



**PCiRoads**

14123 42<sup>nd</sup> Street NE  
St. Michael, MN 55376-9443

Telephone: 763.497.6100 / Fax: 763.497.6101  
pciroads.com

COMMERCIAL DRIVER APPLICATION  
Fill in ALL Blanks and provide ALL information requested

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security Number \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period

1. Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driving Experience:

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

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List all accidents, last 3 years: (If none, write NONE)

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

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List all traffic violations, last 3 years: (If none, write NONE)

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle (Y/N): \_\_\_\_\_

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Have you ever had any driver's license denied, suspended, revoked, or cancelled by an issuing state agency?

Yes  No If yes, state of issuance and explanation: \_\_\_\_\_

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Employment history, last 10 years (383.35) - account for gaps between employers: (If owner/operator, list carriers leased to)

1. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

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

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2. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

4. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

5. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

6. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

7. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Use backside of sheet for additional references

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**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer, 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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**Certification**

"I certify 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 signed

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**TO BE COMPLETED BY EMPLOYER:**

Application received by:

Application reviewed for completeness by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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

I, \_\_\_\_\_, hereby provide consent to PCiRoads, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid to run at least one limited query a year for the duration of my employment.

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

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

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Employee Signature

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Date



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 14123 42<sup>nd</sup> Street NE  
 St. Michael, MN 55376-9443

Telephone: 763.497.6100 / Fax: 763.497.6101  
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COMMERCIAL VEHICLE DRIVER APPLICATION  
 Controlled Substance and Alcohol Questionnaire  
 Pursuant to 49 CFR part 40.25(j)

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever 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 related testing rules during the past two years?

Yes  No

If YES – Have you successfully completed the return-to-duty process?

Yes  No

If YES – Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Application received by:

Application reviewed for completeness by:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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 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.

*LAST UPDATED 12/22/2015*

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Safety Administration at 651-291-6150, during business hours.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
Former Employer's Name  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City/State/Zip  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**Applicant's Signature & Date** \_\_\_\_\_

**Witness's Signature & Date** \_\_\_\_\_

REQUEST FROM:

Company: PCi Roads  
Address/City/State/Zip: 14123 42<sup>nd</sup> St. NE, St. Michael, MN 55376  
Telephone #: 763-497-6100 Fax #: 763-407-6188  
Contact Person & Title: Jeremy Johnson Coordinator

NAME OF APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_  
JOB APPLYING FOR: \_\_\_\_\_

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
YES  NO  If NO, please explain: \_\_\_\_\_
- If employed as driver, please remove answer the following: Company Driver?  Owner/Operator?  Other? \_\_\_\_\_  
Type of truck(s) and/or truck/tractors(s) operated: \_\_\_\_\_  
Commodities transported: \_\_\_\_\_ Area of Operation: \_\_\_\_\_
- Accidents? YES  NO  If YES, please give date(s) and brief description of each accident: \_\_\_\_\_  
\_\_\_\_\_
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES  NO  If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater?  YES  NO If yes, please give date(s): \_\_\_\_\_
- Verified positive controlled substances test results?  YES  NO If yes, please give date(s): \_\_\_\_\_
- Refusals to be tested?  YES  NO If yes, please give date(s): \_\_\_\_\_
- Was rehabilitation completed as required?  YES  NO If yes, please give date(s): \_\_\_\_\_

Person providing the above information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Date: \_\_\_\_\_



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EMPLOYEE NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

The cost potential of accidents, the liability exposures and the simple concern for the welfare of all employees and the public in general demand that PCiRoads employ a meaningful and effective fleet management program. As a result, we routinely request a current Motor Vehicle Record (MVR) of our employees during the course of their employment with PCiRoads. In accordance with our Driver/Fleet Policy, we are asking that you consent to allow us to request an MVR on you at this time as well as anytime in the future that it is deemed necessary.

This request is also intended to assure you that, the employee, that PCiRoads is reviewing MVR's only to assure our Driver/Fleet Policy is adhered to and the information obtained with be kept in absolute confidence and confidentiality.

Please indicate your consent by signing and dating this form in the space provided. By your below, you hereby authorize PCiRoads, each and every one of its past, present, and future offices, agents, directors, shareholders, and any and all persons, agencies and entities providing information about you from any and all liabilities arising out of any of the above mentioned information or reports.

\_\_\_\_\_  
Employee Signature Date

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For Office Use Only

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
PCiRoads, LLC Date