



www.voyagnation.com

recruiting@voyagnation.com

DRIVER EMPLOYMENT APPLICATION

Please make sure to completely fill out the application and sign all necessary areas. Applications must be submitted with a copy of your CDL (front and back), copy of your medical card and your MVR for the past 3 years no older than 30 days. Applications can be submitted via email to recruiting@voyagnation.com or they can also be faxed to:

FAX

To: Voyager Nation, Inc.

Attn: Safety Department

Fax No. 630-358-7372

From: _____

No. of Pages: _____

Date: _____

Notes: _____

- Do you own a truck? Yes No
If so, please list: Year _____ Make: _____ Model: _____



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APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City) (State, Zip) How long?

Must list all addresses for _____
for previous (Street) (City) (State, Zip) How long?

3 years (Street) (City) (State, Zip) How long?

Email Address: _____

Phone #: _____ DOB: _____ SSN: _____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: _____

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

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

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

If you answered yes to either of the above 2 questions, attach a statement of explanation.



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TICKETS/ ACCIDENTS/ ETC

Accident Record for Past 3 Years

Date	Description	# of Injuries/ Fatalities

Traffic Convictions & Forfeitures for Past 3 Years

Location	Date	Charge	Penalty

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before ___ Yes ___ No (if yes, please indicate hire and termination dates)

Note: This information should also be reflected in employment record section.

I have applied for work with this company before ___ Yes ___ No (if yes please indicate dates)

How did you hear about this employer? _____

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? ___ Yes ___ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No



EMPLOYMENT RECORD

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? _____ Yes _____ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? _____ Yes _____ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? _____ Yes _____ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? _____ Yes _____ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to FMCRSs while employed? _____ Yes _____ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No



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ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs and alcohol? _____ Yes _____ No

Have you ever tested positive for drugs or alcohol? _____ Yes _____ No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? _____ Yes _____ No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident

I certify that I have read, understand and agree to abide by the condition of this consent and release form.

X _____
Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Voyager Nation, Inc.

Company Name

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM PSP ONLINE SERVICE

1. In connection with your application for employment with Voyager Nation, Inc. (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Voyager Nation, 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 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 the Prospective Employer to make a determination regarding my suitability as an employee.

