



# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you 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.) 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.

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 employers
- Have errors in the information corrected by my 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 in the accuracy of the information

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

Date Applicant Hired _____	Application Denied _____
Date Employed _____	Classification/Position <u>Driver</u>
Signature of Interviewing Officer _____	

Date Terminated _____	<input type="radio"/> Dismissed	<input type="radio"/> Voluntary Quit	<input type="radio"/> Other _____
Signature of Exit-Interviewing Officer _____			

**Applicant to Complete – Answer all questions**

Name \_\_\_\_\_  
Last First Middle

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

Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Required for commercial drivers)

Can you provide proof of age? \_\_\_\_\_

List all addresses of residency for the past 3 years – begin with your Current Address:

Street	City	State	Zip	# of Years at this address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, complete the information below:

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Position Worked: \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Is there any reason you may be unable to perform the functions of the job for which you have applied as described in the job description provided? If yes, explain if you wish: \_\_\_\_\_

### EMPLOYMENT HISTORY

Driver applicants operating in interstate commerce must provide the following information on **all employers during the previous 3 years**. Enter the information for your previous employers providing as much detail as possible. Failure to provide adequate or required detail will inhibit the ability to obtain the necessary background information.

**CDL holders are required to list additional 7 years previous employer information for a total of 10 years** listed on their application. Account for any breaks in employment by indicating any time not working as a result of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period of time indicated as self-employed.

Begin by entering your most recent employer. Enter in reverse order beginning with the most recent. Add another sheet of paper if necessary.

Make additional copies as needed

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving	_____			
Were you subject to FMCSR's while employed? Yes ____ No ____				
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes ____ No ____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving	_____			
Were you subject to FMCSR's while employed? Yes ____ No ____				
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes ____ No ____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving	_____			
Were you subject to FMCSR's while employed? Yes ____ No ____				
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes ____ No ____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving	_____			
Were you subject to FMCSR's while employed? Yes ____ No ____				
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes ____ No ____				

ACCIDENT REGISTER	DATES	DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL RELEASE
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND/OR FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE – WRITE THE WORD “NONE”**

LOCATION	DATE	CHARGE	PENALTY

**DRIVER EXPERIENCE AND QUALIFICATIONS**

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE	YES	NO	CIRCLE TYPE OF EQUIPMENT	TO	FROM	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS MORE THAN 8 PASSENGERS						
MOTORCOACH - SCHOOL BUS MORE THAN 16 PASSENGERS						
OTHER (Describe:)						

LIST ALL STATES OPERATED IN THE PAST FIVE YEARS: \_\_\_\_\_

LIST ANY SPECIAL DRIVER RELATED COURSES OR TRAINING: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

LIST ANY SPECIAL EQUIPMENT EXPERIENCE \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8

1 2 3 4

1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

STATE \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECORD OF ROAD TEST

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
 License No. \_\_\_\_\_ St \_\_\_\_\_ Equipment Driven: Tractor \_\_\_\_\_ Trailer \_\_\_\_\_  
 Checked From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_

For those items that apply, check mark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.  
 Explain unsatisfactory items under Remarks.

**PART 1- PRE-TRIP INSPECTION & EMERGENCY EQUIPMENT**

Checks general condition approaching unit \_\_\_\_\_  
 Looks for leakage of coolants, fuel, lubricants \_\_\_\_\_  
 Checks under hood- oil, water, general condition \_\_\_\_\_  
 of engine compartment, steering \_\_\_\_\_  
 Checks around unit - tires, lights, trailer hookup, \_\_\_\_\_  
 brake and light lines, body, doors, horn, \_\_\_\_\_  
 windshield wipers \_\_\_\_\_  
 Tests brake action, tractor protection valve and \_\_\_\_\_  
 parking (hand) brake \_\_\_\_\_  
 Checks horn, windshield wipers, mirrors, \_\_\_\_\_  
 emergency equipment; reflectors, flares, fuses, \_\_\_\_\_  
 tire chains (if necessary), fire extinguisher \_\_\_\_\_  
 Checks instruments for normal readings \_\_\_\_\_  
 Checks dashboard warning lights for proper \_\_\_\_\_  
 functioning \_\_\_\_\_  
 Cleans windshield, windows, mirrors, lights, \_\_\_\_\_  
 reflectors \_\_\_\_\_  
 Reviews and signs previous report \_\_\_\_\_

