



45 EAST PARK DRIVE  
 Phone: 877-628-3748 WESTAMPTON, NJ 08060 Fax: 609-880-9011

**Email: [driverrecruiting@nctrans.com](mailto:driverrecruiting@nctrans.com)**  
**PROFESSIONAL DRIVER APPLICATION**

NEW CENTURY TRANSPORTATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

Read and complete all portions of this form.

Applications incomplete or not signed may be rejected.

REFERRED BY:  (If none, print "NONE")

**PERSONAL INFORMATION**

Date:

Name:      
 First Middle Last

Home Phone:

Email:

Cell Phone:

LIST YOUR CURRENT ADDRESS AND ANY OTHERS IN PAST 5 YEARS

CURRENT:	Street	City	State	Zip Code	How Long?
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security No.:  - -

Date of Birth:

**LIST ALL DRIVER'S LICENSES HELD BY YOU IN PAST 5 YEARS**

State	License Number	CDL Class	Endorsements	Exp. Date

**EDUCATION AND TRAINING**

CIRCLE HIGHEST YEAR COMPLETED

Grade School: 1 2 3 4 5 6 7 High: 1 2 3 4 College: 1 2 3 4

Do You Have: High School Diploma  G.E.D.  Neither

List any training programs presently attending or completed (Truck Driving or Service School).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	City	State	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	City	State	Phone

**MILITARY SERVIC RECORD**

Have you served in the U.S. Armed forces?  Branch  Dates  to   
 MO/YR MO/YR

Highest Rank Achieved:  Rank at Discharge:

List any skills learned during military service that would help you qualify for the position you are applying for:

PRINT NAME: \_\_\_\_\_

**MOTOR VEHICLE ACCIDENT RECORD** (If none, print "NONE")

List all accident involvement with any motor vehicle during past 5 years, even if you were not at fault.

Date of Accident	Type of Your Vehicle	Nature of Accident (Rear-end, Upset, Etc.)	Were You at Fault?	Were You Ticketed?	Number of Injuries	Number of	Dollar Amount of Property Damage

**MOTOR VEHICLE TRAFFIC CONVICTIONS** (If none, print "NONE")

List all traffic convictions and forfeitures during past 5 years for any motor vehicle, other than Parking Tickets.

Date	State	Name of Violation (If Speeding, Show Rate of Speed)	Amount of Fine

**PERSONAL REFERENCES**

List 2 people able to verify your employment and personal history, such as co-workers, friends or neighbors.

DO NOT USE RELATIVES OR FORMER EMPLOYERS.

Name	City	State	Zip Code	Time Known
( )				
Phone	Place of Employment	Occupation		
Name	City	State	Zip Code	Time Known
( )				
Phone	Place of Employment	Occupation		

**EMERGENCY NOTIFICATION**

IN CASE OF AN EMERGENCY, NOTIFY THE FOLLOWING PERSON:

Name	Street	City	State	Zip Code
( )				
Phone	Relationship to You	Occupation		

PRINT NAME: \_\_\_\_\_

	Yes	No	Date
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a license or privilege to operate a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a license or privilege to drive suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused any type of insurance or bonding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered <b>Yes</b> to any of the above, please explain why here.			

**PHYSICAL HISTORY**

	Yes	No
Is there anything about you that could limit your ability to perform this job?	<input type="checkbox"/>	<input type="checkbox"/>

If so, what are those limitations and what accommodations would have to be made to allow you to perform this job?

**PLEASE USE A SUPPLEMENTARY SHEET FOR ANY ADDITIONAL COMMENTS AND INFORMATION**

**THE FOLLOWING MUST BE READ AND SIGNED BY APPLICANT**

By completing and submitting this application, I authorize New Century Transportation, Inc., or its agents to investigate my background related to my work record, work experience, education, or training. I authorize my prior employers, references and other individuals contacted by New Century to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so, including information as requested under the drug and alcohol regulations concerning any past drug and alcohol test results and my safety performance history. I further authorize New Century to obtain from appropriate local, state or federal authorities copies of my Motor Vehicle Report or similar reports as part of my qualification file.

I understand that I have the right to review information provided by previous employers. I have the right to have errors in the information corrected by the previous employer and have the previous employer re-send the corrected information to New Century.

I understand that consideration of my employment with New Century Transportation, Inc. is contingent upon my signing the release to allow New Century to access the FMCSA Pre-employment Screening Program (PSP). I further understand that the information obtained from the PSP may influence New Century's decision to offer employment.

In the event the previous employer and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information.

