

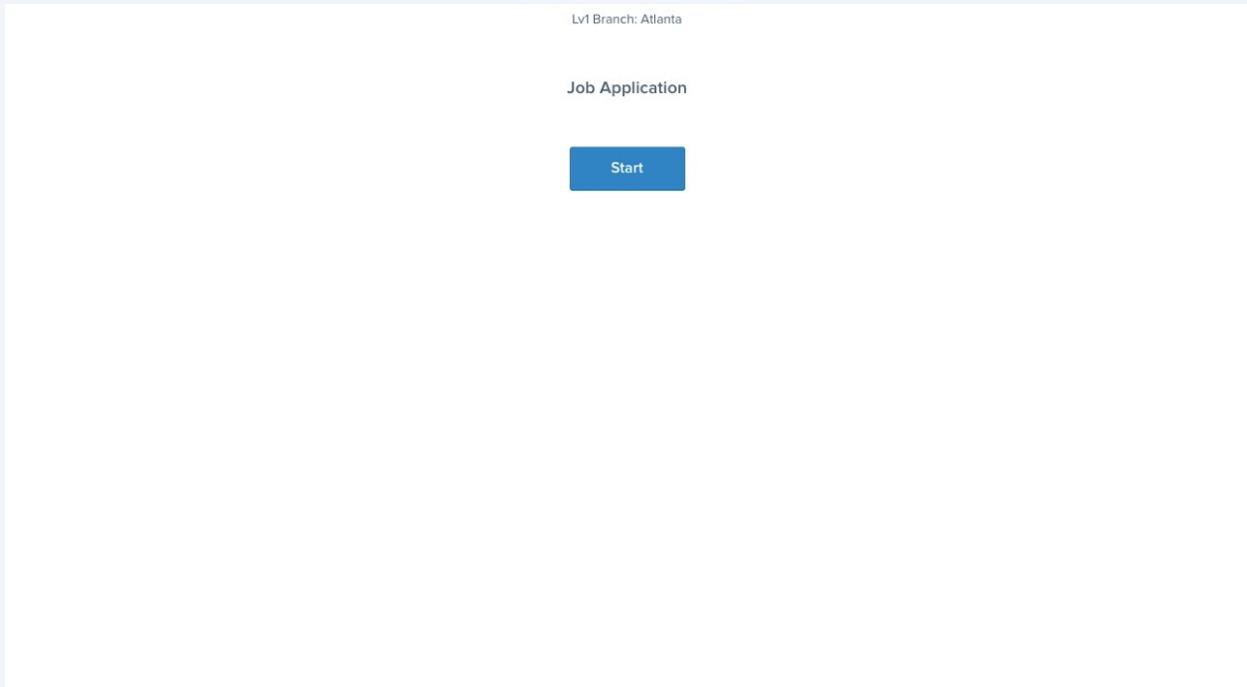
Complete Driver Application and Add Work Experience