**PART 2 - COUPLING AND UNCOUPLING**

Lines up units \_\_\_\_\_  
 Connects glad hands to trailer to apply trailer \_\_\_\_\_  
 brakes before coupling \_\_\_\_\_  
 Connects glad hands and light line property \_\_\_\_\_  
 Couples without difficulty \_\_\_\_\_  
 Raises landing gear fully after coupling \_\_\_\_\_  
 Visually checks king pin assembly to be \_\_\_\_\_  
 certain of proper coupling \_\_\_\_\_  
 Checks coupling by applying hand \_\_\_\_\_  
 valve or tractor-protection valve (trailer \_\_\_\_\_  
 air supply valve) and gently applying \_\_\_\_\_  
 pressure by trying to pull away from \_\_\_\_\_  
 trailer \_\_\_\_\_  
 Assure that surface will support trailer before \_\_\_\_\_  
 uncoupling \_\_\_\_\_

**PART 3 - PLACING VEHICLE IN MOTION & USE OF CONTROLS**

**A. ENGINE**  
 Places transmission in neutral before \_\_\_\_\_  
 starting engine \_\_\_\_\_  
 Starts engine without difficulty \_\_\_\_\_  
 Allows proper warm-up \_\_\_\_\_  
 Understands gauges on instrument panel \_\_\_\_\_  
 Maintains proper engine speed (rpm) while \_\_\_\_\_  
 driving \_\_\_\_\_  
 Does not abuse motor \_\_\_\_\_

**B. CLUTCH AND TRANSMISSION**  
 Starts loaded unit smoothly \_\_\_\_\_  
 Uses clutch properly \_\_\_\_\_  
 Times gearshifts properly \_\_\_\_\_  
 Shifts gears smoothly \_\_\_\_\_  
 Uses proper gear sequences \_\_\_\_\_

**C. BRAKES**

Knows proper use of tractor protection valve \_\_\_\_\_  
 Understands low air warning \_\_\_\_\_  
 Tests service brakes \_\_\_\_\_  
 Builds full air pressure before moving \_\_\_\_\_

**D. STEERING**

Controls steering wheel \_\_\_\_\_  
 Good driving posture & good grip on wheel \_\_\_\_\_

**E. LIGHTS**

Knows lighting regulations \_\_\_\_\_  
 Uses proper headlight beam \_\_\_\_\_  
 Dims lights when meeting or following \_\_\_\_\_  
 other traffic \_\_\_\_\_  
 Adjusts speed to range of headlights \_\_\_\_\_  
 Proper use of auxiliary lights \_\_\_\_\_

**PART 4 - BACKING AND PARKING**

**A. BACKING**

Gets out and checks before backing \_\_\_\_\_  
 Looks back as well as uses mirror \_\_\_\_\_  
 Gets out and rechecks conditions on \_\_\_\_\_  
 long back \_\_\_\_\_  
 Avoids backing from blind side \_\_\_\_\_  
 Signals when backing \_\_\_\_\_  
 Controls speed and direction properly \_\_\_\_\_  
 while backing \_\_\_\_\_

**B. PARKING (City)**

Does not hit nearby vehicles or stationary \_\_\_\_\_  
 objects \_\_\_\_\_  
 Parks proper distance from curb \_\_\_\_\_  
 Sets parking brake, puts in gear, chocks \_\_\_\_\_  
 wheels, shuts off motor \_\_\_\_\_  
 Checks traffic conditions and signals when \_\_\_\_\_  
 pulling out from parked position \_\_\_\_\_  
 Parks in legal and safe location \_\_\_\_\_