I understand that I must successfully complete a DOT Physical and Drug Test to be employed by New Century Transportation, Inc. I also understand that I must submit to a Physical Capacity Test to be employed by New Century Transportation, Inc.

I certify that this application was completed by me and acknowledge and agree that providing false, misleading or incomplete statements in this application or in connection with New Century's evaluation of me, as a possible employee, is grounds for immediate termination, regardless of when such information is discovered.

Date: \_\_\_\_\_ Applicant's Signature: **X** \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

**PERSONAL HISTORY FOR PAST 12 YEARS**

**Begin with your present experience and work backward in order**, listing all of your employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 12 years. **All time must be accounted for**. Use supplementary sheet if necessary. Fill in all blanks. **Leave NO blanks or gaps in time for past 12 years.**

DATES From Month/Year	to	Position Held
Company		Avg. Weekly Earnings
Address		* Reason for Wanting to Leave
City	State	Zip Code
Telephone ( )		If Experienced, Type of Trailer Pulled
Supervisor		Type Equipment Driven
Full or P/T		Number Accidents
Hours or Miles/Week		Total Miles
		States/Regions You Drove In

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?  Yes  No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382?  Yes  No

★ **May we contact your present employer (if any) to verify your work record?**  Yes  No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT MOST RECENT JOB

DATES From Month/Year	to	Position Held
Company		Avg. Weekly Earnings
Address		* Reason for Wanting to Leave
City	State	Zip Code
Telephone ( )		If Experienced, Type of Trailer Pulled
Supervisor		Type Equipment Driven
Full or P/T		Number Accidents
Hours or Miles/Week		Total Miles
		States/Regions You Drove In

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?  Yes  No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382?  Yes  No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year	to	Position Held
Company		Avg. Weekly Earnings
Address		* Reason for Wanting to Leave
City	State	Zip Code
Telephone ( )		If Experienced, Type of Trailer Pulled
Supervisor		Type Equipment Driven
Full or P/T		Number Accidents
Hours or Miles/Week		Total Miles
		States/Regions You Drove In

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?  Yes  No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382?  Yes  No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year	to	Position Held
Company		Avg. Weekly Earnings
Address		* Reason for Wanting to Leave
City	State	Zip Code
Telephone ( )		If Experienced, Type of Trailer Pulled
Supervisor		Type Equipment Driven
Full or P/T		Number Accidents
Hours or Miles/Week		Total Miles
		States/Regions You Drove In

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?  Yes  No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382?  Yes  No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

# CONTINUATION PAGE

PRINT NAME: \_\_\_\_\_

NEXT JOB

DATES From Month/Year _____ to _____	Position Held _____
Company _____	Avg. Weekly Earnings _____
Address _____	* Reason for Wanting to Leave _____
City _____ State _____ Zip Code _____	If Experienced, Type of Trailer Pulled _____
Telephone ( ) _____	Type Equipment Driven _____
Supervisor _____	Number Accidents _____ Total Miles _____
Full or P/T _____ Hours or Miles/Week _____	States/Regions You Drove In _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? \_\_\_ Yes \_\_\_ No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382? \_\_\_ Yes \_\_\_ No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year _____ to _____	Position Held _____
Company _____	Avg. Weekly Earnings _____
Address _____	* Reason for Wanting to Leave _____
City _____ State _____ Zip Code _____	If Experienced, Type of Trailer Pulled _____
Telephone ( ) _____	Type Equipment Driven _____
Supervisor _____	Number Accidents _____ Total Miles _____
Full or P/T _____ Hours or Miles/Week _____	States/Regions You Drove In _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? \_\_\_ Yes \_\_\_ No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382? \_\_\_ Yes \_\_\_ No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year _____ to _____	Position Held _____
Company _____	Avg. Weekly Earnings _____
Address _____	* Reason for Wanting to Leave _____
City _____ State _____ Zip Code _____	If Experienced, Type of Trailer Pulled _____
Telephone ( ) _____	Type Equipment Driven _____
Supervisor _____	Number Accidents _____ Total Miles _____
Full or P/T _____ Hours or Miles/Week _____	States/Regions You Drove In _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? \_\_\_ Yes \_\_\_ No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382? \_\_\_ Yes \_\_\_ No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year _____ to _____	Position Held _____
Company _____	Avg. Weekly Earnings _____
Address _____	* Reason for Wanting to Leave _____
City _____ State _____ Zip Code _____	If Experienced, Type of Trailer Pulled _____
Telephone ( ) _____	Type Equipment Driven _____
Supervisor _____	Number Accidents _____ Total Miles _____
Full or P/T _____ Hours or Miles/Week _____	States/Regions You Drove In _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? \_\_\_ Yes \_\_\_ No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382? \_\_\_ Yes \_\_\_ No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB

