



## **Dakota Carriers Inc**

5105 W. Foundation Ct, Sioux Falls, SD 57107 605-338-0002

**Application ID:** 1713608979

Job Applied For *		First Name *	Middle	Last Name *		Social Security No. *
Date of Birth *		Mobile Phone No. *	Other Phone No.	Email Ad	dress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at curre	nt address less than 7 years,	list below most recent addr	esses for the	past 7 years.	

ame - Exactly as i	t appears on your di	river's license *	Maiden o	r other name	used		
DL Type *		Endorsements	s (check all that app	oly)	License Ex	piration Date *	
○ A ○ B	C None	□ H □ ·	T N X	□ P			
ir Brake Restrictio	n? *	Automatic Tra	ansmission Restrict	ion *	Years of C	DL Experience	
○ Yes ○ No		Yes	No				
	anaa Numbar * Jac		-	OT Madical (	and *	DOT Medical	Card Evairation F
urrent Driver's Lic	ense Number * Iss	suing State/Province *	-	OOT Medical C	Card *	DOT Medical	Card Expiration E
	ense Number * Iss	suing State/Province *	Current D	○ No		DOT Medical	Card Expiration C
urrent Driver's Lic		suing State/Province *	Current D  Yes  ing/Hauling Experie	○ No		DOT Medical	
urrent Driver's Lice		buing State/Province *  Driv  Equipment	Current D  Yes  ing/Hauling Experie	No  Requipment			

Education		
Name and Location of School	Years Attended	Diploma/Certification

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
ist driving awards held and who	presented them.		
	Additional Licen	ses	
·	Additional Electric		
	List ALL additional licenses held	in the past 5 years.	

## List ALL additional licenses held in the past 5 years. State/Province License no. Class Endorsement(s) Expiration date Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied?\* Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol?\* Yes No - Have you ever tested positive or refused to test on any pre-employment drug and / 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 testing rules during the past 2 years?\* Yes No - Have you ever been convicted of a felony or misdemeanor? \*

		Accident Review For Pas	st 5 Years		
		If no Accidents to report, you mus	st check this box.		
No Accidents t	o report.				
lick on the Plus sig	n to add additi	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					O Commercial

	Traffic (	Convictions & Forfeitures For Past 5 Years	
	If no Traffic Convi	ctions or Forfeitures to report, you must check this b	OOX.
No Traffic Convicti	ons or Forfeitures to report.		
lick on the Plus sign to	add additional Traffic Convic	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty
			· ·
	'	-	

EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Hauling What?	Driving/Hauling Ex Number of Mont	perience With This Employer hs: Eq	uipment
Were you subject to the FMCSR	s while employed by this empl	oyer? *	
	efety sensitive function in any	DOT regulated mode subject to	alcohol and controlled substances
testing requirements as by 49 C			

## 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.

Date

Print Name\* Signature\*

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