



If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

**Past Employment Record**

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

**Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Second Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Third Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fourth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

**Past Employment Record (Attachment Sheet for Additional Employers)**

**Fifth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Sixth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eighth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ninth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**tenth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eleventh Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Twelfth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Crossroads Compliance inc.**

***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 Parks Livestock, 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 Parks Livestock, 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.

LAST UPDATED 12/22/2015

**PAST EMPLOYMENT SAFETY HISTORY REQUEST**

FROM: Parks Livestock Inc. 191 S Henning Rd Danville, IL 61834  
PHONE: (217) 442-0338, **Please return by faxing to: 217-442-0502**

The person named herein has applied to Parks Livestock Inc. for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to Parks Livestock Inc. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

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

Applicant's Signature

Date

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Full Time: \_\_\_ Part-Time: \_\_\_  
Position(s) Held: \_\_\_\_\_ Local: \_\_\_ Regional: \_\_\_ Over-the-Road: \_\_\_  
Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? \_\_\_yes \_\_\_no  
Type of equipment operated: \_\_\_Dry Van \_\_\_Flatbed \_\_\_Reefer \_\_\_Other (please list): \_\_\_\_\_  
Reason for leaving: \_\_\_Voluntary \_\_\_Lay-Off \_\_\_Terminated \_\_\_Retired  
If terminated, why? \_\_\_\_\_  
Eligible for rehire? \_\_\_Yes \_\_\_No \_\_\_Upon Review \_\_\_No, Company Policy: \_\_\_\_\_

**Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box  none**

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow___ Injury___ Fatality___ HM Release___	_____
___/___/___	_____	Tow___ Injury___ Fatality___ HM Release___	_____
___/___/___	_____	Tow___ Injury___ Fatality___ HM Release___	_____
___/___/___	_____	Tow___ Injury___ Fatality___ HM Release___	_____

**Alcohol & Controlled Substance Testing Inquiry**

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? \_\_\_yes \_\_\_no

Has this driver ever had a positive drug test in the past 3 years? ..... \_\_\_yes \_\_\_no

Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ..... \_\_\_yes \_\_\_no

Has this driver violated any other DOT drug/alcohol regulation? ..... \_\_\_yes \_\_\_no

To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ..... \_\_\_yes \_\_\_no

\*\*If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s):\_\_\_\_\_ Result of test(s):\_\_\_\_\_ Date of test(s):\_\_\_\_\_

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? ..... \_\_\_yes \_\_\_no

Any other remarks:\_\_\_\_\_

Verification Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Verification Date: \_\_\_\_\_

First Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax\_\_\_ Mail\_\_\_ Phone\_\_\_  
Initials\_\_\_\_\_

Second Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax\_\_\_ Mail\_\_\_ Phone\_\_\_  
Initials\_\_\_\_\_

Third Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax\_\_\_ Mail\_\_\_ Phone\_\_\_  
Initials\_\_\_\_\_

Crossroads Compliance inc.



Parks Livestock, Inc.  
 P.O. Box 429  
 Oakwood, IL 61858  
 Phone: (217) 442-0338  
 Fax: (217) 442-0502  
 parkslivestock.com



**MVR REQUEST**

Parks Livestock, Inc.  
 PO Box 429  
 Oakwood, IL 61858

I, \_\_\_\_\_, hereby authorize Parks Livestock, Inc. to pick up Driving Record Abstracts on my behalf.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date