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APPLICATION FOR QUALIFICATION

U.S. DOT No. 125550

ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 252-8885 / (812) 424-2222

AGENT NAME: _____

AGENT CODE: _____

APPLICANT:

Frequently the qualification process is delayed due to incomplete or missing information on the application for driver qualification. **IN ORDER TO AVOID ANY DELAY, PLEASE TAKE A FEW MINUTES AFTER YOU COMPLETE THE APPLICATION TO MAKE SURE ALL SECTIONS ARE COMPLETE.** If you have any questions, feel free to contact the Atlas Safety Department.

NAME _____ DATE OF BIRTH _____
(First Full Name) (Middle) (Last)

SOCIAL SECURITY NO. _____ PHONE (Area Code) _____ CELL (Area Code) _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

CURRENT MAILING ADDRESS _____ HOW LONG? _____ YRS/MONTHS
(Street) (City) (State & Zip)

CURRENT RESIDENCE ADDRESS _____ HOW LONG? _____ YRS/MONTHS
(Street) (City) (State & Zip)

IF DIFFERENT FROM ABOVE: _____ HOW LONG? _____ YRS/MONTHS
(Street) (City) (State & Zip)

ALL RESIDENCE ADDRESSES FOR PAST THREE YEARS _____ HOW LONG? _____ YRS/MONTHS
(Street) (City) (State & Zip)

WHO REFERRED YOU TO ATLAS? _____

EDUCATION AND TRANSPORTATION EXPERIENCE SECTION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City & State) (Date - Month/Year)

DRIVING EXPERIENCE SECTION

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT TANK, FLAT, ETC.	DATES (MONTH/YEAR) FROM TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR & TRAILER			

DRIVER LICENSE SECTION

A. List all licenses you have held during the past 3 years regardless whether or not you still hold the license.

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION DATE

B. HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN DENIED, SUSPENDED OR REVOKED? YES NO
IF YES, LIST DATE, STATE AND GIVE COMPLETE DETAILS. **THIS QUESTION IS NOT LIMITED TO THE LAST THREE YEARS.**

EMPLOYMENT SECTION

We must have a full 3 years employment history. Start with your present employer and list the month/year you began employment and the month/year you terminated employment. **BE SURE TO GO BACK 3 FULL YEARS FROM THE DATE OF THE APPLICATION.** Explain fully any gaps in employment during the 3 years listed. If you were self-employed or unemployed during this period, you must supply 3 references (other than relatives) who can verify your whereabouts. Submit name, address and phone number of each reference. **NOTE: IF YOU HAVE BEEN EMPLOYED AS A COMMERCIAL MOTOR VEHICLE OPERATOR, YOU MUST LIST ALL PREVIOUS EMPLOYMENT AS A DRIVER DURING THE PRIOR 10-YEAR PERIOD ENDING ON THE DATE OF THE APPLICATION.** We are unable to accept resumes in lieu of an application.

PRESENT / LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

SECOND LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

THIRD LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

FOURTH LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

FIFTH LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

SIXTH LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

SEVENTH LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

EIGHTH LAST EMPLOYER:

NAME _____ SUPERVISOR _____
STREET ADDRESS _____ CITY _____ STATE _____ PHONE _____
POSITION HELD _____ FROM DATE _____ TO DATE _____ SALARY _____
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING _____

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding? YES NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)? YES NO

ACCIDENT INVOLVEMENT SECTION

A. List all accidents in which you have been involved during the last 3 years whether chargeable or non-chargeable and while operating both personal and commercial vehicles. **IF YOU HAVE NOT BEEN INVOLVED IN ANY ACCIDENTS DURING THIS PERIOD, WRITE "NONE".**

CITY / STATE	MONTH/YR	FATALITIES	INJURIES	HAZARDOUS MAT'L SPILL	BRIEF DESCRIPTION OF ACCIDENT (INCLUDE TYPE OF VEHICLE)

TRAFFIC CONVICTIONS/FORFEITURES SECTION

A. List all traffic convictions or forfeitures, other than parking violations, for the past 3 years. This includes, but is not limited to, equipment violations, overweight and all moving violations. This section is to include both personal and commercial motor vehicles. **IF YOU HAVE NOT RECEIVED ANY CONVICTIONS OR FORFEITURES DURING THIS PERIOD, WRITE "NONE". IF VIOLATION IS SPEEDING, PLEASE LIST THE SPEED CITED FOR AND THE POSTED SPEED LIMIT.**

LOCATION	MONTH/YR	CHARGE	PENALTY	TYPE OF VEHICLE (COMMERCIAL OR PERSONAL)

