



Want To Join the V2D-TS Team?

Here are some prescreening guidelines that must be met in order for you to join the V2D-TS Team!

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Our primary goal is Safety!  | Yes                      | No                       |
| • Are you safety minded and knowledgeable of F.M.C.S. A. Regulations?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you familiar with SMS / CSA 2010 guidelines?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Communication is a must!   |                          |                          |
| • Do you have a cell phone that can take pictures & text, from a national provider ?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, we will need the phone number & the provider.   |                          |                          |
| • Cell phone number: _____ Cell Phone Provider _____  |                          |                          |
| 3. Our Lanes and schedules are determined by the needs of our customers.                                    |                          |                          |
| • Are you able to drive 11 consecutive hours in a shift?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are a full time driver, are you willing to go where you are Dispatched to, when we need you to go? |                          |                          |
| • Are you willing to work local when needed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Driving Ability!   |                          |                          |
| • Can you drive 9, 10, & 13 speed & automatic tractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • You must pass a road test in these tractors!  |                          |                          |
| 5. Security! All our loads must be locked & sealed while in transit.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Can we trust you to comply? Our drivers are expected to do this.  |                          |                          |

**Policies that are in effect at V2D-TS**

- The return policy for previously issued fuel cards and keys, is listed below:
    - All keys, cards, paperwork, and reports must be returned before you receive your final paycheck. Failure to follow this policy will result in you being charged to re-key the truck along with any clerical fees involved with completing this process.
    - Damage to any V2D equipment or V2D property, determined to be the fault of the driver, will be charged as follows:
      - ❖ Minor Damage -- Driver is responsible for up to \$500.00.
      - ❖ Major Damage -- Driver is responsible for up to \$1,000.00.
  - Lay over pay will be paid in the amount of \$40.00.  
**Lay over – meaning driver is without a load for 24 hrs away from home due to no tardiness of the driver.**
  - Detention pay will be paid at your hourly rate of pay, after 4 hours delay, at customer location,  
**IF AND ONLY IF WE GET PAID FOR DETENTION BY THE CUSTOMER.**
  - Road drivers will be paid by the mile. Rate to be determined.
  - V2D is on a payroll week withholding system.
    - For example: If you work the 1<sup>st</sup> – 7<sup>th</sup>, Monday – Sunday, you will receive your pay check on the 19<sup>th</sup> of the month (Friday).
- These are just some basic guidelines and policies that V2D drivers are expected to abide by in order to be a successful employee.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
V2D Management

\_\_\_\_\_  
Date

- Your mileage rate: \$ \_\_\_\_\_ per mile \$ \_\_\_\_\_ Supervisor \_\_\_\_\_ Driver Initial \_\_\_\_\_
- Your hourly rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ Supervisor \_\_\_\_\_ Driver Initial \_\_\_\_\_

\_\_\_\_\_  
HR Review Date

\_\_\_\_\_  
Finance Review Date

\_\_\_\_\_  
Robert Henderson President Date



**Personal Information**

Full Name-----		Social Security #	
Present Physical Address	How Long? Years/Month	Driver's License #	
		State & Exp Date	
City/ State/Zip		Date of Birth ----	
Prior Physical Address	How Long? Years/Month	Home Phone #---	
		Cell Phone #-----	
Mailing Address		Email Address	
City/ State/Zip		State of Residency	
How did you hear about us?		Are you Hazmat Certified?	

**List all states in which Motor Vehicle License has been held**

State	License Number	Exp Date	State	License Number	Exp Date	State	License Number	Exp Date

**Employment Interest**

Position Applying For		Date You Can Start		Mileage Rate	
Please Circle	Full Time	Part Time	Over the Road	Local	

**Interviewer Comments:**


**Education**

School Name	Type of Degree Received	Graduated (Yes or No)	City State
High School			
College/Other			
Trade School/Other			

**References**

Name	Occupation	Contact #	Years Known
Name	Occupation	Contact #	Years Known
Name	Occupation	Contact #	Years Known

Driving Experience								
Class of Equipment	Driving Condition (Please Circle)				Starting Date (mm/yy)	Ending Date (mm/yy)	Experience Gained By Which Company	
	Rain	Snow	Fog	Ice				
Straight Truck								
Tractor & Semi-Trailer								
Tanker								
Auto Carrier								
Van								
Flatbed								
Other (Please Specify)								

**Traffic Convictions & Forfeitures for the last 3 Years (If none write, "None")**

Location	Month/ Year	Charge	Penalty

**Criminal Convictions & Forfeitures for the last 3 Years (If none write, "None")**

Location	Month/ Year	Charge	Penalty

**Pending Convictions / Unresolved Charges (If none write, "None")**

Location	Month/ Year	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a commercial vehicle?	If yes, Please Explain If No, write "No"
Has your license, permit or driving privilege ever been suspended or revoked or denied for any reason?	If yes, Please Explain If No, write "No"
Have you ever been fired from an assignment or had a lease involuntarily terminated?	If yes, Please Explain If No, write "No"
Have you ever been convicted of an alcohol-drug-related offense while operating a motor vehicle or are there any charges pending?	If yes, Please Explain If No, write "No"
In the past 5 years have you been convicted of reckless driving, care-less driving, or careless operation of a motor vehicle, or are there any charges pending?	If yes, Please Explain If No, write "No"
Have you ever failed or refused a pre-employment drug or alcohol test where you were not accepted for employment?	If yes, Please Explain If No, write "No"

