



AIM Transportation, LLC  
PO Box 190  
Katy, TX 77492  
T: 832-861-1001 MC# 759471  
F: 832-327-7458 US DOT# 2187668

**Driver Information Sheet**

PLEASE SELECT ONE OF THE FOLLOWING

- Owner/Operator
- Lease-Purchase Program Driver

Date of application: \_\_\_\_\_

Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Country of Birth: \_\_\_\_\_ Home # \_\_\_\_\_

Alternate # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Address for Past Three Years**

\_\_\_\_\_ ***How Long?***  
Street City State & Zip

\_\_\_\_\_ ***How Long?***  
Street City State & Zip

Do You Have Legal Right To Work In The United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can You Provide Proof of Age? \_\_\_\_\_

Have you worked at AIM Transportation, LLC or its affiliated companies previously? \_\_\_\_\_

Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are You Now Employed \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you to This carrier? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_ If yes, please explain. \_\_\_\_\_ Driver Shirt Size \_\_\_\_\_

***AIM requires all applicants to submit the following:***  
***Please email the documents to Recruiting***  
***Recruiting@AIMTransportation.com or fax to 832-327-7458***

***Copy of Front & Back of CDL***  
***Copy of Medical Card***  
***Copy of Social Security Card***



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**Please provide employment history for the preceding 10 years.**

**(NOTE: List all employers in order starting with the most recent. Add another sheet if necessary.) Also, please explain any lapses or gaps in employment history.**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

**MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO N/A PLEASE CIRCLE ONE**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**



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EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

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EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**



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**Accident Record for Past 10 Years or More (Attach Sheet if More Space is Needed) \* please complete all below.**

Write N/A if none.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

List all accidents that you have been involved in that resulted in vehicles being towed, individuals transported from the scene via ambulance seeking medical treatment, or if a fatality was involved. (10 Years or More - Attach Sheet if More Space is Needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

**Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

**EDUCATION**

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended \_\_\_\_\_  
Name City/State

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. NO. OF MILES



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List states operated in for last 5 years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe-driving awards do you hold and from whom? \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit, or privilege been suspended or revoked? \_\_\_\_\_

Have you ever been **CONVICTED** of a felony?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, Date \_\_\_\_\_

Explain circumstances and outcome of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown).  
\_\_\_\_\_  
\_\_\_\_\_



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**TO BE READ AND SIGNED BY APPLICANT**

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize AIM Transportation, LLC to make such investigations and inquiries of my personal, employment, financial, medical, criminal histories and other related matters. I have the full understanding that AIM Transportation, LLC reserves the right to arrive at a decision based on any information obtained from such inquiries and investigations. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand that I am required to abide by all of the policies and procedures of AIM Transportation, LLC and regulations set forth by the Federal Motor Carrier Safety Administration.

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature



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### Previous Pre-Employment Employee Alcohol and Drug Test Statement

*Sec. 40.25(j) As the company, you must ask the contractor whether her or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the contractor applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the contractor admits that he or she had a positive test or refusal to test, you must not use the contractor to perform safety sensitive functions for you until and unless the contractor documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).*

**AIM Transportation, LLC  
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\_\_\_\_\_  
**Prospective Driver's Name**

\_\_\_\_\_  
**SSN**

The prospective driver is required by Sec. 40.25(j) to respond to the following questions:

**(1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?**

**YES      NO**

**(2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?**

**YES      NO      N/A**

\_\_\_\_\_  
**Prospective Driver's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company Representative**

\_\_\_\_\_  
**Date**



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## *FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT*

I authorize you, AIM Transportation, LLC (CARRIER), to make such investigations and inquiries of my personal, employment, financial or medical history and 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.) hereby release employers, schools, health care providers and other persons from all liability in-responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. ·

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 employer; and
- 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

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





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**Request for Information From Previous Employer**

AIM Transportation, LLC  
PO Box 190  
Katy, TX 77492

Phone: (832) 861-1001 Fax: (832) 327-7458

**Applicant: Please Leave Following Section Blank**

Attention: Previous Employer (\_\_\_\_\_)

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

From: AIM Transportation, LLC

**Applicant: Complete below section ONLY.**

I hereby authorize you to release the following information to AIM Transportation, LLC for purposes of investigation as required. You are hereby released from any liability, which may result from furnishing such information.

**Applicant Signature:**

X \_\_\_\_\_

**Date:**

X \_\_\_\_\_

**Applicant Printed Name:**

X \_\_\_\_\_

**Social Security Number:**

X \_\_\_\_\_

Part 391

**QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS**

**§ 391.23: Investigation and inquiries.**

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.



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**Applicant: Please Leave This Page Blank**  
**REQUEST FOR EMPLOYMENT VERIFICATION \*\* Fax (832) 327-7458**

The below named individual has applied for a position at AIM Transportation, LLC. We appreciate your time in completing, in confidence, the information requested below. Thank you.