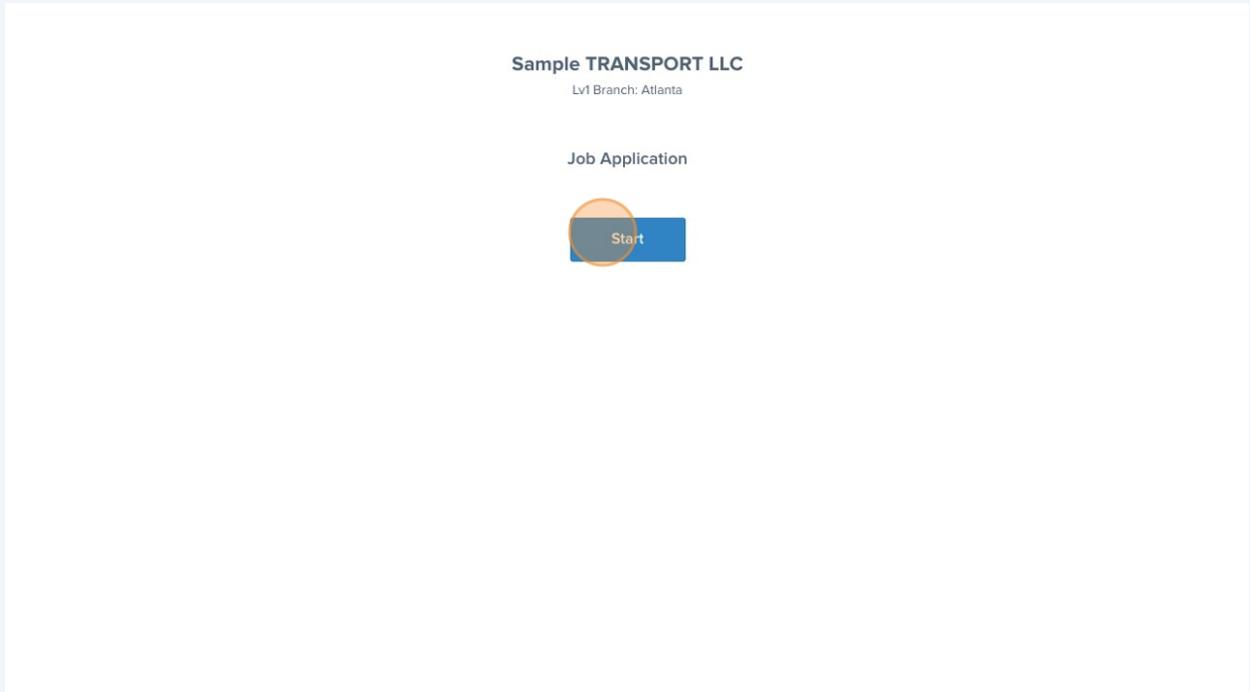
This guide provides a step-by-step walkthrough for completing a driver application and adding work experience, ensuring a smooth and efficient process. It simplifies the often complex application procedure, making it accessible for users of all experience levels. By following these detailed instructions, applicants can avoid common pitfalls and ensure their submissions are accurate and complete, ultimately increasing their chances of success.

1 Navigate to Heritage Christian Services Driver Application Link

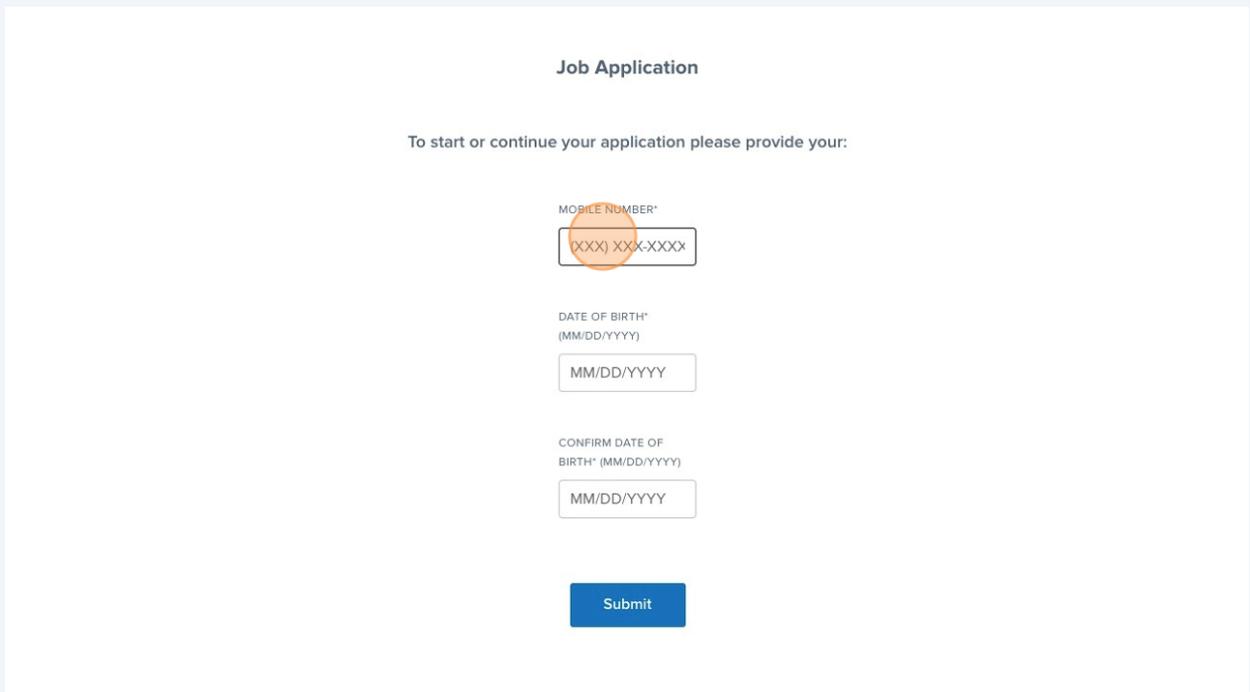
<https://app.safetynavigator.com/driver-application/a0f38d53-20be-46a2-6275-08ddd8ea03af>



