



# SHROCK TRUCKING, INC.

1926 E. Dale St. • Springfield, MO 65803  
P: 417-832-0660 • F: 417-832-0408

## PRE-APPLICATION QUESTIONNAIRE

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

Print Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone:(        ) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many years of Tractor/Trailer experience have you had? \_\_\_\_\_

Can you prove your previous work experience? **Y / N** (circle one)

Has your driver's license EVER been suspended, revoked, or restricted? **Y / N** (circle one)

If Yes, explain: \_\_\_\_\_

Commercial Driver's License (CDL)? **Y / N** (circle one) What State? \_\_\_\_\_ No.: \_\_\_\_\_

List any endorsements to your CDL: \_\_\_\_\_

Check the make of tractor(s) driven:

	(circle)	
_____ IHC/Navistar	Cab Over	Conventional
_____ Kenworth	Cab Over	Conventional
_____ Freightliner	Cab Over	Conventional
_____ Peterbuilt	Cab Over	Conventional
_____ Ford	Cab Over	Conventional
_____ Other: _____		

Check the type of transmission(s) familiar with:

_____ 4 x 4 (16 speed)	_____ 5 speed	_____ Fuller 913 (13 speed)
_____ 10 speed	_____ RT910	_____ 5 speed main – 3 speed aux.
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Other _____
_____ Triplex (15 speed)	_____ 9 speed	

Check the type of trailer(s) pulled:

_____ Regular van	_____ Reefer unit	_____ Flatbed	_____ Drop deck
_____ Grain	_____ Hopper	_____ Livestock	_____ Bulk tanker
_____ Liquid bulk tanker	_____ Other: _____		



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The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. I understand that the information in this application will be used to obtain driving records, employment records, and information regarding prior drug and alcohol screens for purposes of investigation as required by the Federal Motor Carrier Safety Regulations

## II. GENERAL

Please print plainly and complete all blanks.

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

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_ - \_\_\_\_\_

List other names used: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (ST) (Zip Code)

Other Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Past 3 Years (Street) (City) (ST) (Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (ST) (Zip Code)

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

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

In Case of Emergency, notify: \_\_\_\_\_  
(Name of Non-Spouse) (Phone)

Name of Spouse: \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

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

List names of any relatives in our employ: \_\_\_\_\_ Do you smoke? Yes  No

### LICENSE

List ALL drivers licenses/permits held in the past 3 years.

STATE	LICENSE	TYPE	EXPIRATION DATE

Is your current license a CDL? Yes  No  Years and Months of Experience \_\_\_\_ / \_\_\_\_  
List Endorsements: \_\_\_\_\_

Do you have any experience with Refer Trailers? Yes  No  List Amount (Years/Months) \_\_\_\_ / \_\_\_\_

Do you have any experience with Produce? Yes  No  List Amount (Years/Months) \_\_\_\_ / \_\_\_\_

How did you hear about this company? Advertisement  Name of Publication: \_\_\_\_\_

Friend: \_\_\_\_\_ Relative: \_\_\_\_\_ Other: \_\_\_\_\_

Shrock trucking Employee: \_\_\_\_\_

What position are you seeking: Solo  Team

### III. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least the last 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment, unemployment, and school. Use supplementary sheet if necessary.

We must have telephone numbers.

Include periods of unemployment.

May we contact your present employer at this time? Yes  No

Current or most recent employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Second Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Forth Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Fifth Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Sixth Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Seventh Last Employer: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you presently employed? Yes  No  Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ If Driver, what Position? Single \_\_\_\_\_ Team \_\_\_\_\_ 1st Seat \_\_\_\_\_ 2nd Seat \_\_\_\_\_

Dry Van \_\_\_\_\_ Refer \_\_\_\_\_ Flat Bed \_\_\_\_\_ Type of Commodities Hauled \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Truck Driving School: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever failed or refused a pre-employment drug and/or alcohol test? Yes    No  
 Have you ever failed or refused a random or post-accident drug and/or alcohol test? Yes    No  
 If the answer to any question is yes, state details, circumstances, and date \_\_\_\_\_  
 Date and Location of Last DOT Physical Examination \_\_\_\_\_

- (Date) (Location)
1. Have you been granted a Skill Performance Evaluation (SPE) Certificate under section 391.49 of the Federal Motor Carrier Safety Regulation Pertaining to the Loss of Foot, Leg, Hand, Arm? Yes    No
  2. Are you qualified by operation of 49 CFR 391.64 Yes    No

#### IV. DRIVING RECORD

##### TRAFFIC CONVICTIONS/FORFEITERS

List ALL vehicle moving traffic convictions and forfeiters for the past three years.

