



PO Box 602
Muskogee, OK 74402
Phone: 918-682-1900
Fax: 918-682-9993

DTCI@directtrafficcontrol.com

Congratulations on taking the first step towards employment with Direct Traffic Control, Inc. Please complete the application packet and email it to hr@directtrafficcontrol.com. You may also mail it in or drop it off at one of our locations.

When submitting your application, we will need a copy of the following items:

Driver's License
Social Security Card
CDIB Card (if applicable)

Prior to employment, you will also need to complete a substance abuse test and submit to random testing.

If you have any questions about required items, please contact the Human Resources department.

Thank you for applying for a position with Direct Traffic Control, Inc. and we look forward to receiving your completed application.

GENERAL INFORMATION

Prior to employment, the following steps will be performed:

- All references with previous employers are reviewed.
- Workers' compensation claim history is reviewed.
- Motor vehicle record is reviewed.
- Criminal record is reviewed.
- Pre-employment drug test

In response to federal requirements, applicants may be required to furnish a pre-employment physical at their own expense.

In response to federal requirements, employees may be required to furnish certified proof of physical examinations yearly. The employee will be responsible for the expense of the physical.

ALL NEW EMPLOYEES ARE HIRED FOR A NINETY (90) DAY INTRODUCTORY PERIOD.

TO THE APPLICANT:

As an applicant for a position as a CMV driver, we are required to advise you that this company is required to seek Safety Performance History information for a (3) year period from your previous employers who you have identified as having driven CMV's as a part of your duties as an employee. This investigation is required by 49 CFR Part 391.23 (d) and (e). As a condition of employment, the applicant must sign a waiver/release allowing this company to see information from previous employers.



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APPLICATION FOR EMPLOYMENT

Please print clearly:

Date: _____ DOB: _____ Social Security Number: _____

Name: _____
Last First MI

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Phone Number: _____ Are you 18 years old or older? Yes No

Position Desired: _____ Wages Desired: _____

How did you learn of this Position? _____

Have you ever been convicted of a felony? Yes No if yes, what charge? _____
(A conviction will not necessarily disqualify an applicant from employment)

Were you referred to by anyone, if so, who? _____

Do you have any special skills, training, or qualifications?

What date would you be available for work? _____ Are you willing to relocate?
 Yes No

EDUCATION

Type of School	Name and Location	Years attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade or Business				
Other				

US Military Service Yes No Which Service? _____ Dates _____ to _____



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Current Driver's License _____

Number State Class Endorsements Expiration Date

Previous Driver's License _____

Number State Class Endorsements Expiration Date

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? yes no
- B) Has any license, permit, or privilege ever been suspended? yes no
- C) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Administration (FMCSR)? yes no
- D) Have you ever been convicted of any alcohol related driving offenses? yes no

Driving Experience:

Class of Equipment -- Equipment Type -- Dates: --- Approx. Miles

Straight Truck _____

Tractor-Trailer _____

Twin Trailer _____

OTHER _____

List States operated in the last (3) three years: _____

Accidents in the past three (3) years. IF none, state none

Date	Type of Accident	Tow	Ems	Location

Traffic Convictions & Forfeitures for the past three (3) years:

Date	Location	Charge	Penalty



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3.

From To Business Name Supervisor's Name

Type of Business Address Phone Number

Your Position Starting rate: Leaving rate:

Describe your responsibilities:

Reason for leaving:

Were you subject to DOT regulations while working for this employer yes no

Equipment: Areas in which you drove:

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? yes no

4.

From To Business Name Supervisor's Name

Type of Business Address Phone Number

Your Position Starting rate: Leaving rate:

Describe your responsibilities:

Reason for leaving:

Were you subject to DOT regulations while working for this employer yes no

Equipment: Areas in which you drove:

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? yes no

5.

From To Business Name Supervisor's Name

Type of Business Address Phone Number

Your Position Starting rate: Leaving rate:

Describe your responsibilities:

Reason for leaving:

Were you subject to DOT regulations while working for this employer yes no

Equipment: Areas in which you drove:

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? yes no



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6.

From _____ To _____ Business Name _____ Supervisor's Name _____

Type of Business _____ Address _____ Phone Number _____

Your Position _____ Starting rate: _____ Leaving rate: _____

Describe your responsibilities: _____

Reason for leaving: _____

Were you subject to DOT regulations while working for this employer yes no

Equipment: _____ Areas in which you drove: _____

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? yes no

"I certify that all the information submitted on the application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, upon discovery, my employment may be terminated. In consideration of my employment, I agree to conform to the Company's rules and regulations. I understand that Oklahoma is an "employment at will" state and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the Company.

Date: _____

Signature: _____

An Equal Employment Opportunity Employer



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Affirmative Action Information

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Social Security #: _____

Gender: _____ Marital Status: _____

Location: _____ Position applying for: _____

EEO Job Category:

___ Officials & Managers ___ Professional ___ Technician ___ Sales Force ___ Operatives

___ Craft Worker ___ Laborers ___ CDL Driver ___ Service Workers ___

I am a member of the following Race/Ethnic group: (mark one)

A. Race

___ American Indian/Alaskan Native (card # _____)

___ Asian/Pacific Islander

___ Black

___ White

B. Ethnic Group

___ Hispanic Origin

___ Not of Hispanic Origin

Are you a Vietnam Veteran: Yes ___ NO ___

(180 days of continuous active duty between 08/05/64 to 05/07/75)

Confidential

This data will aid in keeping records required of us by the Federal and State Laws to which we are subject.
It is confidential and will remain separate from other personnel records.