**C. PARKING**

Parks off pavement \_\_\_\_\_  
 Avoids parking on soft shoulder \_\_\_\_\_  
 Uses emergency warning signals when \_\_\_\_\_  
 required \_\_\_\_\_  
 Secures unit properly \_\_\_\_\_

**PART 5 - SLOWING AND STOPPING**

Uses gears properly ascending \_\_\_\_\_  
 Gears down properly descending \_\_\_\_\_  
 Stops and restarts without rolling back \_\_\_\_\_  
 Tests brakes before descending grades \_\_\_\_\_  
 Uses brakes properly on grades \_\_\_\_\_  
 Uses mirrors to check traffic to rear \_\_\_\_\_  
 Signals following traffic \_\_\_\_\_  
 Avoids sudden stops \_\_\_\_\_  
 Stops smoothly w/o excessive fanning \_\_\_\_\_  
 Stops before crossing sidewalk when coming \_\_\_\_\_  
 driveway or alley \_\_\_\_\_  
 Stops clear of pedestrian crosswalks \_\_\_\_\_



**PART 6 - OPERATING IN TRAFFIC PASSING & TURNING**

**A. TURNING**

Signals intention to turn well in advance \_\_\_\_\_  
Gets into proper lane well in advance of turn \_\_\_\_\_  
Checks traffic conditions and turns only when intersection is clear \_\_\_\_\_  
Restricts traffic from passing on right when preparing to complete right hand turn \_\_\_\_\_  
Completes turn promptly and safely & does not impede other traffic \_\_\_\_\_

**B. TRAFFIC SIGNS AND SIGNALS**

Approaches signal prepared to stop if necessary \_\_\_\_\_  
Obeys traffic signal \_\_\_\_\_  
Uses good judgement on yellow light \_\_\_\_\_  
Starts smoothly on green \_\_\_\_\_  
Notices and heeds traffic signs \_\_\_\_\_  
Obeys stop signs \_\_\_\_\_

**C. INTERSECTIONS**

Adjusts speed to permit stopping if necessary \_\_\_\_\_  
Checks for cross traffic regardless of traffic controls \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_

**D. GRADE CROSSINGS**

Adjusts speed to conditions \_\_\_\_\_  
Makes safe stop if required \_\_\_\_\_  
Selects proper gear and does not shift gears while crossing \_\_\_\_\_  
Knows and understands federal & state rules governing grade crossing \_\_\_\_\_

**E. PASSING**

Passes with sufficient clear space ahead \_\_\_\_\_  
Does not pass in unsafe location: hill, curve, intersection \_\_\_\_\_  
Signals change of lanes \_\_\_\_\_  
Warns driver being passed \_\_\_\_\_  
Pulls out and back with certainty \_\_\_\_\_  
Does not tailgate \_\_\_\_\_  
Does not block traffic with slow pass \_\_\_\_\_  
Allows enough room when returning to right lane \_\_\_\_\_

**F. SPEED**

Speed consistent with basic ability \_\_\_\_\_  
Adjusts speed properly to road, weather, traffic conditions, legal limits \_\_\_\_\_  
Slows down for rough roads \_\_\_\_\_  
Slows down in advance of curves, intersections, etc. \_\_\_\_\_  
Maintains consistent speed \_\_\_\_\_

**REMARKS:**

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

**GENERAL PERFORMANCE:** Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

**QUALIFIED FOR:** Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

**CERTIFICATION OF ROAD TEST**

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certificate of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31(e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_  
Social Security # \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_  
Operator's License No. \_\_\_\_\_ St \_\_\_\_\_ If Passenger Carrier, Type of Bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial vehicle listed above.