**(IF NONE, WRITE NONE)**

CHARGE	PENALTY

##### ACCIDENT RECORD

List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, WHETHER OR NOT ON MVR.

**(IF NONE, WRITE NONE)**

PREVENTABLE OR NON- PREVENTABLE	FATALITIES YES OR NO	INJURIES YES OR NO	AMOUNT OF PROPERTY DAMAGE

##### WORK RELATED INJURY

List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, WHETHER OR NOT ON MVR.

**(IF NONE, WRITE NONE)**

DAYS AWAY FROM WORK	% OF DISABILITY AWARDED

- A. Do you have any restrictions from working in the United States? Yes    No
  - B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes    No
  - C. Have you ever had any license, permit, or privilege suspended or revoked? Yes    No
  - D. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes    No
  - E. Have you ever been convicted of possession, sale or use of a narcotic drug, amphetamine or derivative thereof? Yes    No
  - F. Have you ever been convicted of a felony? Yes    No
  - G. Have you ever been disqualified to drive by Federal Regulations? Yes    No
- If the answer to any question is yes, state details, circumstances, and date \_\_\_\_\_

#### V. EDUCATIONAL BACKGROUND

ADDRESS	DATES ATTENDED

**I. AGREEMENT**

**To be read and signed by applicant.**

**• EMPLOYMENT INVESTIGATION AUTHORIZATION**

It is agreed and understood that the employer or his agents may investigate the applicants background to ascertain any and all information of concern to applicants record, including all information on my Alcohol and Controlled Substance Testing/Training Records, whether same is of record or not, and applicant releases former and/or current employers, and/or testing programs, named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior and current employers will be contacted for purposes of investigation as required by the motor carrier safety regulations. I further release and agree to hold harmless and previous or current employer as well as any employee, agent, or representative thereof from all liability of damage that may arise from the release of these results.

**• CONSUMER REPORTING AGENCIES DISCLOSURE AND RELEASE**

In connection with my application for employment, (including contract for all services), it is agreed and understood that under the Fair Credit Reporting Act, Public Law 91.508., as part of our consideration of your application, the DOT requires us to investigate your employment background. As part of this investigation we may obtain consumer reports about you, which may contain public record information, for DAC Services of Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, etc). I further understand such reports may contain public record information concerning my driving record, workers' compensation benefits, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC converting previous diving record requests made by others from such state agencies, and state provided driving records.

I hereby authorize procurement of consumer reports). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

In the event you are not hired based on information contained in your consumer report, we will tell you. I have the right to make a request to DAC, (or other sources), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC, (or other sources) have previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, (or other sources), and yes, I agree that such information which DAC (or other sources) has or obtains, and my employment history with you if I am hired, will be supplied by DAC, (or other sources), to other companies which subscribe to DAC Services, or other Consumer Reporting Agencies.

**• PRE-EMPLOYMENT URINALYSIS AND RELEASE**

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and Company Policy, all prospective drivers must submit to a controlled substances test. A urine sample will be collected and tested for controlled substances. I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization. I hereby agree to submit to a drug screen urinalysis.

• I hereby authorize Shrock Trucking to release information regarding drug testing performed on myself to any employer requesting such information.

• (MA/GA/KS) - I understand that as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

• (MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed on file with the commissioners of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a compliant transferred to the superior court for criminal prosecution."

• (PA)- I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Record.

• It is understood that this application for employment and any conditional offer of employment in no way obligates the employer to employ me and it is understood that if hired, my employment is "at will."

• It is agreed upon by the applicant, by presenting the application for employment, represents that the statements given by the applicant to the information requested in the application are true, correct and complete, and that any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge if employed.

• It is agreed and understood that as a condition of employment, all drivers will be subject to a DOT qualified examination.

• I affirm that I have a genuine interest and no other purposes in applying for a job with the company.

• This certified 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.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE *PSP Online Service***

In Connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding any commercial driving safety record 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.

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 a 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.

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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)

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