



APPLICATION

800-899-COBRA

FAX 651-552-1133

www.cobratrans.com

cobradispatch@cobratrans.com

Cobra Transportation Services encourages all qualified individuals to apply for an independent contractor position. If you have questions or require assistance completing the application process, please contact Human Resources at the telephone number above.

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS IN ACCORDANCE WITH COBRA TRANSPORTATION SERVICES' DRUG AND ALCOHOL POLICY FOR FMCSA-COVERED INDEPENDENT CONTRACTORS.

DATE _____ **D.O.B.** _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How long at current address _____ **Social Security No.** _____ - _____ - _____

Telephone (____) _____ **Email** _____

Are you eligible to work in the U.S. Yes No

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
 If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer/contracting company	Name of last supervisor	Dates of work From	Pay or salary Start
Address			
Phone number		To	Final

Your last job title

Reason for leaving (be specific)

May we contact your present employer/contracting company? Yes No

Name of employer/contracting company	Name of last supervisor	Dates of work From	Pay or salary Start
Address			
Phone number		To	Final

Your Last Job Title

Reason for leaving (be specific)

Name of employer/contracting company	Name of last supervisor	Dates of work From	Pay or salary Start
Address			
Phone number		To	Final

Your last job title

Reason for leaving (be specific)

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW

_____ I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document shall be grounds for rejection of this application or immediate cancellation of any independent contractor relationship regardless of the time elapsed before discovery.

_____ I hereby authorize Cobra Transportation Services to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for the independent contractor position and, further, authorize the references I have listed to disclose to Cobra Transportation Services all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Cobra Transportation Services, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

_____ All independent contractors will be required to submit to a pre-contracting drug test in compliance with DOT and FMCSA requirements.

_____ I hereby authorize Cobra Transportation Services to obtain a report of all DOT violations, including positive drug test reports, Substance Abuse Professional Reports, and refusals to test, from my prior employers for the past three years.

Signature of applicant _____

Date: _____

Thank you for completing this application form and for your interest in our business.



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 _____ (“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 _____ (“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 12/22/2015