**Accident Record for the last 5 years (If none, write "None")**

	Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Were you at fault	# of Fatalities	Were you ticketed	# of Injuries	Amount of Property Damage
Most Recent Accident							
Previous Accident							
Previous Accident							
Previous Accident							

**Work History (10 years) Request Additional Forms if Necessary**

Company Name		Position Held	
Address		Type of Equipment Driven	
City/State/Zip		Fulltime or Part-time	
Supervisor		Number of Accidents	
Phone #	(    )	Employment Dates	Month & Year
Fax #	(    )	Weekly Earnings	
Were you subject to DOT Regulations?	Yes    or    No	May we contact?	Yes    or    No
Reason For Leaving			

Company Name		Position Held	
Address		Type of Equipment Driven	
City/State/Zip		Fulltime or Part-time	
Supervisor		Number of Accidents	
Phone #	(    )	Employment Dates	Month & Year
Fax #	(    )	Weekly Earnings	
Were you subject to DOT Regulations?	Yes    or    No	May we contact?	Yes    or    No
Reason For Leaving			

Company Name		Position Held	
Address		Type of Equipment Driven	
City/State/Zip		Fulltime or Part-time	
Supervisor		Number of Accidents	
Phone #	(    )	Employment Dates	Month & Year
Fax #	(    )	Weekly Earnings	
Were you subject to DOT Regulations?	Yes    or    No	May we contact?	Yes    or    No
Reason For Leaving			

Company Name		Position Held	
Address		Type of Equipment Driven	
City/State/Zip		Fulltime or Part-time	
Supervisor		Number of Accidents	
Phone #	(    )	Employment Dates	Month & Year
Fax #	(    )	Weekly Earnings	
Were you subject to DOT Regulations?	Yes    or    No	May we contact?	Yes    or    No
Reason For Leaving			

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. I authorize you to make such investigations and inquiries on my personal, employment, medical history, criminal and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application. In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policies, procedures and rules of the company. I understand that if I am successful in gaining a position with the company, I will be on a probationary period of 90 days from commencement of employment during which time my performance will be monitored.

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



I hereby authorize Vision 2 Destiny Transportation Services the authority to obtain my PSP Record through the Federal Motor Carrier Safety Administration website. The PSP report will provide us with your most current crash and DOT inspection information. You are released from any and all liability which may result from furnishing such information.

Name of Applicant-----	
CDL #-----	State
Date of Birth (M/D/Y)-	
Signature-----	Date

**\*\*\* Applicant Sign & Date Only \*\*\***

Former Company:	Contact Name: Dana McKnight
Address:	Address: PO Box 170398 Spartanburg SC 29301
Attention:	Date:
Fax No.	Fax No. 864-643-2455
Office No.	Office No. 864-587-6700

**Release:** I authorize all of my former employers to release all personnel information to Vision 2 Destiny Transportation Services. I have completed an application for employment as required by section 391.23 of the FMCSA. I hereby release this company from any and all liability of any type as a result of providing this information.

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

\*\*\* Applicant Sign & Date Only \*\*\*

**Work History Inquiry**

Applicant's Name		Social Sec. No.		Additional Remarks/Comments
Questions		Please circle appropriate box		
1	Did the applicant work for your company as a commercial driver?	Yes	No	
2	If so, what type of commercial motor vehicle did the applicant drive? (Place answer in comments section)			
3	What area/region did the applicant drive? (Place answer in comments section)			
4	Did the applicant have any accidents while driving for your company?	Yes	No	
5	What were the applicant dates of employment? (Place answer in comments section)			
6	Has the applicant ever tested positive for a controlled substance in the past 3 years?	Yes	No	
7	Has the applicant had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past 3 years?	Yes	No	
8	Has the applicant violated other DOT Drug or Alcohol Regulations?	Yes	No	
9	Has a previous employer reported DOT drug or alcohol violations for this applicant?	Yes	No	
10	Has the applicant refused a controlled substance test and or alcohol test (includes verified adulterated/substituted results) in the last 3 years?	Yes	No	
11	Did the applicant have any log problems?	Yes	No	
12	Was the applicant's license suspended while employed you're your company?	Yes	No	
13	Did the applicant make good decisions while driving in the commercial vehicle?	Yes	No	
14	Did the applicant have a good attitude?	Yes	No	
15	Why did the applicant leave your company? (Place answer in comments section)			
16	Would your company reemploy this applicant?	Yes	No	

Thank you for your courtesy! ☺

Signature:

Title:

Date:

-----For Prospective Management Use Only-----

**Method of Sending Form** (fax/email/mail/phone)

Initial Date Sent		Follow up Date		Final Attempt Date	
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**Pre-employment Testing Release Form**

Part 40.259 (j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety-sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past 2 years.

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

Applicant/Driver to answer items listed below.

During the past 2 years have you **tested positive** on a Pre-employment alcohol or drug test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes \_\_\_\_\_ No \_\_\_\_\_

During the past 2 years have you **refused to test** on a Pre-employment alcohol or drug test administered by an employer to which you applied but did not obtain safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return to duty process required by Part 40 subpart O.

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

Signature of Applicant/Driver \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_