of all information obtained pursuant to this release available at the time of my request. I understand that any request for information must be made in writing to: Tradewinds, Inc. 1318 E. 236th St. Arcadia, IN 46030.

I hereby authorize the release of any information from any 3rd Party Vendor contacted by Tradewinds in connection with the Consumer Report Disclosure and Release terms above. I further authorize continuing authorization for access of all such information during the time periods in which I am operating a Commercial Motor Vehicle on behalf of Tradewinds, Inc.

I agree to the above terms and releases. Additionally, I certify that this application was completed by me, and that all entries on and information in it are true and complete to the best of my knowledge.

Print Name

Signature

Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**