

# COLEMAN TRANSPORTATION DRIVER EMPLOYMENT APPLICATION

407.917.2237

Info@Coleman-Transportation.com

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?       YES     NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						

**THIRD (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			



IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

# u [Company] ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CWVgWYYb @7, , \$) 6fcUXk Um GfYYtř Gi ]fY &% ž J UbVti j Yfž K 5 - , \*\*\$/ , , , , ' ' ' ' )' \$( / ' : ' ]bZc4 cWVgWYYb"Vta / k k k "cWVgWYYb"Vta or another outside organization. Information regarding CWVgWYYb's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at k k k "cWVgWYYb"Vta " The scope of this notice and authorization is all-encompassing, however, allowing # u [Company] to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by CWVgWYYb @7ž , \$) 6fcUXk Um GfYYtř Gi ]fY &% ž J UbVti j Yfž K 5 - , \*\*\$/ , , , , ' ' ' ' )' \$( / ' : ' ]bZc4 cWVgWYYb"Vta / k k k "cWVgWYYb"Vta #cb!Ya Yf[ YbVti a YX]W!hfUbgdcftU]cb, another outside organization acting on behalf of # u [Company] itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

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

Print Name (include middle name): \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Driver's License# & State: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ \*

University attended \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

University Start Date: \_\_\_\_\_ University Graduation Date: \_\_\_\_\_

\*This information will be used for background screening purposes only.



## Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

### Applicant Information

\*First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
Aliases: \_\_\_\_\_  
\*SSN: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_  
\*Place of Birth: \_\_\_\_\_

### Demographics

\*Sex: \_\_\_\_\_  
\*Race: \_\_\_\_\_  
\*Hair Color: \_\_\_\_\_  
\*Eye Color: \_\_\_\_\_  
\*Height: \_\_\_\_\_  
\*Weight: \_\_\_\_\_

### Contact Information

\*Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
\*City: \_\_\_\_\_  
\*State: \_\_\_\_\_  
\*Zip: \_\_\_\_\_  
County \_\_\_\_\_  
Prior States: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

\*Denotes Required Fields



## **ACKNOWLEDGEMENT OF NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE**

### **Purpose**

It is the policy of Coleman Transportation to protect the confidentiality of its contractors and employee's and applicants Social Security numbers (SSNs) obtained and used in the course of business. All employees, contractors, and volunteers are expected to adhere to this policy. Any one violating the provisions of this policy will be disciplined in accordance with company rules.

### **Procedures**

#### ***Collection of Social Security Numbers (SSNs)***

SSNs will be collected from applicants, contractoes, and employees as required to meet federal or state reporting requirements. These purposes include:

- To conduct background checks prior to election of board members, pre-employment and to verify eligibility for employment.
- To withhold federal and state taxes, if applicable.
- Federal Employment forms (I-9, W4, W2, 1099)
- Quarterly unemployment reports, worker's compensation claims, direct deposit, ACH payment, etc
- Employment and education verification
- To comply with state new-hiring reporting

SSNs may also be collected from independent contractors where no tax identification or employer identification number is accessible. SSNs so obtained will be subject to the same provisions of the privacy policy as those for applicants and employees.

#### ***Use of SSNs***

Except for verification and reporting uses for the above-referenced reasons, no SSN or portion of an SSN will be used in the conduct of the company's business.

- No SSN or portion of the SSN will be permitted to be used for identification purposes, including time cards, badges, computer passwords.
- No SSN or portion of an SSN will be used in open computer transmissions or company distributions or through the company intranet except where such transmission or information is by secure connection.

#### ***Storage of SSNs***

All documents containing SSNs should be stored in locked, secured areas. All computer applications containing SSNs should be maintained on secured, authorized-access computer stations only.



***Access to SSNs***

To protect your identity, Coleman Transportation, LLC will secure your social security number from unauthorized access, and prohibit the release of your social security number to unauthorized parties. Only persons who have a legitimate business reason will have access to SSNs. Such access will be granted through department heads responsible for functions with reporting or transporting of such data responsibilities. Department heads and employees granted such access must take all necessary precautions to ensure the integrity of records that include such numbers when the records are not being used.

***Destruction of SSNs***

Records that include SSNs will be maintained in accordance with federal and state law. When such documents are released for destruction, the records will be destroyed by shredding.

**State Laws**

If this policy, or any part thereof, conflicts with a state law in any state in which the company operates, the state law should supersede this policy, or the relevant portion thereof.

**Providing your Social Security Number to Coleman Transportation Inc. is a required condition of employment and a contract worker.**

I understand the above information and acknowledge that I have received a copy of the Acknowledgment of Notification of Social Security Number Collection and Usage Form

\_\_\_\_\_  
\_ Employee/Volunteer/Independent Contractor

\_\_\_\_\_  
Date

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



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, contract worker, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child

**CONTINUED ON NEXT PAGE**

Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS:**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S.; “Service Provider Personnel and “Peer Specialists” screened pursuant to s. 397.4073, F. S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F. S. and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S.

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

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\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_