

Mid South Transportation LLC

5469 Hwy 145 South, Shannon, MS, 38868
 PO Box 4343, Tupelo, MS, 38803
 Fax: (662) 844-4012

Application for Employment

Date: _____

Name: _____
First Middle Last

Telephone: _____

Cell: _____

Address: _____
Street City State & Zip

How Long: _____

Date of Birth: _____

Social Security No.: _____

Address: _____
Street City State & Zip

How Long: _____

For past

Three years: _____
Street City State & Zip

How Long: _____

Attach sheet if more room is needed

Experience and Qualifications (Driver)

	State	License Number	Type	Expiration Date
Driver				
Licenses				

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Trailer				
Tractor and Doubles				
Other				

Accident Record for Past 3 Years or More

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for Past 3 Years (Other than parking violations)

Location	Date	Charge	Penalty

If the answer to either A or B is yes attach a statement giving details

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes__ No __

B. Has any license, permit or privilege ever been suspended or revoked? Yes__ No __

Employment Record (Attach sheet if more space is needed)

§391.21 (b)(10) States that 10 years of previous employment must be listed

Last Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Second Last Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Third Last Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: Name: _____ Phone: _____
Address: _____
Position held: _____ From: _____ To: _____
Reason for Leaving: _____

To be read and signed by applicant:

This certifies 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. I also understand and agree that this motor carrier will order and receive a copy of my MVR.

Date: _____ Signature: _____

Carefully read the following and sign below if you agree to terms

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company or their assigned agent to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer has been made.

I hereby release my former employers, healthcare providers, schools, and insurance agents from any and all liability in making response to the inquiries and from releasing the requested information as required in 49 cfr, Parts 40 §382 and or §391.

Signature

Date

If Needed Application and Release may be faxed to TSCS, LLC

Fax # 662-869-7368

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Mid South Transportation (Prospective Employer), it may obtain one or more reports regarding your driving, and safety inspection 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.

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:

2. I authorize Mid South Transportation 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 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.

3. 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 any safety data that appears 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 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 Stat for adjudication.

4. Please note: 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 FMCSR violation that have been adjudicated by a court of law will also appear and remain, on a PSP report.

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)

NOTICE: This form is made available to monthly account holder by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

Mid South Transportation, LLC

P.O. Box 4343

Tupelo, MS 38803

(662)844-4009

CELL OR SMART PHONE USAGE

Employees must adhere to all federal, state, or local rules and regulations regarding the use of cell phones. The use of cell phones by company drivers must comply with 49 CFR § 392.82 of the Federal Motor Carrier Safety Regulations. Accordingly, employees must not use cell phones if a law, regulations or other ordinance of the driver's location prohibits such activity.

New Jersey and Washington, D.C. have adopted laws forbidding the use of cell phones while driving. Other states are expected to adopt similar laws.

Mid South Transportation drivers are not to use hand-held cell phones while driving. Should an employee need to make a call, he/she should locate a lawfully designated area to park and make the call.

Employees may use hands-free, "one-touch" dial, call phones to receive calls, but must immediately locate a lawfully designated area to park to continue the call, or discontinue the call until safely parked.

Parking and Cell Phone Usage

Mid South Transportation strictly forbids the parking and/or stopping its equipment on the highway or highway shoulder except for emergencies. Cell phone calls are not emergencies unless made in relation to a mechanical break-down.

Texting, Messaging or Video

The use of any cell phone, tablet or other personal or smart phone device to send or receive text messages or to watch any form of video while driving is absolutely prohibited. 49 CFR § 392.80.

Discipline

Violation of this policy will subject an employee to disciplinary action up to and including termination of employment or contract.

Date

Driver's Name: _____

(Print)

Driver's Signature

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Tupelo, MS 38803

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NOTICE TO ALL DRIVERS

By notification of our insurance company and Federal Motor Carrier Safety Administration as noted in Subpart G §392.60.

No passengers are allowed to ride in or enter into any vehicle owned or leased by or to Mid South Transportation, LLC.

I fully understand and agree that I will not allow passengers in my vehicle while under lease or in the employment of Mid South Transportation, LLC.

Signature

Date