



10400 Hickman Rd
Clive, IA 50325
Phone (515) 278-9517
Fax (515) 299-7223

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status or national origin.

Application for Authorization to Drive

Date of Application: _____ Home Phone #: _____ Alt. Phone #: _____

Full-Time Driver Part-Time Driver (Specify days/hours) _____

Name: _____
First _____ Middle _____ Last _____ Previously Used Names _____

Current Address

Street	City	State	Zip	How Long?
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Previous Addresses (List All From previous addressees for past 5 years)

Street	City	State	Zip	How Long?
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Street	City	State	Zip	How Long?
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Street	City	State	Zip	How Long?
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SS# _____	Driver's License# _____	State _____	Class _____
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Date of Birth: _____ (if you are applying for a job as a commercial truck driver.)
In case of an emergency, whom should we contact?

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
------	--------------	--------------

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes _____ No _____

Have you worked for this company before? Yes _____ No _____ Dates: _____

Reason for leaving: _____

Did you have any relatives working for this company? If yes, please provide both the name and relationship of your relative.
Yes _____ No _____

Name: _____ Relationship: _____

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with your present or most recent job and work backwards in order. List your employers for the last 10 years including all full and part time employment. All time must be accounted for including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

WE MUST HAVE TELEPHONE NUMBERS. INCLUDE ALL PERIODS OF UNEMPLOMENT

1. Present or Most recent employer- To _____ (Month/Year) From _____ (Month/Year)

Are you currently employed? yes no May we contact your current Employer? yes no

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

Equipment Driven

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

2. Second Last Employer- To _____ (Month/Year) From _____ (Month/Year)

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

Equipment Driven

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

3. Third Last Employer- To _____ (Month/Year) From _____ (Month/Year)

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Equipment Driven

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

4. Fourth Last Employer- To _____ (Month/Year) From _____ (Month/Year)

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Equipment Driven

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

5. Fifth Last Employer- To _____ (Month/Year) From _____ (Month/Year)

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Equipment Driven

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

6. Sixth Last Employer- To _____ (Month/Year) From _____ (Month/Year)

Name: _____ Supervisor _____

Address: _____ Telephone: _____

City: _____ State _____ Zip Code: _____

Position Held: _____ Rate of Pay _____ App total miles driven _____

Driving Experience:

<input type="checkbox"/> All 48	<input type="checkbox"/> West	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tanker	<input type="checkbox"/> Dump
<input type="checkbox"/> Midwest	<input type="checkbox"/> Northwest	<input type="checkbox"/> Cabover	<input type="checkbox"/> Autohauler	<input type="checkbox"/> Flatbed
<input type="checkbox"/> South	<input type="checkbox"/> Mountain	<input type="checkbox"/> Conventional	<input type="checkbox"/> Doubles	<input type="checkbox"/> Log Book required
<input type="checkbox"/> East		<input type="checkbox"/> Reefer	<input type="checkbox"/> Van	Length of Trailer _____ FT

Equipment Driven

Reason for leaving: Quit Fired Lay Off Other- explain _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? yes no

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? yes no

Please answer the following questions with a “YES” OR “NO”

- Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? YES NO
- Have you ever been convicted of a felony? YES NO
- If yes, When, date _____ A conviction record will not necessarily bar you from employment. Such factor as age and time of offense, seriousness and nature of the violation will be taken into account.
- Is there any reason that you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), IE. but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling and driving? YES NO
If Yes explain _____
- Have you been convicted for driving while intoxicated or driving while under the influence of drugs within the last five years? YES NO
- Are you familiar with the Federal Motor Carrier Safety regulations? YES NO
- Have you ever been denied a bond? YES NO
- Have you ever had your driver's license suspended or revoked? YES NO

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License Information (You must have a valid CDL)

List all licenses held in the past 5 years

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned in?

Driving Record -

Have you been convicted of any traffic violations in the past 4 years? YES NO

List all traffic violations except for parking tickets the last 4 years. If none, write “NONE”

Month/Year	Violations	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed

Accidents

Have you been involved in any accidents in the past 4 years?

