

Commercial Vehicle Driver DQ File Checklist

CMV Vehicle - GVWR or GCWR 10,001 Pounds or More

Driver Name _____ **SS#** _____

Date _____ **Audited by** _____

- 1. Complete Employment Application *Date* _____
- 2. State Motor Vehicle Record [10 Year] *Date* _____
- 3. Company Road Test - *Date* _____
- 4. Certificate of Road Test - *Date* _____
- 5. Photocopy of Driver's License License Class _____ *Expiration Date* _____
- 6. Physical Examination Long Form *Date* _____ *Reviewed - Complete*
- 7. Medical Examiners Certificate Card *Expiration Date* _____
- 8. Certificate of Violations - Annual Review *Date* _____
- 9. Written previous Employer Reference Checks *Date(s)* _____
- Telephone Reference Checks *Date(s)* _____
- 10. Receipt - FMCSR pocket edition *Date* _____
- 11. Previous Employer Accident History _____

Complete for CDL Drivers in addition to the above information *GVWR - GCWR 26,001*

- 12. Certificate of Compliance - *Date* _____
- 13. Pre-employment Drug Test - *Date* _____ *Results* *Date* _____
- 14. Receipt for Alcohol-Drug Information & Company Policy *Date* _____
- 15. Previous Employer Drug & Alcohol History Information *Date* _____
- 16. Entry Level Training Required *Yes* *No* *Date* _____
- 17. LCV Training Required *Yes* *No* *Date* _____

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 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

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes [] No []

Employed as from (m/y) to (m/y)

1. Did he/she drive motor vehicle for you? Yes [] No [] If yes, what type? Straight Truck [] Tractor-Semitrailer [] Bus [] Cargo Tank [] Doubles/Triples [] Other (Specify)

If there is no safety performance history to report, check here [], sign below and return.

ACCIDENTS: 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 above, or check here [] if there is no accident register data for this driver.

Table with 5 columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Rows 1, 2, 3.

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

Signature:

Title: Date:

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

SECTION 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
	YES NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> <input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> <input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/> <input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/> <input type="checkbox"/>
6. 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?	<input type="checkbox"/> <input type="checkbox"/>
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 side 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Section 3 Completed by (Signature): _____ Date: _____	

SECTION 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

SECTION 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone
Date: _____	<input type="checkbox"/> Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Remove Ply 3
- Remove the adjacent carbon
- Complete SECTION 4a on Ply 3
- Send Ply 1 and 2 to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain Ply 1

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed and the individual is hired, the person who gave it must complete this certificate of road test in duplicate, retain the original in the files of the employing carrier, and provide a copy to the person examined. (See 391.31(e) (f) (g) (1) (2) of the Federal Motor Carrier Safety Regulations)

Driver's name _____ Social Security No. _____

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

Type of Power Unit _____ Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision on _____
_____ 19 _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner Title

Organization and address of examiner

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; margin: 5px 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

RECORD OF ROAD TEST

Instructions to Evaluator: Check (✓) items which the driver performs satisfactory, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name _____ Home Address _____

Social Security No. _____ License No. _____ State _____ Class _____

Equipment Driven: Tractor _____ Trailer(s) _____
(Make & Model) (Body Type & Length of Each)

Length of Test _____ Mi. From/In _____ To _____

Start Time _____ Finish Time _____ Weather Conditions _____

PART 1 — PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Checks fuel, oil, water and for excessive oil on engine _____
- Checks around unit – Tires, lights, trailer hookup, brake and light line, doors and inspects for body damage _____
- Tests steering, brake action, tractor protection valve, and parking 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 and reflectors _____
- Reviews and signs previous report _____

- Starts engine without difficulty _____
- Checks instruments at regular intervals _____
- Maintains proper engine rpm while driving _____

- B. BRAKES**
- Knows proper use of and checks tractor-protection valve (trailer air supply valve) _____
 - Tests service brakes _____
 - Builds full air pressure before moving _____

- C. CLUTCH AND TRANSMISSION**
- Starts unit moving smoothly _____
 - Uses clutch properly _____