2 Click "Start"



3 Click the "(XXX) XXX-XXXX" field. Add. your Cell Phone Number.



4 Click the "MM/DD/YYYY" field. Add your Date of Birth.

Job Application

To start or continue your application please provide your:

MOBILE NUMBER*

DATE OF BIRTH*
(MM/DD/YYYY)

CONFIRM DATE OF BIRTH* (MM/DD/YYYY)

Submit

5 Click "Submit"

MOBILE NUMBER*

DATE OF BIRTH*
(MM/DD/YYYY)

CONFIRM DATE OF BIRTH* (MM/DD/YYYY)

Submit

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6 Two Factor Authentication will be sent to your cell phone

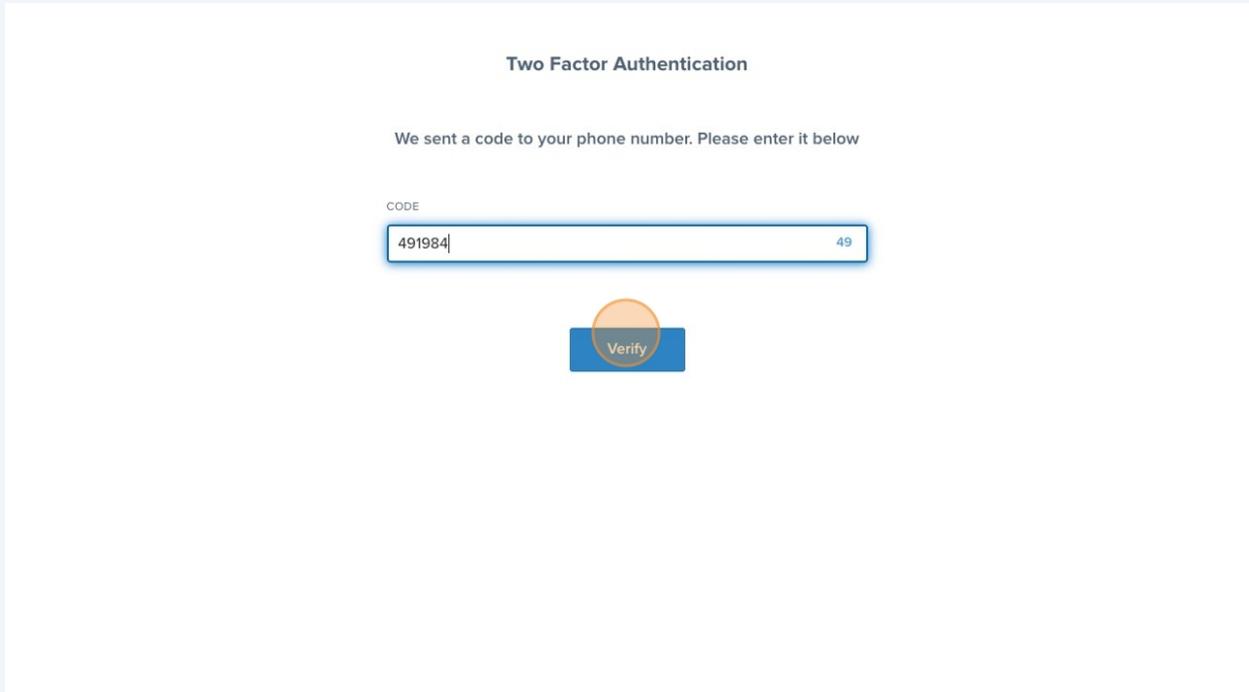
7 Enter the 2FA code from your cell phone.