YES NO

List all accidents, preventable, non- preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "NONE"

Month/year	Type of Accident	Type of Vehicle	Location, City, State	\$\$ amount of Damage	Number of Fatalities	Number of Injuries	Were you ticketed	Were you at fault

Cargo Claims

Have you had any cargo claims in the past 4 years?

YES NO

List all claims, preventable, non-preventable, regardless of \$4 amount or fault in the past 4 years. If none write "NONE"

Month/Year	Type of Claim	\$\$ amount of claim	Type of Cargo	Were you charged for the claim?

Education

Highest grade completed: High School_____ College: _____

Check the following that apply: GED High School Diploma

List any Truck Driving Schools you have attended, dates of completion and other safety training

1. _____
2. _____
3. _____
4. _____

Military Status

Have you served in the United States Armed Forces? YES NO

Branch of Service _____ dates: From _____ to _____

Reason for leaving: _____

Honorable Discharge? YES NO

If NO explain: _____

Are you currently involved in the National Guard or Reserves? YES NO

When are you available to start work for this Company? _____

I hereby acknowledge that prior to my submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

Print Name

Social Security Number

Application Signature

Date



10400 Hickman Rd
Clive, IA 50325
Phone (515) 278-9517
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COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Application Date: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellphone: _____

Date of Birth: _____ SS#: _____

Have you had a positive drug or alcohol test in the last 3 years?	YES	NO
Have you refused to take a drug or alcohol test in the last 3 years?	YES	NO
Have you been required to complete SAP rehabilitation?	YES	NO
IF YES – Documentation MUST BE PROVIDED including but not limited to information on SAP requirements for rehabilitation.		

Applicant's Signature: _____ Date Signed: _____



Company Name: **CENTENNIAL**

In connection with my application for employment or continued employment at **CENTENNIAL**. I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the company may be requesting information from public and private sources about me, including but not limited to social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and driving record. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the company.

I acknowledge that under provision of the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by the company or its agent, to furnish the information about me described in this release.

I hereby authorize **CENTENNIAL** to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full name: _____ Date: _____

Please print clearly

Signature: _____

THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS

Current Address: _____ City: _____ State: _____ Zip Code: _____

Maiden name(s)/prior name(s): _____

SSN: _____ DOB: _____

DL Number: _____ DL State: _____ Exp Date: _____

AN MVR REPORT MAY BE RUN IN THE FUTURE TO VERIFY VALID DRIVER'S LICENSE AND CURRENT RECORDS

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



**PART I — DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES — 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to Asurint for the purpose of Asurint transmitting such records to the Asurint customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes Asurint with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to Asurint, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II — CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, Asurint may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, Asurint clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in Asurint's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by Asurint to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by Asurint within the **two (2) year** period preceding your request. Asurint may be contacted by mail at P.O. Box 14730, Cleveland, OH 44114, or by phone at (800) 906-1674, www.asurint.com. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PART II — AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Asurint to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Asurint and the Asurint customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Asurint and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in Asurint's possession and my employment history with Customer if I am hired, may be supplied by Asurint to other Asurint customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for Asurint to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Asurint and any person or entity contacted by Asurint to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO, ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

**General Consent for Full Query of the
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to CENTENNIAL WAREHOUSING to conduct a full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the full query conducted by CENTENNIAL WAREHOUSING indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to CENTENNIAL WAREHOUSING without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for CENTENNIAL WAREHOUSING to conduct a full query of the Clearinghouse, CENTENNIAL WAREHOUSING must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

****IMPORTANT: IF LOCAL, HAND-DELIVERING APPLICATION IS THE BEST OPTION. OTHERWISE, PLEASE E-MAIL COMPLETED APPLICATION TO DISPATCH@CENTENNIALWAREHOUSE.COM. WE STRONGLY RECOMMEND DELETING YOUR SENT EMAIL FOR SECURITY REASONS. AFTER 90 DAYS, WE WILL DELETE YOUR SENSITIVE INFORMATION FROM OUR SERVERS****