- D. LIGHTS (If tested at night)**
- Adjusts speed for range of headlights _____
 - Dims lights when meeting or following other traffic _____

PART 2 — COUPLING AND UNCOUPLING

- 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 4 — BACKING AND PARKING

- A. BACKING**
- Gets out and checks area before backing _____
 - Understands and utilizes mirrors properly _____
 - Signals when backing (if appropriate) _____
 - Avoids backing from blind side _____

- B. PARKING (CITY)**
- Parks without hitting any other vehicles or stationary objects _____
 - Parks correct distance from curb _____
 - Secures unit properly — sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) _____
 - Carefully enters traffic from parked position _____

PART 3 — PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. ENGINE**
- Places transmission in neutral before starting engine _____

- C. PARKING (ROAD)**
- Parks off pavement _____
 - Secures unit properly _____
 - Uses emergency warning signal or devices when necessary _____

TO REORDER ITEM #C0790 CALL (803) 799-4306
 1997 SCTA 4/97

PART 5 — SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of 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

- Plans stop in advance and adjusts speed correctly _____
- Obeys all traffic signals _____
- Comes to a complete stop at all stop signs _____

C. INTERSECTIONS

- Yields right of way _____
- Checks for cross traffic regardless of traffic controls _____
- Enters all intersections prepared to stop if necessary _____

D. GRADE CROSSINGS

- Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands federal and state rules governing grade crossing _____

E. PASSING

- Allows sufficient space ahead for passing _____
- Passes only in safe locations _____
- Signals changing lanes before and after passing _____
- Warns driver ahead of his intention to pass _____
- Passes with sufficient speed differential to minimize obstructing traffic _____
- Returns to right lane promptly but only when safe to do so _____

F. SPEED

- Observes speed limits _____
- Drives at speed consistent with ability _____
- Adjusts speed properly to road, weather and traffic conditions _____
- Slows down in advance of curves, danger zones and intersections _____
- Maintains constant speed where possible _____

G. COURTESY AND SAFETY

- Yields right of way _____
- Consistently strives to drive in safe manner _____
- Allows faster traffic to pass _____
- Uses horn only when necessary _____

PART 7 — MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Consistently is aware of changing traffic conditions _____
- Anticipates problems _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Remains calm under pressure _____

B. USE OF SPECIAL EQUIPMENT (SPECIFY)

REMARKS:

GENERAL PERFORMANCE: Satisfactory Needs Training Explain _____

QUALIFIED FOR: Straight Truck ; Tractor-Semitrailer ; Twin Trailers ; Other Combination

Special Equipment _____ (Specify)

Signature of Examiner Date _____

NOTIFICATION OF TRAFFIC VIOLATION

The Commercial Motor Vehicle Safety Act of 1986 requires that commercial drivers notify their employer and the state that issued their license of all traffic violations (other than parking violations), including those committed in a personal vehicle, for which the driver forfeited collateral or was convicted, within 30 days after conviction. See reverse for listing of state agency addresses.

The following information is being provided by the below named driver to comply with the traffic violation notification requirements of the Act.

Driver's Full Name: _____

Driver's Address: _____

City State Zip Phone Number ()

Driver's License No. _____ State: _____

Date of Violation: _____ Citation No.: _____

Vehicle Operated (check one):

Personal Commercial (GVWR/GCWR 26,001 pounds or more)

Other (describe): _____

Location of Offense: City/Town/County: _____ State _____

Nature of Violation: _____

Disposition of Case (bail forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):

