

WARNING: FALSIFICATION WILL RESULT IN DISQUALIFICATION!

DRIVER MINIMUM QUALIFICATIONS

Please write your initials in the space beside each requirement that you meet or exceed.

___ **Minimum age....22**

___ **18 Months of verifiable all-weather experience with a Tractor-Trailer (within the past five years) experience must be with a 48' and/or 53' trailer.**

___ **12 to 17 Months of verifiable all-weather experience with Tractor-Trailer (within the past five years) experience must be with a 48' and/or 53' trailer. Road test will be required.**

___ **Physically qualified with a current long form DOT physical (physical must be within the past 12 months)**

___ **No more than 4 moving violations within the previous three years of which no more than one can be considered a "Serious" violations under US DOT standards. Poor driving records beyond three years are considered & MAY prevent qualification!**

___ **No Reckless/Careless driving convictions within three years, NEVER in a commercial vehicle.**

___ **Must have a valid CDL from state of residence.**

CDL License#: _____ State: _____

___ **No CDL driving suspensions within the past three years, exception one event of failing to pay a ticket timely.**

___ **No Major preventable highway accident, within the past five years. Major preventable: 1) Injury that requires immediate emergency medical treatment away from the scene. 2) Extensive property damage. 3) The involvement of 3 or more vehicles.**

___ **No more than two minor preventable accidents within the past three years.**

___ **No DUI/DWI (alcohol or drugs) within the past five years, NEVER in a commercial vehicle. (No more than one ever)**

___ **No convictions for possession and/or use of controlled substances or illegal drugs within the past five years.**

___ **No convictions EVER for the manufacturing and/or distribution of controlled substances or illegal drugs.**

___ **No felony convictions, criminal or traffic with the past 10 years. (Special circumstance cases will be reviewed, example bad checks several years ago, etc.)**

___ **No prior positive DOT drug or alcohol tests within the past 5 years.**

By signing below I am certifying that I have read and understand the above driver minimum qualifications and that my initials in the space beside each minimum requirement means that I meet or exceed that particular requirement. Further, that my initials beside all of the minimum requirements is certification that I meet or exceed each and every minimum requirement.

Printed Name: _____ Date: ___/___/___

Signature: _____

Applying to what company: _____

Company applying to: _____, Applying as a Contractor Yes No, if not to drive for what Contractor? _____

Applicant's Home Phone #:(_____) _____ : Cell Phone #: (_____) _____ Other: (_____) _____

~ DRIVER APPLICATION ~

Revised
5/01/04
db

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all independent contractor positions without regard to race, creed, sex, national origin, age, or the presence of non-job related medical condition or handicap.

Name: _____ SS #: _____ - _____ - _____ Age: _____ DOB: ____/____/____
Last First Middle

Current Address: _____, How Long at this address? _____ Years, _____ Months
Street City State Zip code (If less than 3 years please list all addresses for the past 3 years)

Prior Addresses: (1) _____ (2) _____
Street City State Zip code Street City State Zip Code

Are you a citizen of the United States? Yes No Are you legally eligible to work in the United States? Yes No Have you ever been convicted of a Felony? Yes No If Yes, please provide the approximate date, location and a brief description of the crime committed: _____

Have you ever had a prior relationship with this company? Yes No If yes, in what capacity and when? _____

From: ____/____/____ Until ____/____/____, Reason for leaving? _____ Are you presently employed? Yes No.

What was the last date worked with your previous employer? ____/____/____ Can you read, write and speak the English language? Yes No. Can you perform the essential functions of the position for which you are applying? Yes No. Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes, No. If yes please explain: _____

Note: In last 3 years have you refused or tested positive for drugs or alcohol when applying for a commercial driving position? Yes, No. If yes, provide list of these employers on a separate sheet of paper entitled Pre-employment Positive(s)/Refusal(s).