COURT RECORD SECTION

A. Have you ever been convicted of anything other than a minor traffic violation? YES NO

NOTE: If the answer to this question is YES, explain in detail including the specific location (county) and date of conviction. A record will not necessarily disqualify an applicant. However, should you answer NO and our investigation discovers otherwise, this may be considered falsification of the application and you may not be qualified. **THIS SECTION IS NOT LIMITED TO 3 YEARS.**

**DISCLOSURE AND CONSENT TO
BACKGROUND INVESTIGATIONS AND
APPLICATION SIGNATURE PAGE**

To be read and signed by Applicant

I understand that:

- (a) Atlas Van Lines, Inc. (Atlas) is an interstate motor carrier subject to federal law and regulations issued by the U.S. Department of Transportation (DOT) and its agencies, including the Federal Motor Carrier Safety Administration (FMCSA);
- (b) this is an application for qualification by Atlas as a driver as required by DOT regulations and is not an application for employment by Atlas or any Atlas agent;
- (c) the persons identified in this application, including each previous employer who employed me to operate a commercial motor vehicle (CMV) within the preceding three years (a DOT Employer), will be contacted to make an investigation of my personal and employment history and the investigations required by 49 C.F.R. §391.23;
- (d) Atlas also makes use of the FMCSA's Pre-Employment Screening Program (PSP) that includes safety information about me, including crash data from the previous five years and inspection history from the previous three years, and that will be used by Atlas in its qualification screening process;
- (e) I am required by law to pass a DOT medical examination and drug test(s) prior to qualification;
- (f) this application does not obligate Atlas to qualify me and, if I am qualified, does not create an employment relationship between Atlas or any Atlas agent and me;
- (g) all conditions and terms of qualification by Atlas are subject to change without notice, qualification is not for any definite period of time, and Atlas may terminate my qualification, with or without cause and with or without notice, at any time;
- (h) any misrepresentation or omission of information by me in this application shall be ground for rejection of my application or suspension or termination of my qualification with Atlas;
- (i) I may be asked to furnish additional information; and
- (j) I have the right to:
 1. Review information provided by previous DOT Employers and under the PSP, to the extent required by the Fair Credit Reporting Act (FCRA);
 2. Have errors in the information corrected by previous DOT Employers and for previous DOT Employers to send the corrected information to Atlas;
 3. Have a rebuttal statement attached to the alleged erroneous information provided by a previous DOT Employer if the previous DOT Employer and I cannot agree on the accuracy of the information; and
 4. Dispute incomplete or inaccurate information provided through the PSP by visiting <https://dataqs.fmcsa.dot.gov>, with the understanding that ONLY the FMCSA, not Atlas or National Information Consortium Technologies, LLC (NICT), the entity that provides access to the PSP database, is authorized to receive proposed corrections to PSP database information and to determine if the information should be corrected.

- 5. Obtain more information about the FCRA, including information on my rights under my state's law that may be greater than under the FCRA, at www.ftc.gov/credit and report violations of the FCRA to the Office of Financial Management, Department of Transportation, Washington, DC 20590, or by phone to (202) 366-1306.

I authorize and consent to:

- (a) Atlas making an investigation of my general and personal information and employment history;
- (b) Atlas making the investigations required by 49 C.F.R. §391.23 of my general information, employment, driving record, safety performance history with DOT Employers, accident history, alcohol and drug testing results and refusals to test, completion of or failure to complete any rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the DOT drug and alcohol testing requirements and testing requirements subsequent to completion of a SAP's rehabilitation referral;
- (c) Atlas obtaining information about me and my safety performance history, including crash data and inspection history, from the PSP;
- (d) Atlas obtaining a consumer report or reports (as defined in the FCRA) that may be used for employment purposes (defined to include qualification as a driver) on me in connection with its investigations;
- (e) the response to Atlas' inquiries and participation in Atlas' investigations by any person who is contacted by Atlas in connection with its investigations, including my prior employers (and specifically, my DOT Employers), schools or educational institutions, consumer reporting agencies and any other persons, including both natural persons and legal entities; and
- (f) Atlas to release to its agent(s) information obtained in connection with the investigations set out in (a), (b) and (c) and the reports in (d), including copies of this application and any other applicable documents or information.

I granting this consent and authorization, I release Atlas, its agents, the persons providing information in response to Atlas' investigations and providing consumer reports, and the employees of each of them from any and all claims for liability or damages that I may have as a result of such investigations and reports. Except with respect to DOT Employers and information obtained through the PSP, I waive any right to written or verbal notice of information disclosed by my prior employers.

I certify that the statements made in the Atlas Application for Qualification are true and correct.

I have read this Disclosure and Consent to Background Investigations and understand it.

Date: _____

Applicant's Signature: _____

Applicant's Printed Name: _____