

### APPLICATION FOR QUALIFICATION

(Attach a separate sheet of paper if necessary for any additional information req

**DRIVER'S RIGHTS TO REVIEW BACKGROUND CHECK - Dear Applicant:** Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the work history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective motor carrier must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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 the prospective motor carrier; (iii) 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.

Driver Applicant Printed Name \_\_\_\_\_ Driver Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Last, First, Middle Initial

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip Duration

If at the above residence less than 3 years, list below all residences for the past 3 years.

Previous: \_\_\_\_\_  
Street City State Zip Duration

Email Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth\* / / \* Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: \_\_\_\_\_  
Name Phone

Have you ever applied with this company before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever worked for this company under another name? Yes  No  Name? \_\_\_\_\_

Are you applying as a  company driver or an  owner operator? (Check appropriate) Ever applied with this company before? Yes  No  If yes, When? \_\_\_\_\_

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

Date you are available to start work? \_\_\_\_\_ How long are willing to be away from home? \_\_\_\_\_

List states operated in last 5 years \_\_\_\_\_ List safe driving awards and who presented by \_\_\_\_\_

How much home time will you need when you return? \_\_\_\_\_ How many miles or hours are you expecting per week? \_\_\_\_\_ How much do you expect to make per week (gross)? \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  Are there any pending charges against you? Yes  No   
*(A conviction does not automatically bar you from employment) (Attach a separate sheet of paper if necessary)*  
If yes, explain for each entry: 1) Is it a conviction or pending charge? 2) Date of conviction or upcoming hearing, and 3) State in which convicted/charged.

#### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4  
Last school attended \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
List special courses or training that will help you as a driver \_\_\_\_\_

**EMPLOYMENT RECORD** Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period.** Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

**Last Employer:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Second Last Employer:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Third Last Employer:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Fourth Last Employer:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION**

**LICENSES** List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes  No

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's (including Drug & Alcohol)? Yes  No

If answered Yes to any of the above questions, please give details: \_\_\_\_\_

<b>Accident Review for past 3 years:</b> <i>(List none or NA if clean record)</i>				Nature of Accident
Date	City, State	# Fatalities	# Injuries	(Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____

**Motor Vehicle Laws & Ordinances** for the past 3 years other than parking violation: *(List none or NA if clean record)*

Location	Date	Charge	Penalty
_____	_____	_____	_____

<b>EXPERIENCE</b>		Dates
Class of Equipment	Type (Van, Tank, Etc.)	From/To
_____	_____	_____

***Applicant: Read and sign before submitting this application.***

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier and his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

I authorize the motor carrier to access the FMCSA Pre-Employment Screening Program (PSP) to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years.

I understand that nothing contained in this application or in the granting of any 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. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical. 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. It is agreed and understood that if qualified, hired, or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## DISCLOSURE STATEMENT

*Applicant: Read and sign before submitting this application.*

By this document, **Motor Carrier Name** discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained as part of a background investigation as part of the **Motor Carrier Name's** driver qualification process. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

\_\_\_\_\_  
Applicant's Printed Name

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

\_\_\_\_\_  
Date

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OFFICE USE ONLY

Hire Date:

\_\_\_\_\_

Employment Denial  
Date:

\_\_\_\_\_

Staff Initials:

\_\_\_\_\_