



APPLICATION FOR DRIVER POSITION

In 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, or the presence of non-job related medical conditions or handicap.

As part of the application process, I am aware that certain pre-qualification procedures are involved including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such time as I receive a written notification from a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

Last Name

First Name

Middle

Street Address

City

State

Zip Code

Home Phone

Email Address

Addresses for the past three (3) years and the duration of which you lived there

Street Address

City

State

Zip Code

Duration

Street Address

City State Zip Code Duration

Street Address

City State Zip Code Duration

General Information

Date of Birth How did you find out about our company?

If you have worked for this company before, please provide the dates:

Start Date

End Date

Reason for leaving:

Driver License

State License Number Type of License Expiration

State License Number Type of License Expiration

State License Number Type of License Expiration

Previous Work History | Experience and Qualifications

Company Name Start Date End Date

City State Phone

Supervisor Name Duties

Annual Mileage

Type of Equipment Driven

Reasons for Leaving

Was this a safety-sensitive position requiring drug/alcohol testing?

Yes

No

Company Name

Start Date

End Date

City

State

Phone

Supervisor Name

Duties

Annual Mileage

Type of Equipment Driven

Reasons for Leaving

Was this a safety-sensitive position requiring drug/alcohol testing?

Yes

No

Company Name

Start Date

End Date

City

State

Phone

Supervisor Name

Duties

Annual Mileage

Type of Equipment Driven

Reasons for Leaving

Was this a safety-sensitive position requiring drug/alcohol testing?

Yes

No

Questions

	Yes	No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
Has any license, permit or privilege been suspended or revoked?		
Have you ever been convicted for driving while intoxicated?		
Have you ever been convicted for possession, sale, or use of a narcotic drug?		
Have you ever been refused auto liability insurance?		
Have you ever been arrested or convicted of a crime?		

If your answer to any of the questions above is yes, state the circumstances and dates:

Description

Date

Description

Date

Application Certification Statement

I do understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application, ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history.

If you have information to report, check the above statement and proceed to the following section to report your violations.

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions Date of Violation

I had a verified positive drug test for a prior employer or as a pre-employment test Date of Violation

I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer Date of Violation

I refused to be tested (includes submitting a substituted or adulterated specimen) Date of Violation

I performed a safety-sensitive function within four hours after using alcohol Date of Violation

I used alcohol while performing safety-sensitive functions Date of Violation

I was involved in an accident that required post-accident testing and I used alcohol prior to being tested Date of Violation

I used control substances while performing a safety-sensitive function Date of Violation

I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above Date of Violation

Below I have indicated where the violation took place either as an applicant or employee of said company.

I have completed the return to duty requirements Yes No

Prior Employer (or company which I applied to) Company Name

Employers Designated Employer Representative Employer Phone Number

Employers Address

Substance Abuse Professional Information

Certification | I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of employment if I am hired.

Full Name

Date of Application

By entering you initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Traffic Convictions and Forfeitures for the past Five (5) years (other than parking)

Date	Location	Offense	Penalty
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Date	Location	Offense	Penalty
------	----------	---------	---------

Date	Location	Offense	Penalty
------	----------	---------	---------

Date	Location	Offense	Penalty
------	----------	---------	---------

Accident Record for Past Five (5) years

Date	Type of Accident: Head-On, Backing Out, Ect
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Fatalities	Injuries
------------	----------

Date	Type of Accident: Head-On, Backing Out, Ect
------	---

Fatalities	Injuries
------------	----------

Date	Type of Accident: Head-On, Backing Out, Ect
------	---

Fatalities	Injuries
------------	----------

Date Type of Accident: Head-On, Backing Out, Ect

Fatalities

Injuries

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice President of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education, and activities, and I release from all persons, companies, and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement of implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested, or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, ect, as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with your, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing you application.

Drug and Alcohol Results

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(l)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I authorize without reservation; any party or agency contacted by this company to furnish the above mentioned information.

Full Name

Date of Application

By entering you initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.



Certification of Violations/Annual Review of Driving Records

Driver Requirements: Each driver shall furnish a list of all violations of motor vehicle traffic laws and ordinances (other than violations that concern parking) of which the driver has been convicted, during the preceding 12 months. Drivers who have no violation to list are to mark in the offence column **N/A** then proceed to sign and date this document.

