DRIVER APPLICATION FORM

COMPANY NAME _____ Location: Region/District/Branch _____

MPANY ADDRESS _____
Street City State Zip

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 current/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."

Signature _____ Date _____

NAME _____
Last First Middle

_____ (_____) _____ _____ _____
Social Security Number Phone Number Date of Birth Hire Date

ADDRESS _____ _____
Street City State Zip Number of Years

PAST 3 YEAR _____ _____
RESIDENCY Street City State Zip Number of Years

_____ _____
Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

)RRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the FMCSRs** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the FMCSRs** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____
Were you subject to the FMCSRs** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience in the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM	DATES TO	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat			
Tractor – Two Trailers	Van, Reefer, Tank, Flat			
Tractor – Three Trailers	Van, Reefer, Tank, Flat			
Motorcoach – School Bus (Greater than 8 passengers)	N/A			
Motorcoach – School Bus (Greater than 15 passengers)	N/A			
Other: _____	Van, Reefer, Tank, Flat, N/A			

OR

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No
If yes, give details _____

Applicant Certification

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 Signature _____ Date

RECORD OF ROAD TEST

Driver's Name _____ Address _____

ense No. _____ State _____ Equipment Driven: Truck Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 – PRE-TRIP INSPECTION AND 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 properly	
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 AND 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 sequence	
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 and good grip on wheel	
E. LIGHTS	
Knows lighting regulations	
Uses proper headlight beam	
Dim 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 (Road)	
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 without excessive fanning	
Stops before crossing sidewalk when coming out of driveway or alley	
Stops clear of pedestrian crosswalks	
PART 6 – OPERATING IN TRAFFIC PASSING AND 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 and does not impede other traffic	
B. TRAFFIC SIGNS AND SIGNALS	
Approaches signal prepared to stop if necessary	
Obeys traffic signal	
Uses good judgment 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	

PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING CONTINUED	
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 and 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	
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 AND HABITS	
Consistently alert and attentive	
Adjusts driving to meet changing conditions	
Performs routine 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)	

EMARKS: _____

_____

_____

_____

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____
(Specify)

_____
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 Certification 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)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____

Social Security No. _____ Type of Trailer(s) _____

Operator's or Chauffeur's Lic. No. _____ State _____

If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____

consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill

'o operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____

Title _____ Address of examiner _____

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First, M.I., Last — Social Security Number

hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ .
(date of employment application)

To:

Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

_____ _____
Applicant's Signature — Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Signature: _____ Date: _____

If there is no safety performance history to report, check here ☐ and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

SIDE 2 Employee Name: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here ☐ and return.

Applicant was subject to DOT testing requirements from _____ to _____.

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

Within the past 3 years from the application date shown on SIDE 1:	YES	NO	N/A
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213.	☐	☐	
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐.	☐	☐	☐
3. If this person successfully completed a SAP's 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 be tested?	☐	☐	☐

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Recorded by: _____ ☐ Other _____

Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Company Name_____

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996, Title II, Subtitle D, Chapter I of Public Law 104-208, you are being informed that a consumer report, including Motor Vehicle Reports, may be obtained on you for employment or insurance purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named company, to obtain a consumer report (MVR) on me for employment or insurance purposes. This authorization is ongoing in the event such a report is needed in the future.

_____
APPLICANT'S SIGNATURE

Name _____
Social Security Number _____
License Number _____
State _____
Date of Birth _____