



305 W. INDUSTRIAL RD. CANTON, SD 57013  
PHONE: 605.764.7366  
FAX: 605.764.8366

## A P P L I C A T I O N F O R Q U A L I F I C A T I O N

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Johnson Feed, Inc.

### C O N T A C T I N F O R M A T I O N

Date: \_\_\_\_\_ Position applying for:  OTR Driver  Regional Driver  Leased Owner Operator  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Physical Expiration Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### C U R R E N T A N D 3 Y E A R S P R E V I O U S A D D R E S S E S

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

### E D U C A T I O N

Please circle highest grade completed.

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4      Post Graduate: 1 2 3 4

### E M P L O Y M E N T

Give a COMPLETE RECORD of all employment for the past 3 years, including any unemployment or self-employment, and all commercial driving experience for the past 10 years. Attach sheet if more space is needed.

#### Present or Last Employer:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?

Yes  No

Was your last 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

#### Employer #2:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?

Yes  No

Was your last 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

#### Employer #3:

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?

Yes  No

Was your last 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

**Employer #4:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #5:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #6:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #7:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #8:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #9:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

**Employer #10:**

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed there?  Yes  No

Was your last 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

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:*

- 1. Has GVWR or weighs 10,001 pounds or more,*
- 2. is designed or used to transport nine or more passengers, or*
- 3. is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**D R I V I N G   E X P E R I E N C E**

**Class of Equipment**

From

**Dates:**

To

**Approximate Number of Miles (Total)**

Straight Truck

Tractor and Semi-Trailer

Tractor-Tow Trailer

Other

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

**Show special courses or training that will help you as a driver:** \_\_\_\_\_

**A C C I D E N T   R E C O R D   F O R   P A S T   T H R E E   Y E A R S**

(Attach sheet if more space is needed)

**Date**

**Nature of Accident**  
(head on, rear end, upset, etc.)

**# of Fatalities**

**# of People Injured**

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**T R A F F I C   C O N V I C T I O N S   &   F O R F E I T U R E  
F O R   T H E   P A S T   T H R E E   Y E A R S**

(other than parking violations)

**Date**

**Location**

**Charge**

**Penalty**

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**D R I V E R ' S   L I C E N S E** (list each driver's license held in the past three years)

**State**

**License #**

**Type**

**Endorsements**

**Expirations Date**

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Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes    No

Has a license, permit or privilege ever suspended or revoked?

Yes    No

Have you ever been convicted of a felony?

Yes    No

Is there any reason you may be unable to perform the duties of the job for which you applied?

Yes    No

Have you ever failed or refused any alcohol or drug test administered by an employer?

Yes    No

IF you answered yes to any of the above, give details: \_\_\_\_\_

**P L E A S E   P R O V I D E   3   R E F E R E N C E S**

(List three persons for reference, other than relatives, who have knowledge of you safety habits)

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## TO BE READ AND SIGNED BY APPLICANT

JFI is an equal opportunity employer. JFI does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment an obligation for JFI to hire me. If I am hired, I understand that either JFI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of JFI has the authority to make any assurance to the contrary. It is agreed and understood that the motor carrier or its agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and the 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 qualification file. 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. I attest with my signature below that I have given JFI true and complete information on this application. No requested information has been concealed. I also understand that JFI may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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

I, \_\_\_\_\_, hereby provide consent to Johnson Feed, Inc. to conduct a limited query of FMCSA Commercial Driver's License Drug & Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent form will allow for multiple limited queries for the duration of my employment.

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

I further understand that if I refuse to provide consent for Johnson Feed, Inc. to conduct a limited query of the Clearinghouse, Johnson Feed, Inc. 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: \_\_\_\_\_



# SAFETY PERFORMANCE RECORDS REQUEST FORM

In compliance with Reg. 40.25 (g) and 391.23 (h) release of this information must be made in written form to ensure confidentiality. Such as fax, email, or letter.

Date: \_\_\_\_\_ Employer: \_\_\_\_\_ Driver Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

The above-named driver has applied for a driving position with our company. In the application the driver state that he/she was employed from \_\_\_\_\_ to \_\_\_\_\_ with your company. Your help in completing the work history is appreciated.

Please fax to **Troy Bauder at 605.764.8366**

Are the employment dates above correct?  Yes  No Correct Dates: \_\_\_\_\_  
Driver was employed:  Full Time  Part Time  Owner/Operator  
Type of Equipment Operated:  Tractor/Trailer  Straight Truck  Bus  
Type of trailer pulled:  Van  Refer  Flat  Double/Triple  Livestock  
Areas operated in your company: \_\_\_\_\_  
Would you re-employee?  Yes  No  Upon Review  
Reason for leaving your company?  Discharge  Resignation  Layoff  Other

Any accidents? Where: \_\_\_\_\_  
Comments or Remarks: \_\_\_\_\_

Has this person had an alcohol test of 0.04 or higher?  Yes  No  
Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  Yes  No  
Has this person refused a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?  Yes  No  
Has this person committed other violations of Subject B of Part 382, or Part 42  Yes  No  
If this person has violated a DOT drug and alcohol regulations, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?  Yes  No

If "yes" to the above question, please send documentation back with this form.

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  Yes  No

Name of contributing party: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below is to be completed by Johnson only.

Information was obtained via:  Fax  Email  Mail  Phone  Other

Information recorded by: \_\_\_\_\_ JFI Recruiting Date: \_\_\_\_\_



## REQUEST FOR MOTOR VEHICLE RECORD

MVP to be returned to:  
Johnson Feed, Inc.  
305 W. Industrial Rd.  
Canton, SD 57013

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize Johnson Feed, Inc. to access my MVR as a  
requirement of the qualification process.

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

\_\_\_\_\_  
\_\_\_\_\_

**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 Johnson Feed, Inc ("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 Johnson Feed, Inc ("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 NRC 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.

LAST UPDATED 12/22/2015