



# DRIVER APPLICATION

5440 N State Road 7 Suite: 205

Fort Lauderdale, FL 33319

Phone: (954) 448-2032 / Fax (954) 486-9291

[www.atlanticchartersinc.com](http://www.atlanticchartersinc.com) / [atlanticcharters01@bellsouth.net](mailto:atlanticcharters01@bellsouth.net)

**REFERRAL SOURCE:** \_\_\_\_\_

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability.*  
**Applicant: Please be advised that Atlantic Charters Inc. will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.**

Date: \_\_\_\_\_ Fort Lauderdale, Florida  
 (City & State where applicant is completing this application)

(Last Name)	(First)	(Middle Initial)	(Social Security Number)

\_\_\_\_\_  
 (Address – Number & Street) (City) (State) (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone Number with Area Code (Residence) (Date of Birth)

(\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone -OR- Alternate Telephone Number (Note: Date of birth is required by some states to obtain an MVR report)

**Note: If you have resided at the above address for less than three years, please list all states of residence for last three years:** \_\_\_\_\_

Are you 21 years of age or older?  Yes  No

Can you provide proof of age?  Yes  No

Have you ever worked for this company before?  
 (If yes, dates: \_\_\_\_\_)  Yes  No

Are you currently employed?  Yes  No

**If you are currently employed, may we contact your current employer?**  Yes  No

If you are not currently employed, what was the last day worked for last employer? \_\_\_\_\_  
 (month day year)

<i>(Check Yes or No to the following three questions)</i>	<b>YES</b>	<b>NO</b>
<b>Have you ever been denied a license, permit or privilege to operate a motor vehicle?</b>	_____	_ <b>x</b> _
<b>Have you ever had a license, permit or privilege revoked or suspended? .....</b>	_____	_ <b>x</b> _
<b>Have you ever been convicted of a felony? .....</b>		<b>x</b>

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS

## Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the *previous three (3) years*. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also *provide an additional seven (7) years* information on those employers for whom the applicant operated such vehicles. **Failing to list telephone numbers for each previous employer will delay the processing of this application and be returned to you.** Please indicate whether your job was full-time or part-time on each employer. The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**LIST MOST RECENT EMPLOYER FIRST THEN WORK BACKWARD SHOWING ALL EMPLOYERS FOR TEN YEARS.  
LIST ALSO, ANY PERIOD OF TIME IN WHICH YOU WERE UNEMPLOYED DURING THE PAST 10 YEARS**

**Present or last employer – or – unemployment period of time**

Mo/Yr                      Mo/Yr  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?                      Yes  No   
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes  No

**2<sup>nd</sup> most recent employer – or – unemployment period of time**

Mo/Yr                      Mo/Yr  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?                      Yes  No   
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes  No

**3<sup>rd</sup> most recent employer – or – unemployment period of time**

Mo/Yr                      Mo/Yr  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here?                      Yes  No

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**4<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**5<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**6<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Reason for leaving \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**7<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**8<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**9<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Reason for leaving: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**NOTE: IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF THIS PAGE TO LIST ADDITIONAL PAST EMPLOYERS, USING SAME FORMAT AS ABOVE OR ASK COMPANY REPRESENTATIVE FOR AN ADDITIONAL PAGE FOR LISTING PAST EMPLOYERS.**

**Note: – Incomplete application forms will be delayed or not considered at all**

### ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

### TRAFFIC CONVICTIONS and FORFEITURES

(list all for past three (3) years)

Date	Location	Charge	Penalty

### EXPERIENCE – QUALIFICATIONS

List all drivers' Licenses issued to you in the last five (5) years

State	License Number	Type of License	Expiration Date	Endorsements

List states you have operated in during the last five years: \_\_\_\_\_

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

This certifies that I completed this application, and all entries of information on it are true and complete to the best of my knowledge.

\_\_\_\_\_ X \_\_\_\_\_  
(Date) (Applicants Signature)

## **APPLICANT NOTIFICATION AND RELEASE FORM**

In connection with my application for employment (including contract for services) with Atlantic Charters Inc. I understand consumer reports that may contain public record information, may be requested from HireRight (or like services) or from state agencies. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. Such reports can be furnished by federal, state and other agencies that maintain such records, as well as information from HIRERIGHT (or like services) concerning previous driving record requests made by others from such agencies, and states providing driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT (or like agencies) OR STATE AGENCIES TO FURNISH THE ABOVE REFERENCED INFORMATION.

I have the right to make a request to HIRERIGHT (or like services), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HIRERIGHT (or like services) has previously furnished within the last two year period preceding my request. I hereby consent to your obtaining the above information from HIRERIGHT (or like services), and agree that such information, which you obtain and my employment history with Atlantic Charters Inc, if I am hired, will/can be supplied to HIRERIGHT (or like services) and to other companies which may subscribe to HIRERIGHT (or like services).

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Atlantic Charters Inc. to procure consumer reports including MVR reports, at any time during my employment (or contract) period.

I further/also understand my employment with Atlantic Charters Inc. will be pending a **NEGATIVE** pre-employment drug screen result.