CAN YOU: Inspect and adjust all types of brakes? Yes No; Assist in loading and unloading trailers? Yes No; Drive a tractor semi-trailer over long distances? Yes No; Climb up and down without effort? Yes No; Determine that trailers are properly loaded, secured, and freight properly distributed? Yes No. Comments: _____

EDUCATION

Please circle the highest grade you've completed: **Grammar:** 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4

Additional training or courses taken: _____, _____, _____

Any Driver Safety Awards? Yes No If yes, for what time period and with what company? _____

Have you ever tested positive, refused a drug test or refused rehabilitation for a commercial driving position? Yes No. If Yes was it a (1) Pre-employment, (2) Post Accident, (3) Random or (4) a Reasonable Suspicion test or tests? _____ Also, please provide the name, address and phone number of your employer at the time of the positive test, or tests: _____

List Drivers License Numbers for each state of all drivers licenses held in the past 3 years:	State	License #	Type	Expiration Date
	_____	_____	_____	_____
	_____	_____	_____	_____

Number of years and months of Commercial Tractor-Trailer Driving Experience while licensed as a CDL Class A Driver?
 Yrs: _____ Months: _____

ACCIDENT RECORD For the past 5 years: Number of accidents? _____, Number preventable: _____, Any fatalities? Yes, No Please list all accidents by Date, Location, type of accident, If there were fatalities, injuries, and who was charged/at fault.

Date	Location	Type	Fatalities	Injuries	Who was at fault
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS & FORFEITURES for the past 5 years (other than parking violations) Please list Violation, location, date and penalty.

Violation	Location	Date	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Miles Driving a TT/ST?
 Local: _____
 Regional: _____
 O/T/R: _____

*Applicants: The information that you provide may be used and your previous employers contacted for the purpose of investigating your work history!

Applicant's Name: _____ Applying to what company?: _____

Name of Company

Social Security #: _____ - _____ - ____ Date: __/__/__, DOB: __/__/__, Notes: _____

FMCSR 391.21 "Application for Employment" requires a list of previous employers beginning on the date of the submission of the application and going back a minimum of three years. Also, if the applicant has commercial driving experience prior to the three year period, he/she must provide their previous employment information for up to 7 years prior to the minimum three year period. Please use a copy of this form or another sheet of paper with the same previous Employer Information requested on this form. db

<p>~EMPLOYER INFORMATION~ Contact Person: _____</p> <p>NAME: _____, PH: _____ - _____</p> <p>ADDRESS: _____</p> <p>CITY: _____, STATE: _____, ZIP _____</p> <p>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</p> <p>Were you subject to the FMCSRs while employed with this employer? ___ Yes, ___ No. Was your job designated as a safety sensitive function subject to alcohol & controlled substances testing as required by CFR part 40? ___ Yes, ___ No</p>	<p>DATES</p> <p>From: __/__/__, To: __/__/__</p> <p>Position: _____</p> <p>If Driver: Circle type truck: <u>Small Van-Box-Dump-TT/ST</u></p> <p>Circle Driving Classification <u>Local, Regional or O/T/R</u></p> <p>Reason for leaving: _____</p>
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Note: My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). Applicant's Signature: _____

***Applicants:** The information that you provide may be used and your previous employers contacted for the purpose of investigating your work history!

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Name of Company

Social Security #: _____ **Date:** ___/___/___, **DOB:** ___/___/___, **Notes:** _____

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<input type="checkbox"/> ~EMPLOYER INFORMATION~ <i>Contact Person:</i> _____ NAME: _____, PH: _____ ADDRESS: _____ CITY: _____, STATE: _____, ZIP: _____ <i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i> <i>Were you subject to the FMCSRs while employed with this employer? Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol & controlled substances testing as required by CFR part 40? Yes, _____ No</i>	DATES From: ___/___/___, To: ___/___/___ Position: _____ If Driver: Circle type truck: <u>Small Van-Box-Dump-TT/ST</u> Circle Driving Classification <u>Local, Regional or O/T/R</u> Reason for leaving: _____
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Note: My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). **Applicant's Signature:** _____

Please fax back to: _____, in _____ at fax #: _____ ph #: _____

~ EMPLOYMENT VERIFICATION FORM ~

Mail to:

SAFETY IS JOB # 1

Return Address:

PREVIOUS EMPLOYER: _____, Attention: _____ Date: ___/___/___
Address: _____, City: _____, State: _____
Phone: (____) _____, Ext #: _____ Fax #: (____) _____, MC # _____