Signature of Examiner \_\_\_\_\_ Organization \_\_\_\_\_  
Title \_\_\_\_\_ Address of Examiner \_\_\_\_\_

**G. COURTESY AND SAFETY**

Uses defensive driving techniques \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_  
Goes ahead when given right-of-way by others \_\_\_\_\_  
Does not crowd other drivers or force way through traffic \_\_\_\_\_  
Allows faster traffic to pass \_\_\_\_\_  
Keeps right and in own lane \_\_\_\_\_  
Uses horn only when necessary \_\_\_\_\_  
Generally courteous and uses proper conduct \_\_\_\_\_

**PART 7 - MISCELLANEOUS**

**A. GENERAL DRIVING ABILITY & HABITS**

Consistently alert and attentive \_\_\_\_\_  
Adjusts driving to meet changing conditions \_\_\_\_\_  
Performs routing functions without taking eyes from road \_\_\_\_\_  
Checks instruments regularly while driving \_\_\_\_\_  
Willing to take instructions and suggestions \_\_\_\_\_  
Adequate self-confidence in driving \_\_\_\_\_  
Is not easily angered \_\_\_\_\_  
Positive attitude \_\_\_\_\_  
Good personal appearance, manner, cleanliness \_\_\_\_\_  
Good physical stamina \_\_\_\_\_

**B. HANDLING OF FREIGHT**

Checks freight properly \_\_\_\_\_  
Handles and loads freight properly \_\_\_\_\_  
Handles bills properly \_\_\_\_\_  
Breaks down load as required \_\_\_\_\_

**C. RULES AND REGULATIONS**

Knowledge of company rules \_\_\_\_\_  
Knowledge of regulations: federal, state, local \_\_\_\_\_  
Knowledge of special truck routes \_\_\_\_\_

**D. USE OF SPECIAL EQUIPMENT (Specify)**

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

**Motor Vehicle Driver's  
CERTIFICATE OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 385 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 weight 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.,

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

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

Notes: \_\_\_\_\_

## Drivers Statement of On-Duty Hours For Newly Hired Drivers

*Federal Motor Carrier Safety Regulations – § 395.8 (j) (2) – Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.*  
**Note:** Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

**\*Please Print\***

Driver Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_

Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at \_\_\_\_\_ AM PM on \_\_\_\_\_.  
(Time) (Day) (Month) (Year)

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

*Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9) – On duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On duty time shall include:*  
 (8) Performing any other work in the capacity, employ or service of a motor carrier; and  
 (9) Performing any compensated work for a person who is not a motor carrier.

Are you currently working for another employer? Yes \_\_\_\_\_ No \_\_\_\_\_

At this time do you intend to work for another employer while still employed by this company. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that the information given above is true. I also understand that once I become employed with this company if I begin working for any additional employer(s) for compensation that I must immediately inform this company of such employment activity.

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

Witness: \_\_\_\_\_  
Company Representative Date



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

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee 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 employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b) (5) and (e) of this section).

Prospective Driver Printed Name: \_\_\_\_\_

Prospective Driver SS or ID Number: \_\_\_\_\_

The Prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

1. Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:                **Yes**                        **No**

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one:                **Yes**                        **No**

I certify that the information provided on this document is true and correct.

Prospective Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Motor Carrier Representative  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Record Retention

If **"yes"** was the response to question 1, you must retain this document and related documents for 5 years.

If **"no"** was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination. DQ Files are maintained throughout the driver's service and for a full 2 year period following the driver's termination date

## FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer \_\_\_\_\_ may request for lawful purposes, background  
*Company Name*

Information about me from a consumer reporting agency in connection with my employment and/or insurance application as applicable. These background reports may be obtained at any time after receipt of this authorization and, if hired or engaged by the company, throughout my employment or contract period.

The types of information that may be obtained include, but are not limited to: social security number verification; address history; criminal records and history; public court records; driving records; accident history; prior drug and alcohol history; worker's compensation claims; educational history verification (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, reasons for termination, etc.); professional and/or personal reference checks; professional licensing and certification checks; drug/alcohol testing results, drug/alcohol history in violations of law and/or company policy; other information bearing my character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private, public record sources, appropriate government agencies, educational institutions, former employers, and other information sources.

I know I may request more information about the nature and scope of any investigative consumer reports by contacting the Company. My signature below certifies my receipt of my summary of rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
*Driver Signature*

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

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### REFERENCES:

Federal Motor Carrier Safety Regulations: Sections 382.413, 391.23, and 391.25

Fair Credit Reporting Act: Sections 604 (b) (A) and 607, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208)

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space
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Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! *Employer Completes Next Page* STOP!



