

APPLICATION FOR EMPLOYMENT

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone:
Cell:

COMPANY _____

ADDRESS _____ CITY, STATE AND ZIP _____

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip)

FOR PAST _____ HOW LONG? _____

3 YEARS (Street) (City) (State) (Zip)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

Even

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
2. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

LAST EMPLOYER:

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER:

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information unit are true and complete to the best of my knowledge.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

RELEASE / AUTHORIZATION TO OBTAIN INFORMATION

Requesting Employer / Company Name: _____
City: _____ State: _____ Phone #: (____) _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State
_____	_____	_____
_____	_____	_____

Print Applicant Name: _____ Applicant Signature: _____
Social Security No: _____ Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part §391.23 you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, and drugs/alcohol use.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. ☐ (California applicants only)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____

Driver's Address _____

City _____ State _____ Zip _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

_____	The pre-trip inspection. (As required by Sec. 392.7)
_____	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
_____	Placing the equipment in operation.
_____	Use of vehicle's controls and emergency equipment.
_____	Operating the vehicle in traffic and while passing other vehicles.
_____	Turning the vehicle.
_____	Braking and slowing the vehicle by means other than braking.
_____	Backing and parking the vehicle.
_____	Other, explain: _____

Type of equipment used in giving test: _____

Date _____ 19 _____ Examiner's signature _____

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. 49 CFR 391.33(e)(f)(g)

CERTIFICATION OF ROAD TEST

Driver' Name_____

Social Security Number_____

Operator's or Chauffeur's License Number_____

State_____

Type of Power Unit_____

Type Trailer(s)_____

If passenger carrier, type of bus_____

This is to certify that the above named driver was given a road test
under my supervision on _____, 19_____,
consisting of approximately_____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and address of Examiner)

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

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.

[illegible]

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.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name _____ Social Security No. _____
(Last) (First) (MI)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- [] the driver meets the minimum requirements for safe driving, or
[] the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review

Motor Carrier's Name

Reviewed by: (Signature and title)

Date of review

Motor Carrier's Name

Reviewed by: (Signature and title)

Date of review

Motor Carrier's Name

Reviewed by: (Signature and title)

DRIVER QUALIFICATION FILE FOR MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person who is a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the following:

- 1) Require the person to furnish an application for employment (391.21);
- 2) Make an inquiry into the person's driving record during the preceding years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding 3 years (391.23);
- 3) Perform the annual driving record inquiry [391.25(b)];
- 4) Perform the annual review of the person's driving record (391.25); or
- 5) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECK LIST

Name: _____

Social Security Number: _____

Driver's License Number: _____

Type of Driver's License: _____ State Issued: _____

In addition to the above information, Copies of the following must be obtained:

_____ Medical Examiner's Certificate

_____ Road Test (or equivalent)

_____ Certification of Road Test

_____ Controlled Substance and Alcohol Tests (if applicable)