APPLICANT: _____, SS #: ___ - ___ - _____, Position applied for: _____
He/She states that he/she was employed by you as a: _____, From: ___/___/___ To: ___/___/___
What was his/her job title? _____, actual dates of employment: ___/___/___ to ___/___/___ Reason for leaving
your employment? Resigned, Lay Off, Discharged, Quit Eligible for rehire? Yes, No Did he/she drive a Tractor-
Trailer? Yes, No. Solo or Team driver? _____. Full time? Yes, No Did he/she drive Local, Regional or OTR
Number of accidents: _____, Number of Preventable Accidents? _____. Any Serious/Major Accidents? Yes, No. If so, please
indicate what happened _____ Any disciplinary problems? Yes, No Has applicant
ever been placed out of service due to H.O.S. (CFR Part 395)? Yes, No If yes, explain: _____. To your
knowledge was this person's license suspended or revoked while in your employ? Yes, No If yes, Explain: _____.

APPLICANT EVALUATION

PLEASE CHECK (✓)	GOOD	AVG.	FAIR	POOR	COMMENTS
1. JOB PERFORMANCE	_____	_____	_____	_____	_____
2. SAFETY HABITS	_____	_____	_____	_____	_____
3. ATTENDANCE	_____	_____	_____	_____	_____
4. ATTITUDE	_____	_____	_____	_____	_____
5. PEOPLE SKILLS	_____	_____	_____	_____	_____

Has this applicant been subject to D.O.T. Required Drug or Alcohol testing within the past three years? Yes, No. If Yes, When? ___/___/___
Has this applicant tested positive to a D.O.T. Drug or Alcohol test in the past three years? (Alcohol 04% Or More), Yes, No. If Yes, When? ___/___/___
Has this applicant refused to take a DOT Drug or Alcohol Test in the past three years? Yes, No. If Yes, When? ___/___/___
If The Applicant has had a positive D.O.T. Drug or Alcohol Test was he/she referred to a Substance Abuse Professional for Evaluation and/or treatment? Yes, No. If Yes, Please provide the name, address, and phone number of the Substance Abuse Professional: _____, Did the applicant refuse treatment? Yes, No. Any other violations of the US DOT Drug and Alcohol Rules? Yes, No. If yes, explain _____.

The responses to these questions were provided by: _____, Title: _____ Date: ___/___/___
This form was completed by: _____, Title: _____ Date: ___/___/___

Pursuant to sections 604 and 607 of the fair credit reporting act (FCRA) P.L. 91-508, and in regard to my application for driver/contracted services, I hereby authorize and/or allow the release of any and all information, on an as needed basis per Title 49 of the Code of Federal Regulations, including, but not limited to a "Driver's" driving record/MVR /Abstract. I hereby authorize/allow USIS Services, my previous employers, insurance companies, health care providers, educational institutions, law enforcement/state agencies, or references to release any and all information necessary for the purposes of conducting an investigation as required by 49CFR 391.23, and to obtain the Drug/Alcohol Test Result information as required by 49CFR 382.405 (f) AND 49CFR 382.413 of The Regulations. I authorize, without reservation or time limit, any employer, party or agency contacted by this company or other information provider to furnish the above mentioned information. You and or your company are released from all Liability which may result from furnishing any of the above information.

Applicant's signature: _____, SS #: ___ - ___ - _____ Date: ___/___/___.

NOTICE TO ALL DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO ALL DRIVERS

The Commercial Motor Vehicle Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a contract position as a commercial vehicle driver must inform the prospective carrier of all previous employment as the driver of a commercial vehicle for the past ten years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

~ TO BE RETAINED BY MOTOR CARRIER ~

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name: (Print) _____ S/S #: _____ - _____ - _____

Driver's Address: _____, _____, _____
Address State Zip

License: State: _____, Type/Class _____ ID #: _____

I further understand that the above commercial vehicle license is the only one held _____, or that I have surrendered the following licenses to the state indicated.

State: _____ Type/Class _____ ID Number: _____

State: _____ Type/Class _____ ID Number: _____

Driver's Signature: _____

Notes: _____