DATES From Month/Year _____ to _____	Position Held _____
Company _____	Avg. Weekly Earnings _____
Address _____	* Reason for Wanting to Leave _____
City _____ State _____ Zip Code _____	If Experienced, Type of Trailer Pulled _____
Telephone ( ) _____	Type Equipment Driven _____
Supervisor _____	Number Accidents _____ Total Miles _____
Full or P/T _____ Hours or Miles/Week _____	States/Regions You Drove In _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer? \_\_\_ Yes \_\_\_ No

Was this position designated as a "safety-sensitive function" in any DOT-mandated mode subject to the alcohol and drug testing requirement under 49 CFR 382? \_\_\_ Yes \_\_\_ No

Period of unemployment (if any) Dates: From Month/Year \_\_\_\_\_ to \_\_\_\_\_

# PLEASE NOTE

**YOU MUST SIGN, DATE AND RETURN THE FOLLOWING FOUR (4) PAGES WITH YOUR COMPLETED DRIVER APPLICATION.**

**ALL OF THESE FORMS ARE REQUIRED FOR NEW CENTURY TO PROCEED WITH PROCESSING YOUR APPLICATION.**

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**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT**

**877-870-4031**

**EXTENSION 6607**

**Thank You!**



**Driver Recruiting Department**



45 EAST PARK DRIVE  
WESTAMPTON, NJ 08060

**DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with New Century Transportation, Inc., I understand that a consumer report which may contain public record information is being requested from HireRight in Tulsa, Oklahoma. This report may include the following types of information: names of previous employers, dates of employment, work experience, records of all accidents, reasons for termination of employment, etc. I further understand that such report may contain public record information concerning my driving record, worker’s compensation claims, credit history, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from HireRight concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH THE ABOVE-MENTIONED INFORMATION REGARDING MY PAST.

I have the right to make a request to HireRight, upon proper identification to request the nature and substance of all information in its file on me at the time of my request, including the source of the information and the recipients of any reports on me, which HireRight has previously furnished within the two-year period preceding my request. I hereby consent to you obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains, and my employment history with you, if I am hired (or contracted), will be supplied by HireRight to other companies, which subscribe to HireRight Services.

I hereby authorize procurement of consumer reports. If hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract), period with New Century Transportation, Inc.

\_\_\_\_\_  
Print Name

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

Signed: **X**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with New Century Transportation, Inc. ("Prospective Employer"), it may contain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from the FMCSA in a decision to not hire you or to make any other adverse employment decisions 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 who on this report. 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:

I authorize New Century Transportation, 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.

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 am challenging 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.

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I have read the above Notice Regarding background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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:**   X  \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

REQUEST FOR EMPLOYMENT INFORMATION

New Century Transportation, Inc.  
45 East Park Drive  
Westampton, NJ 08060

SECTION 1

AUTHORIZATION

I, (Print Name) \_\_\_\_\_, Social Security Number \_\_\_\_\_ and Date of  
(First, M.I., Last)

Birth \_\_\_\_\_, hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward all previous employment information to New century Transportation, Inc. for the sole purpose of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. In addition, I authorize the above named employer to release all information related to my alcohol and controlled substance testing, which is in compliance with 49 CFR 40.25 and 40.321 to

Prospective Employer: New Century Transportation, Inc.

Street Address: 45 East Park Drive Phone: (877) 870-4031  
City, State, Zip: Westampton, NJ 08060

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive a motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

Reason for leaving employ (circle one): Discharged Resigned Laid Off Still employed

Total out of service violations regarding hours of service \_\_\_\_\_ Dates and nature of violations \_\_\_\_\_

To Your Knowledge was this driver's CDL ever suspended? Yes No If yes, when \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

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

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

**SECTION 3 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 MODE OF COMMUNICATION**

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 By \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5 RECEIPT INFORMATION**

Complete the following when the requested information is obtained.  
 Information received from \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT INFORMATION REQUEST**

- SECTION 1: *Prospective Employee*
  - Complete the information required in this section
  - Sign and date
  - Submit to the prospective employer
- SECTION 2: *Previous Employer*
  - Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3
- SECTION 3: *Previous Employer*
  - Complete the information required in this section
  - Sign and date
  - Return to prospective employer
- SECTION 4: *Prospective Employer*
  - Verify that prospective employee has correctly completed SIDE 1 SECTION 1
  - Complete the information required in this section
  - Make a copy of this form and keep it on file
  - Send to previous employer
- SECTION 5: *Prospective Employer*