Date of Conviction: _____

Driver's Signature: _____ Date: _____

MAILING ADDRESSES OF STATE MOTOR VEHICLE AGENCIES FOR RETURNING EXTRA LICENSES

Alabama Department of Public Safety Montgomery, AL 36102	Louisiana Office of Motor Vehicles Baton Rouge, LA 70896	North Dakota Drivers License and Traffic Safety Division Bismarck, ND 58505-0700
Alaska Division of Motor Vehicles Anchorage, AK 99507	Maine Bureau of Motor Vehicles Augusta, ME 04333	Ohio Bureau of Motor Vehicles Columbus, OH 43266
Arizona Motor Vehicle Division Phoenix, AZ 85007	Maryland Motor Vehicle Administration Glen Burnie, MD 21062	Oklahoma Driver License Services Oklahoma City, OK 73136
Arkansas Office of Driver Services Little Rock, AR 72203	Massachusetts Registry of Motor Vehicles Boston, MA 02110	Oregon Driver & Motor Vehicle Services Salem, OR 97314
California Department of Motor Vehicles Sacramento, CA 95818	Michigan Department of State Lansing, MI 48918	Pennsylvania Department of Transportation Harrisburg, PA 17120
Colorado Motor Vehicle Division Denver, CO 80204-5195	Minnesota Driver & Vehicle Services Division St. Paul, MN 55155	Rhode Island Division of Motor Vehicles Pawtucket, RI 02860
Connecticut Department of Motor Vehicles Wethersfield, CT 06109-1896	Mississippi Driver Services Bureau Jackson, MS 39205	South Carolina Division of Motor Vehicles Columbia, SC 29216
Delaware Division of Motor Vehicles Dover, DE 19903	Missouri Division of Motor Vehicle and Drivers Licensing Jefferson City, MO 651 OS	South Dakota Department of Commerce and Regulations Pierre, SD 57501
District of Columbia Bureau of Motor Vehicle Services Washington, DC 20001	Montana Motor Vehicle Division Helena, MT 59620	Tennessee Department of Safety Nashville, TN 37243
Florida Division of Driver Licenses Neil Kirkman Bldg. Tallahassee, FL 32399	Nebraska Department of Motor Vehicles Lincoln, NE 68509	Texas Department of Transportation Austin, TX 78701
Georgia Department of Public Safety Atlanta, GA 30371	Nevada Department of Motor Vehicle and Public Safety Carson City, NV 89711	Utah Driver License Division Salt Lake City, UT 84119
Hawaii Motor Vehicle Safety Office Honolulu, HI 96813	New Hampshire Department of Public Safety Concord, NH 03305	Vermont Department of Motor Vehicles Montpelier, VT 05603
Idaho Motor Vehicle Division Boise, ID 83707-1129	New Jersey Division of Motor Vehicles Trenton, NJ 08666	Virginia Department of Motor Vehicles Richmond, VA 23269
Illinois Driver Services Department Springfield, IL 62723	New Mexico Motor Vehicle Division Santa Fe, NM 87504-1028	Washington Department of Licensing Olympia, WA 98504
Indiana Bureau of Motor Vehicles Indianapolis, IN 46204	New York Department of Motor Vehicles Albany, NY 12228	West Virginia Division of Motor Vehicles Charleston, WV 25317
Iowa Department of Transportation Des Moines, IA 50306-9204	North Carolina Division of Motor Vehicles Raleigh, NC 27697	Wisconsin Division of Motor Vehicles Madison, WI 53707
Kansas Division of Motor Vehicles Topeka, KS 66626		Wyoming Transportation Department Cheyenne, WY 82003

DRIVER DATA SHEET

For Casuals, New-Hires, & Other Temporary Drivers

I. GENERAL (To be completed by all drivers)

Name (Print) _____ Social Security No. _____

Home Address _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

II. HOURS OF SERVICE Every driver, when first employed, or when being employed temporarily must comply with 49 CFR 395.8(j) by completing the information below for each of the last 7 days, and indicating the date and time at which that person was last relieved from work.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I was last relieved of work at:
 Time _____ AM
 _____ PM
 Date _____
 Mo. Date Year

I hereby certify that the above information is correct to the best of my knowledge and belief:

Driver's Signature _____

III. EMPLOYMENT CHECK LIST FOR CASUALS In compliance with 49 CFR 391.51(d), the following information must be secured and retained in the driver qualification file for every person used as a driver on an intermittent, casual, or occasional basis. (ATA forms suitable for the purpose are suggested for each item.) The person obtaining the information from the driver must initial each item in the space provided.