Two Factor Authentication

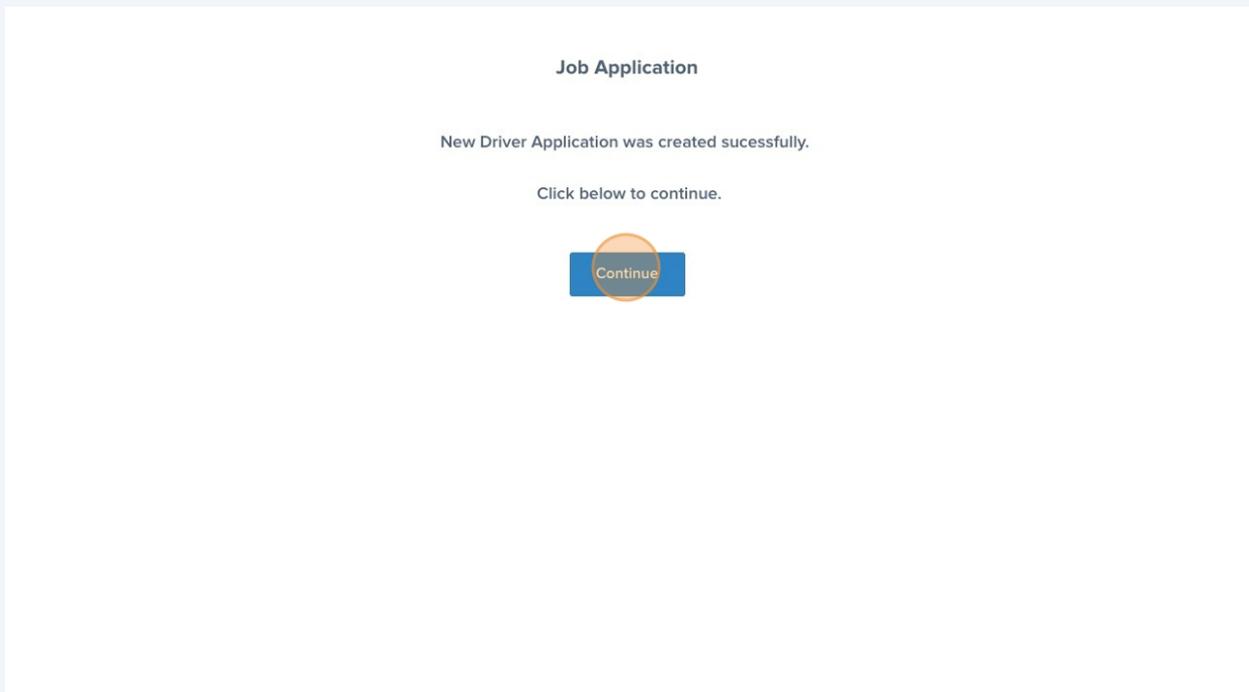
We sent a code to your phone number. Please enter it below

CODE

8 Click "Verify"



9 Click "Continue"



10 Click "Yes" (if you click no, it will ask what you are applying to be?)

Job Application

Are you applying to be a Driver?

Yes No

11 Click "Next"

Job Application

Are you applying to be a Driver?

Yes No

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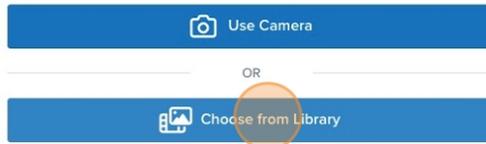
12 Click "Choose from Library" or "Use Camera" to capture your Drivers License.