**Please see attached sheet for signature authorizing release of requested information.**

1. Dates of employment: \_\_\_\_\_ to \_\_\_\_\_
2. Position: \_\_\_\_\_
3. Reason for leaving: \_\_\_\_\_ Resigned \_\_\_\_\_ Terminated \_\_\_\_\_ Laid Off
4. Was the employee/contractor:
  - a. Subject to FMCSA Regulations? \_\_\_\_\_
  - b. In a position designated as safety sensitive per 49 CFR Part 40? \_\_\_\_\_
5. Type of equipment operated: \_\_\_\_\_ **Straight Truck** \_\_\_\_\_ **Tractor/Trailer**  
 \_\_\_\_\_ Bus \_\_\_\_\_ Dry Van \_\_\_\_\_ Container \_\_\_\_\_ Flatbed  
 \_\_\_\_\_ Tanker \_\_\_\_\_ Heavy Haul \_\_\_\_\_ (Other: Please Specify)
6. Number of accidents in last 3years : \_\_\_\_\_ Preventable \_\_\_\_\_ Non-preventable  
 Dates/Descriptions of accidents: \_\_\_\_\_
7. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?      Yes      No
8. Has this individual had a controlled substance test with a positive result in the past three years?      Yes      No
9. Has this individual refused a controlled substance test and/or alcohol test within the past three years?      Yes      No
10. Did this individual violate any other provisions of the DOT drug and alcohol testing regulations while at this company?      Yes      No
11. Have you received information from any previous employer that this individual violated any DOT drug and alcohol regulation?      Yes      No
12. Eligible for rehire:      Review      Yes      No

Additional Comments: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_



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Preparer's Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_ Cert Mail: \_\_\_\_\_

**CONSUMER DISCLOSURE AUTHORIZATION FOR BACKGROUND INVESTIGATION**

In connection with my application as an owner-operator truck driver with **AIM TRANSPORTATION, LLC/CARRIER RISK SOLUTIONS, INC** hereinafter referred to as my prospective employer, I fully understand that my prospective employer and/or Houston Medical Testing Services, Inc. (HMETS), as their agent, may request/perform a consumer report/background investigation on me. The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant for employment, but be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements.

I authorize and request all persons, schools, business, corporations, credit bureaus, courts, Law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat or facsimile or fax of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than my prospective employer named herein or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from my prospective employer. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained will be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans with Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations). This employer is an Equal Opportunity Employer, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire, discharge, or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

**I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of facts(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.** I authorize HMETS to provide the results of said information to my prospective employer or its representatives. If hired, this authorization will remain on file and will serve as ongoing authorization for my prospective employer and/or HMETS to procure consumer reports/background investigations at any time during my contract period. I further release HMETS and my prospective employer, their officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning my background or myself. I understand and acknowledge that except as provided in the Fair Credit Reporting Act, I may not bring any action or proceeding against HMETS or my prospective employer, or any user or furnisher of information, for defamation, invasion of privacy, or negligence with respect to the reporting of information disclosed pursuant to the Fair Credit Reporting Act, except as to false information furnished with malice or willful intent to injure me. **The facts set forth by me in this application are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
PRINT NAME (First Middle Last)      SS #      Gender      Race      Birth date      Telephone Number

Other Names used: \_\_\_\_\_

\_\_\_\_\_  
Current Address Street/P.O. Box      City      State      Zip code      County      Dates

\_\_\_\_\_  
Prior Address Street/P.O. Box      City      State      Zip code      County      Dates

\_\_\_\_\_  
Driver's License Number      State of issuance      CDL      YES      NO      /      \_\_\_\_\_  
APPLICANT SIGNATURE      Date

**FOR EMPLOYER USE ONLY**

**Authorized Employer MUST sign and date this form and check off which Background checks are required or background reports WILL NOT be ran!**

Signature \_\_\_\_\_

Date \_\_\_\_\_

( ) NATIONAL WITH SS TRACE/ALIAS

This information will enable us to properly identify you in the event we find adverse information during the course of our background search.



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RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

- 1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:
Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

Email: MCB.VPR@dps.texas.gov

Print Name of CDL Holder

Phone Number

Print full Address City, State and Zip of CDL Holder

Social Security #

Driver License Number of CDL Holder State Date of Birth

Authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

AIM Transportation, LLC.
Print Motor Carriers Name

(832)861-1001
Phone Number

PO Box 190 Katy, TX 77492

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
http://www.txdps.state.tx.us/forms/index.htm.

MCS-21 (Rev 5/16)



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**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in PART 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding. The requirements in PART 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: PARTS 383 and 391 of the FMCSR contain some requirements with which you, as the driver, must comply. These requirements are as follows:

1. You, as the commercial driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the other licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. PART 392.42 and PART 383.33 of the FMCSR require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your license. In addition, PART 383.31 requires that at any time you violate a state or local traffic law (other than parking) you report this to your employing motor carrier and the state that issued you the license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements and the following license is the only license that I possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### SEMI- ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

(b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

(c) The form of the driver's list or certification shall be prescribed by the motor carrier. The following form may be used to comply with this section:

#### Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of motor vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

**I will report any change in the above certification before the end of the business day following the day of any such change.**

\_\_\_\_\_X\_\_\_\_\_   
Date of certification Driver's signature

*AIM requires all applicants to submit the following:*

- Copy of Front & Back of CDL*
- Copy of Medical Card*
- Copy of Social Security Card*

*Please email the documents to Recruiting  
Recruiting@AIMTransportation.com or fax to 832-327-7458*



## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### Disclosure

AIM Transportation, LLC (the "Company") may request from a consumer reporting agency and for employment and/or contractor related purposes, a "consumer report(s)" (commonly known as "background reports, Motor Vehicle Report and/or Consumer Report") containing information on your background, driving history, violations and other information about you in connection with your employment and/or contractor agreement (including independent contractor or volunteer assignments, as applicable). Carrier Risk Solutions, Inc. is the agency that AIM Transportation, LLC will utilize to prepare or assemble the background reports for the Company. AIM Transportation, LLC can be contacted at PO Box 190 Katy, TX 77492 (832) 861-1001. [www.AIMTransportation.com](http://www.AIMTransportation.com). The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

### Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

All Employers / Contractors / Educational Institutions:

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

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

Printed Name: \_\_\_\_\_ Signed Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_



**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 **AIM Transportation, LLC** \_\_\_\_\_ (“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 AIM Transportation, LLC (“Prospective Employer”) to access the FMCSA Pr-EmploymentScreening 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 06/20/17*