TO BE COMPLETED BY THE DRIVER

Name of Driver	Social Security Number	Date of Employment <input style="width: 100%; height: 20px;" type="text"/>
Home Terminal	Drivers License Number	Expiration Date

I certify that the following is true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted during the past **12 months**

Date	Offense	Location	Type of Vehicle
<input style="width: 100%; height: 20px;" type="text"/>			
Date	Offense	Location	Type of Vehicle
<input style="width: 100%; height: 20px;" type="text"/>			
Date	Offense	Location	Type of Vehicle
<input style="width: 100%; height: 20px;" type="text"/>			

If no violations are listed above, I certify that I have not been convicted of any violation required to be listed during the past **12 months**.

By entering you initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Date of Certification

TO BE COMPLETED BY THE MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

I have hereby reviewed the driving record of the above named driver and find that he/she (check one):

Meets the requirements for safe driving

Does not adequately meet satisfactory driving performance

Is disqualified to drive a motor vehicle

Action taken with driver:

Reviewed By (Print Name):

Title

By entering your initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Date

Motor Carrier Name

Motor Carrier Address



RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

s391.23 (i) (2)

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review records.

Part 1: To be completed by the driver/applicant

To:

Prospective Employer:

Street/P.O. Box:

City

State

Zip Code

Phone

From:

Driver Applicant Name

Social Security / I.D. #

Street Address

City

State

Zip Code

Phone

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

The information should be:

Sent to me at the above address

I will arrange to pick up

Full Name

Date

By entering you initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Part 2: To be completed by the prospective employer

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), the the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name:

Street/P.O. Box:

City

State

Zip Code

Phone

Name of person providing information

Date

By entering you initials below you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Any other remarks:

By entering your full name below you are signing this statement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Date

Title

DRUG & ALCOHOL HISTORY

Part 3: To be completed by the previous employer

If driver was not subject to Department of Transportation testing requirements while employed by this employer please check here

Not subject to Department of Transportation Testing Requirements

Fill in the dates of employment, complete bottom of Part 3, sign and return.

Employment Start Date

Employment End Date

Driver was subject to Department of Transportation testing requirements:

From Date

To Date

Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?

Yes No

Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

Yes No

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?

Yes No

If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send the documentation back with this form.

Yes No

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name

Company Name:

Address

City

State

Zip Code

Telephone

By entering your full name below you are signing this statement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Date

Part 4a: To be completed by the prospective employer

This form was (check one)

Faxed to previous employer

Mailed

Emailed

Other

Form was sent by:

Part 4b: To be completed by the prospective employer

Complete below once information is obtained.

Information received from

Recorded by

Method

Fax

Mail

Email

Telephone

Other

Date

Instructions to complete the Safety Performance History Records request:

Part 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

Part 4a: Prospective Employer

- Complete the information
- Send to previous employer

Part 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Complete Section 3

Part 3: Previous Employer

- Complete the information required in this section
- Sign and Date
- Return to prospective employer

Part 4b:

- Record receipt of the information
- Retain the form

**U.S. Department of Transportation
Motor Carrier Safety Program
Inquiry to State Agency For Driver's Record
(391.23)**

Drivers Name

Drivers Operators License No.

Drivers Social Security No.

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issue by your State to application and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every state in which an applicant driver has held a motor vehicle operators license or permit during those 3 years.

Therefore, please certify to us what the individuals driving record is for the preceding 3 years or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Printed name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street Address

City

State

Zip

**Motor Vehicle
Drivers Certification of Violators
(391.27)**

I certify that the following 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.

Date	Offense	Location	Type of Vehicle Operated
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Date	Offense	Location	Type of Vehicle Operated
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Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------

Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------

Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------

Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------

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

Drivers Signature

Motor Carriers Name

Motor Carriers Address

Reviewed By: Signature

Title

**U.S. Department of Transportation
Motor Carrier Safety Program
Annual Review of Driving Record
(391.25)**

Name (Last, First, MI)

Social Security Number

This day I have 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 drivers accident record and any evidence that he/she 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 indicated 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 Carriers Name

Reviewed By: Signature and Title

Date of Review

Motor Carriers Name

Reviewed By: Signature and Title

Date of Review

Motor Carriers Name

Reviewed By: Signature and Title