Job Application

Let's start by scanning the front of your Driver's License



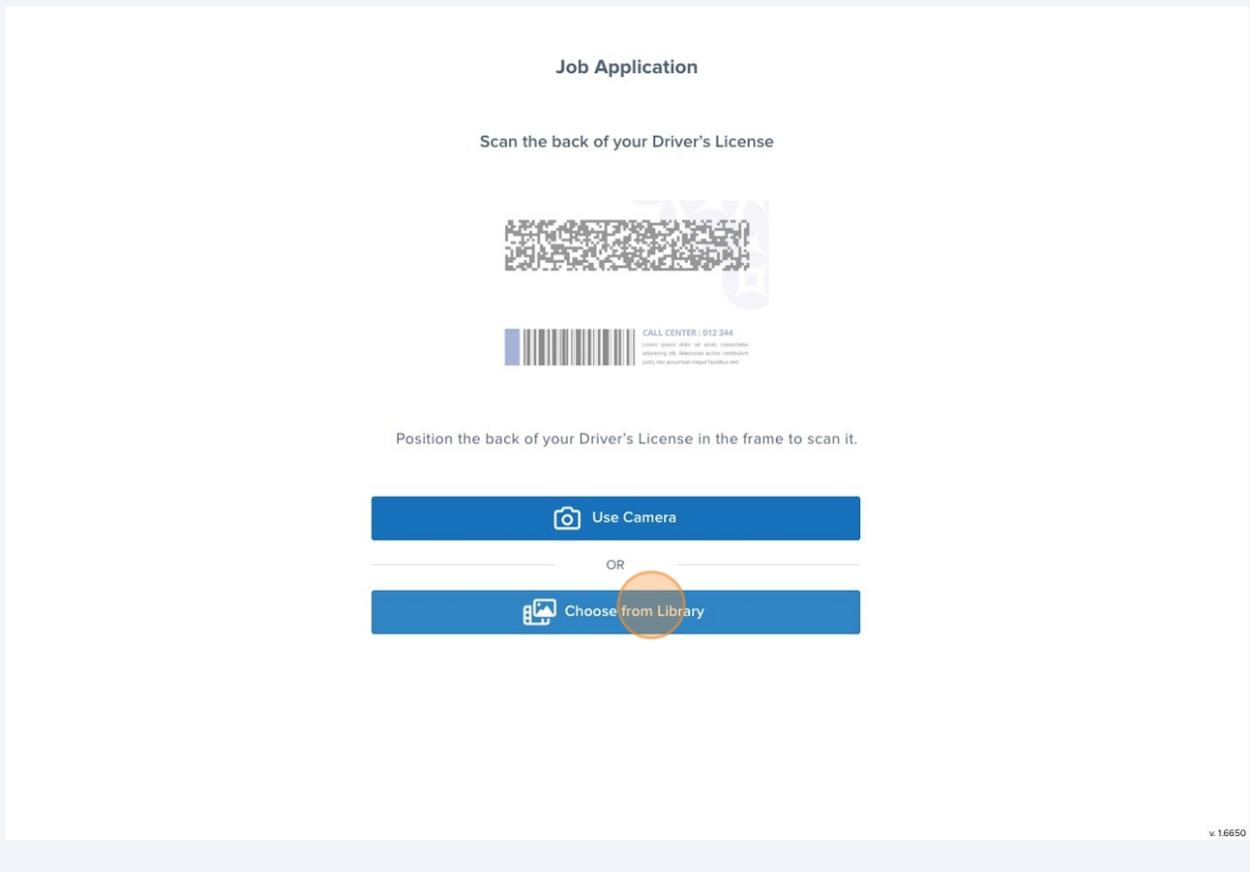
Position the front of your Driver's license in your mobile camera frame to scan it.



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13

Click "Choose from Library" or "Use Camera" to capture your Drivers License.



14

Click the "XXX-XX-XXXX" field to add your social Security Number.

LAST NAME*

SUFFIX

DATE OF BIRTH* (MM/DD/YYYY)

COUNTRY*

SOCIAL SECURITY NUMBER*

MOBILE NUMBER*

EMAIL ADDRESS*

Next

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15

Cerify that your Cell Phone number is correct.

LAST NAME*

SUFFIX

DATE OF BIRTH* (MM/DD/YYYY)

COUNTRY*

SOCIAL SECURITY NUMBER*

MOBILE NUMBER*

EMAIL ADDRESS*

Next

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16 Click the "[useremail@user.com](#)" field to add your email address.

LAST NAME*

SUFFIX

DATE OF BIRTH* (MM/DD/YYYY)

COUNTRY*

SOCIAL SECURITY NUMBER*

MOBILE NUMBER*

EMAIL ADDRESS*

Next

Save As Draft

17 Click "Next"

DATE OF BIRTH* (MM/DD/YYYY)

COUNTRY*

SOCIAL SECURITY NUMBER*

MOBILE NUMBER*

EMAIL ADDRESS*

Next

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18 Click the "MM/YYYY" field.

COUNTRY*
USA

STATE*
Indiana

CITY*
Carmel

POSTAL (ZIP) CODE
46074

LIVED HERE FROM MONTH/YEAR* (MM/YYYY)
MM/YYYY

Back Next

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19 Click "Next"

COUNTRY*
USA

STATE*
Indiana

CITY*
Carmel

POSTAL (ZIP) CODE
46074

LIVED HERE FROM MONTH/YEAR* (MM/YYYY)
07/2011

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20

If you haven't lived at your current residence for 36 months you will need to add additional residency information.

Job Application - Address Info

Please provide the last 3 years of your Address History

Address 1: 13295 Carmichael Ln 

Add Address 

[Back](#) [Next](#)

[Save As Draft](#)

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21

Verify that the information from your Drivers License has been correctly captured.

