



Current Driver's License Number \*

## **C&M Transport, Inc.**

342 Blackbrook Rd., Painesville, OH 44077 440-350-0802

**DOT Medical Card Expiration Date** 

**Application ID: 1714164692** 

		Drive	er's Application			
Job Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No. *
Date of Birth *	Mob	ile Phone No. *	Other Phone No.	Email Ad	Idress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current add	a. 000 1000 ta 0 , 0a. 0,				
Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address
Previous Address		City		ZIP	County	Yrs at this address
Previous Address  Name - Exactly as it ap	Address 2	City	State/Province		County	Yrs at this address
Name - Exactly as it ap	Address 2	Commerce er's license *	State/Province  cial Driver's License  Maiden or other name the content of the co	ne used	County  Expiration Da	
Name - Exactly as it ap	Address 2	Commercer's license *	State/Province  cial Driver's License  Maiden or other name	ne used		

## Driving/Hauling Experience Equipment Yrs Exp Equipment Yrs Exp Dry van Doubles Flatbed Tanker Reefer: Switching(yard tractor) Dump CDL B

Current DOT Medical Card \*

O No

Yes

Issuing State/Province \*

	Education		_
	Name and Location of School	Years Attended	Diploma/Certification
High school			

ist driving awards held an	d who presented them:				
		Additional Licer	nses		
	List ALL	additional licenses held	in the past 3 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Has	s any license, permit, or privi	lege ever been suspend	ed, revoked, or denied?	*	
9 100 9 110	ve you ever been convicted f				
nu alconol testing rules (	<u> </u>				
	re you ever been convicted c		nor? * ast 3 Years		
Yes No - Have No - Have No Accidents to report	re you ever been convicted c	of a felony or misdemean	nor? * ast 3 Years		
Yes No - Have No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	of a felony or misdemean	nor? * ast 3 Years	Injuries	Vehicle Type
No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	Accident Review For P	ast 3 Years ust check this box.	Injuries	Vehicle Type  Personal Commercial
Yes No - Have No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	Accident Review For P	ast 3 Years ust check this box.	Injuries	Personal
Yes No - Have No Accidents to report ick on the Plus sign to ad	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 3 Years  ust check this box.  Fatalities	Injuries	Personal
No Accidents to report lick on the Plus sign to ad D  Last Accident	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.)	ast 3 Years ust check this box.  Fatalities es For Past 3 Years		Personal

Name and Location of School

**Years Attended** 

Diploma/Certification

EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Reason For Leaving *			
Reason For Leaving *  Hauling What?	Driving/Hauling E Number of Mor	Experience With This Employer	pment
Hauling What?		equip	pment
Hauling What?  Were you subject to the  Yes No  Was your job designated	Number of Mor  FMCSRs while employed by this employed by the emp	oloyer? *	
Hauling What?  Were you subject to the  Yes No  Was your job designated testing requirements as	Number of Mor  FMCSRs while employed by this employed as a safety sensitive function in any by 49 CFR part 40? *	oloyer? *	

## Owner Operator Equipment Form

Tractor	Trailer	;	Straight Truck	Cargo Van	
Make	Make		Make	Make	
Model	Model		Model	Model	
Year	Year		Year	Year	
VIN Number	Plate Number	,	VIN Number	VIN Number	
Plate Number	Current Mileage		Plate Number	Plate Number	
Current Mileage	Length		Current Mileage	Current Mileage	
			Length	Length	

## **Authorization**

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

\*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

\* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- \* Inquiry to Previous Employer
- \* Previous Employer Inquiry For Driving History & Safety Performance
- \* PSP Consent Form

- \* Consent for Release of Info Form
- \* Disclosure and Authorization Form
- \* Pre-Employment Controlled Substance Consent Form
- \* Fair Credit Reporting Act Consumer Rights
- \* Drivers Rights Pertaining to Release of Information under Regulation 391.23
  - \* FMCSA Clearinghouse Limited Query Consent

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name\* Signature\* Date

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