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Direct Traffic Control, Inc. Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with Direct Traffic Control, Inc. (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a "consumer report" and/or an "investigative consumer report" on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a "background check report."

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com



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AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required for Direct Traffic Control, Inc. to obtain a complete consumer report:

Full Legal Name: _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, People Facts or any third party to obtain and/or furnish to Direct Traffic Control, Inc. any records or information referenced in the provided disclosure statement for employment related purposes.
- 2) You authorize Direct Traffic Control, Inc. ongoing procurement of any records or information, reports, and records at any time during your employment to the extent allowed by law.
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original.
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish Direct Traffic Control, Inc. and/or People Facts with all background information in their possession regarding you for these stated employment purposes.
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process.
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct, and accurate; and
- 8) You certify you have received, reviewed, and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.," which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.



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AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize Direct Traffic Control, Inc. (the "Company") to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports. * I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency People Facts will conduct the background check and prepare the background check report for the Company. People Facts is located at P.O. Box 5920 Scottsdale, AZ 85261, and can be reached by phone at 800-772-0130, or at <https://peoplefacts.com>.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law.

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live or work for the Company in California, Minnesota, or Oklahoma: Check this box if you would like a free copy of your background check report:

Please print your full legal name:

Last Name _____ First _____ Middle _____

Email Address: _____

For Identification Purposes Only: Date of Birth __/_____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Previous Address: _____

_____/_____/____
Signature Today's Date



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Authorization to Release Information

I authorize my previous employer listed to release the Alcohol and Controlled Substances testing information requested on the form to the company listed above.

Drivers Printed Name: _____
 Drivers Signature: _____
 DL or SSN: _____
 Date of Birth: _____ Date: _____

This form was:	
Mailed _____	Faxed _____
Emailed _____	Phoned _____
1 st Date _____	
2 nd Date _____	
Person Contacted _____	

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, dated above, this response is being provided to the Prospective Employer noted below in Compliance with the Department of Transportation regulations 391.23 (g) (1) and 40.321 (b).

PREVIOUS EMPLOYER INFORMATION

Company Name _____ Street Address _____
 Phone _____
 Fax _____

To be completed by the Previous Employer Safety Performance History

There is no safety performance history to report.
 Driver employed from _____ to _____ as _____
 Did driver operate a motor vehicle? yes no
 Driver operated a straight truck tractor bus Cargo Tank Doubles/Tripes Other _____
 Reason for Leaving: Discharged Resigned Lay Off Military Duty

Accidents: no accident register date for this driver

Date	Location	# of Injuries	#of Fatalities	HAZMAT Spill

Enclose other accident information pursuant to the employer's internal policies for retaining accident information (391.23(d)(2)(ii))

DRUG & ALCOHOL TESTING

Under DOT drug and alcohol testing requirements for the past 3 years, this person:

- I. Was employed in a safety sensitive function that required alcohol & controlled substance testing specified by 49CFR Part 40 (if no, skip this section, sign, and date) Yes No
2. Had an alcohol test with a result of 0.04 or higher alcohol concentration Yes No
3. Tested positive or adulterated or substituted a test specimen for controlled substances. Yes No
4. Refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test. Yes No
5. Committed other violations of subpart B of part 382, or Part 40. Yes No
6. Violated a DOT D&A regulation and completed an SAP prescribed rehabilitation program including return to duty and follow up test. If yes, enclose documentation. Yes No
7. After successfully completing an SAPs rehabilitation referral, but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. Yes No

In providing this information, and drug or alcohol testing obtained from previous employers under 49CFR 40.25 or other applicable DOT regulations in included.



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I understand that as a requirement by Federal Motor Carrier Safety Administration (FMCSA) regulations, a Driver Safety Performance Investigation File (DSPI) will be maintained on my employment, safety, and drug and alcohol tests. I understand that my DSPI will contain my full application, previous employment investigation, previous employer drug/alcohol test results, all drug/alcohol tests of my current employer, and any roadside inspection reports which deal with traffic violations as well as citations or warnings I may receive for operation of a CMV.

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on your application may be used, and your prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights regarding the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to the subsequent employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the Employer does not agree that information in the records provided is an error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as a part of the response for any subsequent investigating prospective employers for the correction, or after a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that I have read and understand my rights regarding my safety performance history information. I give written permission to create a Driver Safety Performance Investigation File. I understand that if I do not give written permission, I may not be hired by this carrier.

Applicant's Signature

Date

Employment Termination Receipt

I do hereby acknowledge receipt of a copy of my Driver Safety Performance Investigation File. I understand it must be given to the next motor carrier I am employed by.

Driver's Signature

Date



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www.datcs.com

customerservice@datcs.com



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

I, _____ the undersigned employee of Direct Traffic Control, Inc., hereby provide consent to Direct Traffic Control, Inc, to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I give permission to Direct Traffic Control, Inc. to conduct limited queries throughout the duration of my employment at the company’s discretion. I understand that if the limited query conducted by Direct Traffic Control, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Direct Traffic Control, Inc. without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Direct Traffic Control, Inc. to conduct a limited query of the Clearinghouse, Direct Traffic Control must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSAs drug and alcohol program regulations.

Employee Printed Name/ Driver’s License number/ State of Issuance / DOB

Employee Signature _____ **Date** _____