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The individual identified in Section 1 below has indicated you employed and/or used him/her within the capacity of operating a commercial motor vehicle and/or that he/she was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing. In accordance of 49 CFR §§40.25, 40.321 (b), and 391.23, we are hereby requesting you supply us with the Safety Performance History of this individual. Under DOT rule §§391.23(g), you must respond to this requester in Section 2 within 30 days of the date of this request. **For Non-DOT Previous Employers, please complete Section 3 only as drug/alcohol testing was not required.**

### SECTION 1 - TO BE COMPLETED BY DRIVER APPLICANT

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the release of my employment safety performance history for the past 3 years to \_\_\_\_\_. This authorization includes information pertaining to my employment background and any DOT regulated drug/alcohol testing. In accordance with §40.25(b, g), 40.321 (b), and 391.23(h), release of this information must be made in a manner that ensures confidentiality.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

### TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant above was/is employed by us from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Job Title: \_\_\_\_\_

Check here if the person above did not have a DOT driving position with your company

Did he/she drive a motor vehicle for you?  
 If so, what type vehicle? Please check all that apply

	Yes		No	
Straight Truck	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tractor Trailer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cargo Tank		<input type="checkbox"/>		<input type="checkbox"/>
Doubles		<input type="checkbox"/>		<input type="checkbox"/>
Bus				<input type="checkbox"/>
Triples				<input type="checkbox"/>

Please complete any information from your accident register (§390.15(b) involving the applicant listed above within the prior 3 years of the authorization release date noted above. If there is not accident data please initial here. \_\_\_\_\_

Date	Location	# Fatalities	# Injuries	# Towed	HM Spill

\_\_\_\_\_  
Person Completing the Request Title Date

### DRUG AND ALCOHOL HISTORY

If the Applicant above **WAS NOT** subject to DOT testing under 49 CFR while in your employ; initial here \_\_\_\_\_  
**While completing this request, include any required DOT drug/alcohol testing information you obtained by prior employers within the past 3 years of this request**

Has this person violated an of the below drug/alcohol prohibitions under 49 CFR Part 40 or Subpart 382:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

- An alcohol test with a result of 0.04 or higher alcohol concentration
- A controlled substance test result f positive, adulterated, or substituted
- A refusal to submit to a random, post accident, reasonable suspicion, or alcohol test
- Alcohol use while performing or within 4 hours of a safety sensitive function
- Alcohol use after an accident, in violations of §382.203

If this person violated a DOT drug/alcohol test, did he/she fail to begin or complete SAP rehabilitation?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If this person successfully completed a rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to test?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

### PLEASE RETURN THIS REQUEST TO:

NAME: \_\_\_\_\_ email: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS TRANSMISSION IS CONFIDENTIAL AND SHOULD BE HANDLED IN A MANNER THAT ENSURES CONFIDENTIALITY**



## Make sure you have added the following items to your Driver Qualification File:

- Copy of the driver's Driver License.
- Copy of the driver's social security card or verification of the ability to work within the U.S.
- Copy of the driver's current medical card – the long form physical must be kept on the driver's person while driving and does not belong in the Driver Qualification File.
- **Any medical card obtained AFTER May 21, 2014** must have been issued by a Physician registered on FMCSA's National Registry of Certified Medical Examiners. If the driver obtained their medical card from a physician who is not part of the National Registry, the driver is **NOT A QUALIFIED DRIVER!**
- **The Motor Carrier is required to** verify the driver obtained their medical certification by a physician on the National Registry and place a note in the Driver Qualification File indicating they verified the physician was on the National Registry. **Failure to verify or place a note in the DQ File is a violation.**
- **Verify your driver has merged their Medical Card with their CDL.** This should appear on the driver's Motor Vehicle Record. A CDL Driver who has not merged their medical card with their CDL **can be placed Out of Service immediately by law enforcement.**
- Pre-employment drug screen test result letter and carbon copy of the custody and control form as verification the chain of custody was maintained.