Please provide all your Active Driver's Licenses

IS THIS A CDL?*

Yes No

COUNTRY OF ISSUE*

USA

STATE OF ISSUE*

Indiana

EXPIRATION DATE* (MM/DD/YYYY)

02/19/2030

LICENSE NUMBER*

2331005965

HIGHEST LICENSE CLASS*

None

ENDORSEMENTS*

None

RESTRICTIONS*

22 Complete the additional Drivers License

Please provide all your Active Driver's Licenses

IS THIS A CDL?*

Yes

No

COUNTRY OF ISSUE*

USA

STATE OF ISSUE*

Indiana

EXPIRATION DATE* (MM/DD/YYYY)

02/19/2030

LICENSE NUMBER*

2331005965

HIGHEST LICENSE CLASS*

None

None

RESTRICTIONS*

23 Validate your Drivers License information - CDL status, endorsements, restrictions.

IS THIS A CDL?*

Yes No

COUNTRY OF ISSUE*

USA

STATE OF ISSUE*

Indiana

EXPIRATION DATE* (MM/DD/YYYY)

02/19/2030

LICENSE NUMBER*

2331005965

HIGHEST LICENSE CLASS*

None

ENDORSEMENTS*

None

RESTRICTIONS*

None

24 Add Endorsements.

COUNTRY OF ISSUE*

USA

STATE OF ISSUE*

Indiana

EXPIRATION DATE* (MM/DD/YYYY)

02/19/2030

None

2 - For Hire (Non-CMV Only)

B - Motor Driven Cycle B

L - Motorcycle

UNKN - UNKNOWN

OK

None

RESTRICTIONS*

None

25 Click "OK"

COUNTRY OF ISSUE*

USA

STATE OF ISSUE*

Indiana

EXPIRATION DATE* (MM/DD/YYYY)

02/16/2020

- None
- 2 - For Hire (Non-CMV Only)
- B - Motor Driven Cycle B
- L - Motorcycle
- UNKN - UNKNOWN

OK

L - Motorcycle

RESTRICTIONS*

None

26 If you have another license add that information here, otherwise Click "Next".

Job Application - License Details

Please provide all your Active Driver's Licenses

License 1: 02/19/2030 

Add License 

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27 Background information. Read each questions and answer accordingly.

Job Application - Background Details

Please provide your Background Information

BEEN CONVICTED OF A FELONY IN THE PAST TEN (10) YEARS*

Yes No

EVER BEEN CONVICTED OF A DRUG RELATED OFFENSE*

Yes No

EVER BEEN CONVICTED OF RECKLESS DRIVING*

Yes No

BEEN CONVICTED OF DUI/DWI WITHIN THE LAST FIVE (5) YEARS*

Yes No

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28 Click "No"

BEEN CONVICTED OF DUI/DWI WITHIN THE LAST FIVE (5) YEARS*

Yes No

BEEN INVOLVED IN ANY ACCIDENTS WITHIN THE LAST THREE (3) YEARS*

Yes No

BEEN CONVICTED OF ANY MOVING VIOLATIONS WITHIN THE LAST THREE (3) YEARS*

Yes No

EVER BEEN DENIED A LICENSE PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?*

Yes No

HAVE ANY OF YOUR DRIVER'S LICENSES PERMITS OR PRIVILEGES EVER BEEN SUSPENDED OR REVOKED ?*

Yes No

IF YOU DO NOT WISH TO RECEIVE TEXT MESSAGES FROM US, CHECK "NO" AND SUCH MESSAGES WILL BE SENT ONLY BY EMAIL*

Yes No

29 Controlled Substance and Alcohol Testing History. Read each question and answer accordingly.

IF YOU DO NOT WISH TO RECEIVE TEXT MESSAGES FROM US, CHECK "NO" AND SUCH MESSAGES WILL BE SENT ONLY BY EMAIL*

Yes No

Controlled Substance/Alcohol Testing History

DURING THE PAST FIVE (5) YEARS, HAVE YOU TESTED POSITIVE, OR REFUSED TO TAKE ANY TEST FOR CONTROLLED SUBSTANCES SUBJECT TO DOT CONTROLLED SUBSTANCE TESTING RULES FOR THOSE PERSONS WHO HAVE, OR MAY APPLY FOR, A JOB DESIGNATED AS INVOLVING SAFETY-SENSITIVE FUNCTIONS?*

Yes No

DURING THE PAST FIVE (5) YEARS, HAVE YOU TESTED WITH AN ALCOHOL CONCENTRATION OF .04 OR GREATER, OR REFUSED TO TAKE ANY TEST FOR ALCOHOL SUBJECT TO DOT ALCOHOL TESTING RULES FOR THOSE PERSONS WHO HAVE, OR MAY APPLY FOR, A JOB DESIGNATED AS INVOLVING SAFETY-SENSITIVE FUNCTIONS?*

