

Paul Transportation, Inc.
PO Box 5006
Enid, OK 73702
580-242-4129

GENERAL INFORMATION

Date:		
First Name:	Middle Name:	Last Name:
Current Address:		
City, State Zip: ,		
If different, mailing address:		
City, State Zip: ,		
Home Phone:	Cell Phone:	
SSN:	Do you have the right to legally remain and work in the US?	
DOB:		
Have you worked here before? If so, in what capacity?		
Have you ever been convicted of a crime?		
How did you hear of us?:	Source/Person:?	
When would you be available to start?		
Addresses the past three years:		
Address:		
City, State Zip: ,		
Address:		
City, State Zip: ,		
Address:		
City, State Zip: ,		

EMERGENCY CONTACT INFORMATION

First Name:	Middle Name:	Last Name:
Current Address:		
City, State Zip: ,		
Home Phone:	Cell Phone:	
Relation to applicant:		

POSITION INFORMATION

FT or PT:	Desired Salary:	Position Applying For::
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PREVIOUS EMPLOYMENT

Most recent job		
Company Name:	Supervisor:	
Presently employed? If so, may we call your present employer?		
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		

Second Recent Job		
Company Name:	Supervisor:	
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		
Third Recent Job		
Company Name:	Supervisor:	
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		
Fourth Recent Job		
Company Name:	Supervisor:	
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		
Fifth Recent Job		
Company Name:	Supervisor:	
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		
Sixth Recent Job		
Company Name:	Supervisor:	
Address:		
City, State Zip: ,		
Phone:		
Job Held:	From:	To:
Why did you leave?		

EDUCATION**High School**

School Name:

Address:

City, State Zip: ,

Completed?

College, Business, or Trade School

School Name:

Address:

City, State Zip: ,

Years Completed:

Major or Degree:

Professional School/Other

School Name:

Address:

City, State Zip: ,

Years Completed:

Major or Degree:

DRIVING RECORD (IF APPLICABLE)**License Information (Past 3 Years)**

State:	Number:	Type:	Expiration:

Have you had any preventable accidents in the past 12 months?

REFERENCES

Name:

Company:

Position:

Phone:

Name:

Company:

Position:

Phone:

Name:

Company:

Position:

Phone:

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with Paul Transportation, Inc I understand that an investigative consumer report is being requested from USIS DAC S services, Tulsa, OK, PSP Online Services, or other consumer reporting agencies, that will include information as to my character including character, work performance, experience, capability, attitude, drug and alcohol test results for the past three (3) years, DOT roadside inspection history, logs/hours of service discipline, driving record and safety incidents and accidents, or failure or refusal to substance abuse testing, along with the reason of termination for past employment with previous employers. Further, I understand that you will be requesting information from DAC, PSP Online, and other reporting agencies that applies to my previous driving record requests made by others from such state agencies, state provided records, claims involving me in the files of insurance companies, criminal background checks and/or credit checks.

I authorize, without reservation; any party contacted by Paul Transportation, Inc. to furnish the above mentioned information with my written authorization.

I hereby consent to your obtaining the above information from DAC, PSP Online, or other related service companies and/or Department of Transportation regulated employers and agree that such information if hired by Paul Transportation, Inc. the same information will be supplied to DAC, PSP Online, or other related service companies for release to other Department of Transportation regulated employers. I also understand that under the Federal Motor Carrier Safety Regulations, Paul Transportation, Inc. will release my employment information pertaining to controlled substance and alcohol testing records or failure thereof for the past three years, accident information for the past three years, work performance, dates of hire and termination and reasons for termination to other commercial motor carriers upon written request and my authorization to do so.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

I understand that in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment including character, work performance, experience, capability, attitude, previous drug and alcohol test results, DOT roadside inspection history, logs/hours of service discipline, driving record and safety incidents and accidents may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

DUE PROCESS RIGHTS FEDERAL MOTOR CARRIERS SAFETY REGULATIONS 391.23 (I)

I am acknowledging that Paul Transportation, Inc has expressly notified me that Department of Transportation regulated employment during the preceding three years via the application form or other written documentation prior to the hiring decision that I have the right to review such information provided by previous employers. I have also been informed that I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Paul Transportation, Inc. with my right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the myself cannot agree on the accuracy of the information.

SIGNATURE

My signature below 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 understand that intentional falsification of this application may result in disqualification from employment consideration or termination of employment..

NOTE: Online applications cannot be reviewed or processed without a signed release from the applicant. Please print this form and fax to 405-440-2390 or call 866-934-7285 with a fax #.

Signature:

Printed Name:

SSN:

Date Signed: