

**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: _____

\* This application must be completed and signed by the **applicant!** FMCS 391-21 Please attach an additional page if needed...