Yes No

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30

Provide Traffic Violation information, then Click "Next"

Please provide your Traffic Violations Information

HAVE YOU BEEN CONVICTED OF OR CHOSE NOT TO CHALLENGE ANY TRAFFIC VIOLATIONS (OTHER THAN PARKING VIOLATIONS), IN THE PAST THREE (3) YEARS?*

Yes

No

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Provide Accident Information, then Click "Next"

Please provide your Accident Information

HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS DURING THE PAST THREE (3) YEARS?*

Yes No

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32

Provide 3 years of Work History, including Unemployment and Student Status. Begin with your current job and work backwards chronologically. You will need the following information:

1. Employment status: employed, unemployed
2. Start Date: month & year
3. Are you still working there?
 1. No: End date of work. Month & Year
 2. Yes: No date required
4. Employer name
5. Position Held/Title
6. Contact person name, email & phone number.
7. Employer Address: street, city, state, zip, country.
8. Questions regarding the job held. Was it a Safety Sensitive function requiring DOT related drug & alcohol testing? 2. Otherwise, select "None" for vehicle type and trailer type
 1. If yes, only then would you select what type of vehicle you drove for the employer

Please provide your last 3 years of Work History, including Unemployment and Student periods

Add Work Experience Info 

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Click "Add Work Experience Info" if you have not been with your current employer for 36 months.

Job Application - Work Experience

Please provide your last 3 years of Work History, including Unemployment and Student periods

Work Exp: [06/2024]

Add Work Experience Info

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Save As Draft

34

The next employer will require the same information as was shown in step 32.

Job Application - Work Experience Details

Please provide your last 3 years of Work History, including Unemployment and Student periods

EMPLOYMENT STATUS*

FROM MONTH/YEAR* (MM/YYYY)

STILL WORKING HERE*

Yes No

Back Next

35 Once you have 36 months, with no gaps in dates, you can Click "Next" to advance.

Please provide your last 3 years of Work History, including Unemployment and Student periods

Work Exp: [06/2022] - [06/2024] 

Work Exp: [06/2024] 

Add Work Experience Info 

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36 Will you work for more than one employer as a driver? Answer both questions then Click "Next"

Please provide your last 3 years of Work History, including Unemployment and Student periods

ARE YOU WORKING FOR ANOTHER CARRIER?*

Yes **No**

DO YOU INTEND TO WORK FOR ANOTHER CARRIER WHILE STILL EMPLOYED BY THIS CARRIER?*

Yes **No**

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This question is referencing using your vehicle to as part of your regulated job function. if you are unsure, select NO, then Click "Next"

Job Application

Will you be bringing your commercial motor vehicle?

Yes No

38

Certify that your answers are true and that the application was completed by you, Click "Yes" the "Next"

Job Application

This certifies 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.

Yes No

39 Electronic Signautre Disclosure. Click "Next"

Job Application

Electronic Signature Disclosure

To sign our application related documents we ask that you create an electronic signature in our system. This is done by entering the name you wish to use to sign documents. As some documents will require your initials, we ask that you also enter the initials you wish to use when setting this up. This signature will be stored with your login information. Before applying this signature to any document, we will text to your cell phone a six digit code for you to enter in order to verify that it is actually you applying your signature. Your confirmation will be retained for the duration of your current login session. If you disconnect and log back in, a new confirmation will be again texted. You will be given the chance to change your signature each time our confirmation code is sent to you. After entering the code, you will either be prompted to create an e-signature if none is on file or prompted to confirm that the signature on file is the signature you wish to use. If you wish to change it, simply click 'No' and you will be prompted to create a new one. This will not change the signature on the documents it has already been applied to, only the ones you sign after changing it.

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40 Sign your name in the top box using your phone screen or with your computer mouse, and sign your initials in the second box.

Job Application

Configure an Electronic Signature

Sign with your finger in the box below



Add your initials here



Back Next

41 Click "Next"

Sign with your finger in the box below



Add your initials here



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Click "Sign" to apply your signautre to all pages.