1. **Medical Certificate** - The medical examiner's certificate that the driver is physically qualified, or a legible photographic copy, not more than 2 years old. (ATA Forms C0750 and/or C0730)
2. **Certificate of Road Test** - An original or copy of the certificate of road test administered in compliance with 49 CFR 391.31, not more than 3 years old, or a copy of a classified license issued upon successful completion of a road test as provided for in 49 CFR 391.33. (ATA Forms C0790 and/or C0700)
 Note: If certificate required by #2 above, is more than 3 years old, the necessary test must be administered.
3. **Compliance with Alcohol and Controlled Substance Testing Requirements** (See Reverse Side)

On File

IV. CERTIFICATION OF QUALIFIED DRIVER As provided in 49 CFR 391, a person who is a qualified driver regularly employed by another motor carrier may be used upon presentation of a valid Certificate of Qualification (ATA Form C0750). A legible photographic copy must be attached to this form

Processed by: _____ Date: _____
 (Carrier Agent)

Requirements for pre-employment controlled substances testing: Pre-employment testing is not required if the driver is covered by the exception outlined below and is documented as prescribed.

Exceptions for pre-employment controlled substance testing.

1. The driver has participated in a controlled substances testing program meeting Federal requirements within the past 30 days, and prior to the date of this application has:
 - a) Been tested for controlled substances within the past 6 months; or,
 - b) Has participated in a random testing program for the past 12 months; and,
 - c) No known previous employer has detected the use of controlled substances within the past 6 months under these rules or the rules of another DOT agency.

Required documentation before the driver is used for the first time.

(1) Name and Address of Program: Alcohol _____

Controlled Substances _____

(2) The driver participated in the above program(s): Alcohol Yes No
Controlled Substances Yes No

(3) The program(s) comply with 49 CFR Part 40: Yes No

(4) The driver is qualified: Yes No

(5) Has driver refused to be tested for: Alcohol? Yes No
Controlled Substances? Yes No

(6) Date and Results of Last Test: Alcohol: _____ ; <0.04 Yes No
Controlled Substances: _____ ; Negative Yes No

A motor carrier who uses, but does not employ a driver more than once a year must assure itself once every 6 months that the driver participates in an alcohol and controlled substances test program(s) meeting the Federal requirements.

VIOLATION AND REVIEW RECORD

Driver's Name _____
(Please Print or Type)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is 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 of Conviction	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 at Certification) (Driver's Signature)

(Motor Carrier's Name) (Motor Carrier's Address)

(Reviewed by: Signature) (Title)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

(Motor Carrier's Name) (Motor Carrier's Address)

(Reviewed by: Signature) (Date) (Title)

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

(Note: Original to be retained by carrier, copy for driver)

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provided for stronger controls over drivers of commercial vehicles. The 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 in a quantity requiring placarding.

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.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier **AND** the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations 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.

PENALTIES - Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID No _____

Driver's Signature: _____

INQUIRY TO PAST EMPLOYERS

FROM - Prospective Employer

Company _____

Individual _____

Street _____

City _____ State _____ Zip _____

TO - Previous Employer

Company _____

Name _____

Street _____

City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.**

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: _____

Social Security No. _____

Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____. Is this correct? Yes ; No ; If no, please explain: _____
2. What kind(s) of work did he/she do? Driver (type of vehicle _____); Dock ; Office ; Shop ; Other (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Straight truck ; Twin - Trailers ; Bus ; Other (Specify) _____
4. Number or recordable accidents _____; number of accidents in which applicant was ticketed _____; number of accidents in which the applicant was at fault _____ (please explain) _____; Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked) [] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to the bonding company? _____
**Prospective employer - check this question only if bonding is required for this position*
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and or severe disciplinary problems? Yes , No . If so, please explain _____
9. Why did this employee leave your company? Resigned ; Discharged ; Laid off .
10. Would you re-employ this person? Yes ; No . Please explain _____
11. Remarks: _____

By: _____ Date _____
(Signature of person supplying information)

(Detach here for your files)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's signature)

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for driver position

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES _____ NO _____

If you answered "YES" to A, B, C, attach a statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers - LCV's				
Other				

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by? _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this year period. §391.21 (B) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (indicate Software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____ Yes _____ No

Date of Birth _____ (month/day/year)

Date Employed _____

Point Employed _____

Department _____

Classification _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone:(_____) _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer _____ Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____