



905 Stone Hill Road  
Phone: 717-484-6001

Denver, PA 17517  
Fax: 717-484-6007

[www.eliteattitude.com](http://www.eliteattitude.com)

Thank you for inquiring about an over-the-road or regional driving position with Elite Service, Inc. We are a small company operating 28 trucks and have been in business since 1987. We have never had to lay off a driver for lack of work or any other reason. Our relationships with our primary customers span 15 to 30 years of continuous hauling.

As a small, family-owned business, we are committed to building a company which values and respect each employee as an individual. We strive to balance your time off with adequate work time and a fair, competitive compensation package. Our benefits include health insurance for employee and family, voluntary dental, vision, disability, and life insurance, and a Simple IRA Pension plan.

Our trucks have electronic coolers, and most have invertors to help you keep eating expenses under control. We communicate with cell phones and line up all return loads for you.

We have in-house mechanics to keep the trucks in good and safe condition. You can look at some of our equipment on our Web site, [www.eliteattitude.com](http://www.eliteattitude.com).

I have attached an application, a release form to acquire your Motor Vehicle Record, and the PSP background check release, which is required before we would be able to hire you. Please mail back the completed packet, or you may fax it back to us at 717-484-6007. If you would like to scan it and email it back, please call our office to obtain an email address to send it to.

Please call us at 717-484-6001 with any further questions or to set up an interview.

Respectfully,

Rebecca L Yoder  
President



## Authorization for Employment Background Check

Applicant Name		Date of Application	
Social Security Number		Date of Birth	
Company	Elite Service Inc.	Position Applied For	

In compliance with Federal and State equal employment opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, no-job related disability, or any other protected group status.

To be read and signed by the applicant:

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history or other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that all information included in my application for employment was completed by me and that all entries on it and information included in it are true and complete to the best of my knowledge.

Signature \_\_\_\_\_

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



Application for Employment
ATTN: Rebecca Yoder, Safety/HR Director
905 Stone Hill Road, Denver, PA 17517
FAX: 717-484-6007
EMAIL: rebecca@eliteattitude.com

Name Social Security #
Address How Long? Phone # ( )
Previous Addresses, last three years

DOB\* \* Required for driving/CDL positions Application Date
Position Desired Rate of Pay desired

EXPERIENCE

Table with 3 columns: Type of truck, Experience, Years: From/To

In what states have you driven professionally?

TRAFFIC VIOLATIONS: Last 3 years

Table with 5 columns: Date, Location, Charge, Type of Vehicle, Points

ACCIDENTS: Last 3 years

Table with 5 columns: Date, Location, Description, Type of vehicle, Points

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**Driver Licenses Held in Last 3 Years**

State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_ If yes, why & When? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, date & nature of offense \_\_\_\_\_

List all schools or training related to trucking that you have attended. \_\_\_\_\_

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Highest level of education completed \_\_\_\_\_

Have you ever served in the Armed Forces? \_\_\_\_\_ If yes, did you receive an honorable discharge? \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If foreign national, do you have a valid green card? \_\_\_\_\_

List states operated in at least 3 years \_\_\_\_\_

List any skills or training you have that you consider relevant to this position \_\_\_\_\_

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

---

Who should we contact in case of an emergency? \_\_\_\_\_

Phone Number(s) and Relationship: \_\_\_\_\_

Where did you first hear about us? \_\_\_\_\_

When is the best time to contact you and phone number (if not the same listed on page one, ie: cell phone, etc)? \_\_\_\_\_

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Do you have access to the internet? \_\_\_\_\_ Email address \_\_\_\_\_

Did you see our web site (www.eliteattitude.com)? \_\_\_\_\_

Do you have any suggestions to help us improve our site? \_\_\_\_\_

\_\_\_\_\_

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***Please fill out and attach the work history section. We will not contact your current employer until we talk to you.***

I certify that all information herein is true and correct. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed

Date

---

I understand that I have provided this information so that the company may determine whether I meet their safety and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for in federal regulations.

Signed

Date

---

List all employment during the last 3 years and any driving experience in the last 10 years.

Company

Address

---

---

Dates employed

Phone FROM TO

Position Reason for leaving

---

---

Company

Address

---

---

Dates employed

Phone FROM TO

Position Reason for leaving

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Company

Address

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Dates employed

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Address

Phone

Position

Dates employed

FROM

TO

Reason for leaving



**REQUEST FOR DRIVER INFORMATION**The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK****DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**
 Bureau of Driver Licensing  
 P.O. Box 68695  
 Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)  
 3 YEAR DRIVER RECORD: **\$5.00 FEE**  
 10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

- CERTIFIED DRIVER RECORD: **\$10.00 FEE**  
 COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**  
 CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

 You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

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MESSENGER NO.

**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*