Job Application

Electronic Document Sign

Employer Name:	That's Good HR / Mary Springer	Phone:	3174684141			
Address:	2325 Chartwell Street	Contact Email (if available):	mary.springer@thatsgoodhr.com			
City:	Indianapolis	State:	Indiana	Zip Code:	46032	
Position Held:	Sales and Service	Start Date (month/year):	04/2022	End Date (month/year):	04/2024	
Reason for Leaving:	New Job	Please Explain Any Gaps in Employment				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, Part 40?				<input type="checkbox"/> Yes - FMCSA	<input type="checkbox"/> Yes - Other	<input checked="" type="checkbox"/> No

(Rev. 202309.005)



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DRIVER APPLICATION

Power Units Driven	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Tractor	<input type="checkbox"/> Pick-Up	<input type="checkbox"/> Terminal Tractor
	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> School Bus	<input type="checkbox"/> Van	<input type="checkbox"/> Other
	<input type="checkbox"/> Motor Coach / Bus	<input type="checkbox"/> YardDog		



Next Signature 2/6

Next

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44 Click "Sign"

Job Application

Electronic Document Sign

Pre-Employment Drug and Alcohol Questionnaire 

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Within the last five (5) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If you answered "Yes" above, have you successfully completed the return-to-duty process?

These answers are true and complete to the best of my knowledge.

Driver Signature	Date
Cheryl Smith Milton	09/02/2025
Driver Name (Printed)	



Next Signature 4/6





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45 Click "Sign"

Job Application

Electronic Document Sign

In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, USDOT-regulated employers are required to respond to such inquiries. The driver's authorization to release this information is found below on this page. Please complete and return the attached safety performance history records request on the following pages to the prospective employer.

DRIVER IDENTIFICATION	
Driver Name	Cheryl Smith Wilson
Date of Birth	02/19/1972
Social Security Number	XXX-XX-4771

PREVIOUS EMPLOYER	
Employer Name	National Transportation Consultants
Address	9761 Crosspoint Blvd Indianapolis, Indiana 46256
Email	jjohnson@nticonsult.com
Telephone	(765) 425-0882
Fax	
Attention:	Jennifer Johnson

PROSPECTIVE EMPLOYER	
Employer Name	Sample TRANSPORT LLC
Address	
Email	
Telephone	
Fax	
Attention:	

In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to the employer identified above and/or persons acting on behalf of this prospective employer. I hereby release all persons and/or institutions from all liability in responding to inquiries and releasing information.



Next Signature 5/6





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46 Click "Sign"

for the past 3 years as it relates to USDOT-regulated employment and, if applicable, USDOT-regulated drug and alcohol testing. USDOT-regulated employers are required to respond to such inquiries. The driver's authorization to release this information is found below on this page. Please complete and return the attached safety performance history records request on the following pages to the prospective employer.

DRIVER IDENTIFICATION	
Driver Name	Cheryl Smith Wilson
Date of Birth	02/19/1972
Social Security Number	XXX-XX-4771

PREVIOUS EMPLOYER	
Employer Name	Thats Good HR
Address	2325 Chartwell Street Indianapolis, Indiana 46032
Email	mary.springer@thatsgoodhr.com
Telephone	(317) 469-4141
Fax	
Attention:	Mary Springer

PROSPECTIVE EMPLOYER	
Employer Name	Sample TRANSPORT LLC
Address	
Email	
Telephone	
Fax	
Attention:	

In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to



Next Signature 6/6





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47 Click "Sign" to complete.

Job Application

Electronic Document Sign

to inquire and releasing information in connection with my application.

In the event of employment:

- I understand that any false or misleading information I provide may result in discharge.
- I understand that the information I provide regarding my current and/or prior employers will be used to contact those employers for the purpose of investigating my safety performance history and authorize you to generate forms for each such employer to provide that information along with the following release using my electronic signature (if applicable and dated as of my start date).

In accordance with 49 CFR 382.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my application, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to the employer identified above and persons acting on behalf of this employer, including, without limitation, National Transportation Consultants, Global Verification Network and/or WorkforceQA.

- I authorize you to investigate my driving record at any time by obtaining my MVR as required by 49 CFR 393.25.
- I authorize you to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) at any time to determine whether drug or alcohol violation information about me exists in the Clearinghouse.
- I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to you under a full query of the Clearinghouse without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a query of the Clearinghouse, you must prohibit me from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol safety regulations.
- I acknowledge that the employment history with you will be supplied to third party providers and/or other companies which may seek such information to qualify me in the future.

I understand that I have the right, upon written request made within 30 days of my start date or being notified of denial of employment, to request whether a consumer report has been run about me. Upon request, you or your service provider will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

A copy of this form is as valid as the original.

Cheryl Smith Milton 09/02/2025
Print Name Date

Sign

Next

Save As Draft