



Korsmo Trucking, Inc.
 PO Box 439
 401 Hwy 15 West
 Northwood, ND 58267
 701-587-5161

Name: _____ Phone Number: _____

Position Applying for: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

RESIDENCE FOR THE LAST THREE YEARS:

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

LICENSE INFORMATION:

383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below. List all Licenses for the past 3 years.

License Number: _____ License State: _____ Type: _____ Exp: _____

License Number: _____ License State: _____ Type: _____ Exp: _____

License Number: _____ License State: _____ Type: _____ Exp: _____

DRIVING EXPERIENCE:

Class	Type of Equipment	Number of Miles	Start Date	End Date
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes: _____ No: _____

If yes, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30-day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30-day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: From: MO YR TO: MO YR _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

ACCIDENTS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Nature of Accident	Injury/Fatality/Tow

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Charge	Penalty

Have you ever tested positive or refused to be tested on a pre-employment drug screen for an employer you did not go to work for? Yes: _____ No: _____

If yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous 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 (d) and (e). I understand that I have the right to:

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

Signature: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(Complete for any DOT Jobs in the last 3 Years)

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give KORSMO TRUCKING INC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to KORSMO TRUCKING INC.

Signature: _____ Date: _____

Previous Employer Complete below:

SAFETY PERFORMANCE HISTORY

Are the above dates of employment, correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only _____ _____ _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(Complete for any DOT Jobs in the last 3 Years)

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give KORSMO TRUCKING INC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to KORSMO TRUCKING INC.

Signature: _____ Date: _____

Previous Employer Complete below:

SAFETY PERFORMANCE HISTORY

Are the above dates of employment, correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only _____ _____ _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(Complete for any DOT Jobs in the last 3 Years)

Employer Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ Dates Employed: _____

You are hereby authorized to give KORSMO TRUCKING INC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to KORSMO TRUCKING INC.

Signature: _____ Date: _____

Previous Employer Complete below:

SAFETY PERFORMANCE HISTORY

Are the above dates of employment, correct? Yes: _____ No: _____ If not, please list dates: _____

Accident Information (If none, write none):

Date	Location	Nature of Accident	Injury/Fatality/Tow

Reason for leaving: _____

Other Remarks: _____

Signature: _____ Date: _____

Title: _____

For office use only

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Driver License
SFN 51386 (1-2023)

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750

Driver License Number																	
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth																	
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Subject's Name			
Subject's Address	City	State	ZIP Code

Name of Requestor		Telephone Number	
Company Name (if applicable)	Email		
Mailing Address	City	State	ZIP Code
Signature of Requestor			Date

THIS RECORD IS FOR:

<input type="checkbox"/> a prospective employer of a Commercial Driver's License holder (must have written consent).
<input type="checkbox"/> an employer of a Commercial Driver's License holder.
<input type="checkbox"/> an employer or prospective employer for non-commercial driving purposes.
<input type="checkbox"/> a government agency, including any court or law enforcement agency performing its function for an approved purpose.
<input type="checkbox"/> insurance purposes.
<input type="checkbox"/> use by a parent of a child under 18 years of age.
<input type="checkbox"/> other (please explain) _____

Please check one of the boxes below: Send the driving record to : <input type="checkbox"/> Subject's address <input type="checkbox"/> Requestor's address

<input type="checkbox"/> I am requesting the record of another person and their written consent is below.	
I give my written consent for the above Requestor to obtain a complete copy of my driving record. Signature	Date

Record requests and the fee may be mailed to the address listed above. You may also purchase and print a **limited** copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. A limited copy will not display total points. All record requests are mailed from the Driver License Division. Please allow 5-7 business days for processing time.

FEE: \$3 PER RECORD
Make checks or money order payable to:
Driver License Division
608 E. Boulevard Ave.
Bismarck, ND 58505-0750

FAIR CREDIT REPORTING ACT

The following reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. You are being informed that records verifying your previous employment, previous alcohol and controlled substance test results and your motor vehicle record may be obtained on you for employment purposes 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).

Name: _____ Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

License Number: _____ License State: _____

License Type: _____ Expiration Date: _____

Email Address: (Required) _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **KORSMO TRUCKING INC**
(Driver's Name)
to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

KORSMO TRUCKING INC will conduct a query of the Clearinghouse once per year for information for all employees subject to controlled substance and alcohol testing under this part to determine whether information exists in the Clearinghouse about those employees. (382.701 b) This consent will remain in effect for the duration of your employment.

I understand that if the limited query conducted by **KORSMO TRUCKING INC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **KORSMO TRUCKING INC** without first obtaining additional specific consent from me. The additional consent must be obtained by creating an online driver account and electronic signature. I further understand that if I refuse to provide consent for **KORSMO TRUCKING INC** to conduct a limited query of the Clearinghouse, **KORSMO TRUCKING INC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Name (printed clearly) _____

Driver's License State: _____

Driver's License Number: _____

Driver's Birthdate: _____

Driver's Signature: _____

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before June 1, 2022.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, and 399 of Subchapter B, Chapter III, Title 49 of the Code of Federal Regulations, as contained therein.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

DRIVER'S NAME (PLEASE PRINT)

DATE

DRIVER'S SIGNATURE

SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

7/22

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.

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THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Korsmo Trucking Inc (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history 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.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Korsmo Trucking Inc (“Prospective Employer”) 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 authorizing 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.

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 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016