

# APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.



Company Driver \_\_\_\_\_ Owner Operator \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

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

Name: \_\_\_\_\_ Home # (\_\_\_\_\_) \_\_\_\_\_  
First Middle Last (Area)

Current Address \_\_\_\_\_  
Number Street City ST Zip

Other Address \_\_\_\_\_  
(Past 3 Years) Number Street City ST Zip

Social Security Number \_\_\_\_\_ Drivers License Number/State \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ / \_\_\_\_\_ -\_\_\_\_\_-\_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth: (city) \_\_\_\_\_ (state) \_\_\_\_\_

Spouses Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Notify in Case of Emergency: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize your 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 of misleading information given in my application or interviews 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 investigation 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 previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- > Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- > As part of the background information that you provide on this application, **you are not required** to provide , and you **shall not voluntarily** provide the company, with any information regarding any **conviction/arrest records** pertaining to you that have been **sealed or expunged** at a court of law.

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

## FOR COMPANY USE

|  |   |
|--|---|
| <p><b>PROCESS RECORD</b></p> <p>APPLICANT HIRED _____ REJECTED _____</p> <p>DATE EMPLOYED _____ DEPARTMENT _____</p> <p>CLASSIFICATION _____ SIGN ATURE OF INTERVEIWING _____</p> <p><b>TERMINATION OF EMPLOYMENT</b></p> <p>DATE TERMINATED _____ DEPT. RELEASED FORM _____</p> <p>DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____</p> <p>SUPERVISOR _____</p> | <p><input type="checkbox"/> Driver license</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Medical Card</p> <p><input type="checkbox"/> Policy Book</p> |
|--|---|

# APPLICANT TO COMPLETE

(answer all questions- please print)

Any other previous Addresses

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United State  Yes  No

Have you worked for this company before?  Yes  No

Dates: Form \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

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

Are you employed now?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you ever been bonded  Yes  No If yes, name of the company \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Accident Record for past 3 yrs or more(attach sheet if more space is required)

| Dates               | Nature of Accident<br><small>( Head-on, Rear- end, Upset, etc)</small> | Fatalities | Injuries | Hazardous<br>Material Spill |
|---------------------|--|------------|----------|-----------------------------|
| Last Accident _____ | _____  | _____      | _____    | _____                       |
| Next Accident _____ | _____  | _____      | _____    | _____                       |
| Next Accident _____ | _____  | _____      | _____    | _____                       |

## Traffic Convictions and forfeitures for the past 3 yrs( other than parking violations)

| Location | Date  | Charge | Penalty |
|----------|-------|--------|---------|
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |

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

Yes  No

Has any license , permit or privilege ever been suspended or revoked?  Yes  No

## 382.301-Pre- Employment Urinalysis Notification

As a condition of my employment , I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be Reported to the company. I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

X \_\_\_\_\_  
 Applicant's Name ( print)

X \_\_\_\_\_  
 Applicant's Signature

X \_\_\_\_\_  
 Date

## EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

Begin with your present job or most recent and work backwards in order. All ten (10) years must be accounted for and any gaps of unemployment, more than three (3) months, must be explained.

|  |
|--|
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |
| Name _____ Address _____ form _____ to _____<br>City _____ State _____ Zip _____ Position held _____<br>Contact Person _____ Phone Number( ) _____ Salary /Wage _____<br>Reason for Leaving _____<br>Were you subject to the FMCRs while Employed? <input type="radio"/> Yes <input type="radio"/> No<br>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? <input type="radio"/> Yes <input type="radio"/> No<br>#of states driven in _____ # of accidents _____ #of Worker's Comp. Claims? _____ |