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*(Print Name – Last, First, Middle Initial)*

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See Driver Application

*(Social Security Number)*

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*(Applicants Signature)*

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*(Date – dd, mm, yy)*

***Important Notice Regarding Background Reports From the  
PSP ONLINE SERVICES***

In connection with your application for employment with Atlantic Charters Inc, we may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Atlantic Charters Inc. uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, Atlantic Charters Inc. 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, Atlantic Charters Inc. will notify you that the action has been taken and that the action was based in part or in whole on this report. Atlantic Charters Inc. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Atlantic Charters Inc. may obtain such background reports please read the following and sign below:

I authorize Atlantic Charters Inc. 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 Atlantic Charters Inc. to make a determination regarding my suitability as an employee.

I further understand that neither Atlantic Charters Inc. nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be 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 state for adjudication.

I have read the above notice regarding background reports provided to me by Atlantic Charters Inc. and I understand that if I sign this consent form, Atlantic Charters Inc. may obtain a report of my crash and inspection history. I hereby authorize Atlantic Charters Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Social Security No: See Driver Application

Print Name: \_\_\_\_\_

License Number: \_\_\_\_\_

License State: Florida

**PAST EMPLOYMENT VERIFICATION**

**ATLANTIC CHARTERS, INC.** – 5440 N. State Road 7 Fort Lauderdale, FL 33319 – Ph# 954-448-2032 Fax: 954-486-9291

**APPLICANT FILL OUT INSIDE THIS BOX ONLY**

I authorize Atlantic Charters Inc, and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize Atlantic Charters Inc. and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by Atlantic Charters Inc. to provide such information. I hereby release from all liability for damages Atlantic Charters Inc. and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

**Applicant Print Name:** \_\_\_\_\_ **SS#:** See Driver Application

**Date of Birth:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAST EMPLOYER'S NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

1. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ AND From: \_\_\_\_\_ To: \_\_\_\_\_

2. What type of position held? \_\_\_\_\_ If driver, see below

Type of Driving:  Solo  Team  
Type of operation:  Company Driver  Owner Operator  Drive for Owner Operator  
Was It:  Over the Road  Regional  Local

Type Equipment:  Tractor-Trailer  Straight Truck  Tri-Axle  Other

Type of Trailer:  Pneumatic  Van/Reefer  Dump  Tank  
 Flatbed  Other \_\_\_\_\_ Trailer dimensions/capacity: \_\_\_\_\_

Types of commodities hauled:  Dry Bulk  Iron, Steel, Etc.  Coils  Machine  
 Gen. Freight  Produce  Liquid  Scrap  
 Other

3. Number of accidents/incidents while employed: \_\_\_\_\_

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was your equipment returned to an authorized location:  YES  NO

5. What was reason for leaving?  Voluntarily Quit  Layoff  Discharged Why? \_\_\_\_\_

6. Is driver eligible for rehire?  Yes  No Why? \_\_\_\_\_

**7. DRUG/ALCOHOL TEST (S):**

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40  Yes  No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration?  Yes  No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance?  Yes  No

Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  Yes  No

Has this person committed other violations of Sub Part B of Part 382 or Part 40?  Yes  No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test.  Yes  No

- **If Yes above**, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested?  Yes  No



In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

VERIFIED BY: Odane Samuels TITLE: Office Manager

DATE: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT**  
Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask the applicant whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for but did not obtain safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past two years.

If the applicant admits that he/she had a positive test or refusal to test, we cannot use the applicant to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

Atlantic Charters, Inc.  
Fort Lauderdale, Florida 33319

<b>Applicant Name</b>	
<b>Social Security Number</b>	<b>See Driver Application</b>

The prospective employee is required by Section 40.25(j) to respond to the following questions.

- Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules during the past two years?

**Check One:**            Yes \_\_\_\_            No x

- If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

**Check One:**            Yes \_\_\_\_            No \_\_\_\_

X \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witnessed by – Signature)

\_\_\_\_\_  
(Date)

**Atlantic Charters, Inc.  
Fort Lauderdale, Florida**

	<b>See Driver Application</b>
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Applicant Name

Social Security Number

**Pre-Employment Controlled Substance Testing Notification and Consent Agreement**

Atlantic Charters Inc, in compliance with the US DOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screening process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken, and Atlantic Charters Inc. has been advised of the results, which must be **“NEGATIVE”**.

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Atlantic Charters Inc, on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential, and are only for the use of Atlantic Charters Inc, its Medical Review Officer and me. I also understand that a **“POSITIVE”** result will disqualify me from operation of a commercial motor vehicle for Atlantic Charters Inc. and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

**DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS**

**INSTRUCTIONS:** FMCSR Part 382.601 requires Atlantic Charters Inc. to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which apply to the company’s drivers. This form will document the receipt of the required materials.

**TO THE DRIVER:** The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained, pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

**DRIVER’S CERTIFICATION**

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company’s policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company’s policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

**Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.**

**X** \_\_\_\_\_  
Applicants Signature \_\_\_\_\_  
Date

Witness: \_\_\_\_\_  
(Atlantic Charters Inc. representative) \_\_\_\_\_  
Date

**PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS**

Applicant Name:	
Results Received from:	<b>Quest Diagnostics</b>
Test Results:	<b>Negative: <u>  x  </u>                      Positive: _____</b>
Eligible for Hire?	<b>Yes: <u>  x  </u>                      No: _____</b>
Results received by:	<b>Odane Samuels – Atlantic Charters, Inc.</b>