

Driver Qualification File

Driver Full Name:		Date of Birth:
License Number:	License State:	Date of Hire:

PART 1 Driver Application

- ☐ Applicant Information
- ☐ Drivers License Information + Copy of CDL (Front and Back)
- ☐ Medical Card Info
- ☐ Driving Experience
- ☐ Tickets / Accidents / Convictions / Forfeitures
- ☐ Adverse Action Questions
- ☐ Employment History
- ☐ Driver Certification and Investigation Release
- ☐ Fair Credit Act Disclosure Statement
- ☐ Certification of Compliance Statement
- ☐ Hours of Service Record - 7 Days
- ☐ Driver Certification - Other Compensated Work

PART 2 Screening

- ☐ General MVR Release
- ☐ Add copy of MVR
- ☐ Copy of Medical Card
- ☐ Safety Performance History Records Request (All Previous Employers for the past 3 years)
- ☐ Add Safety Performance History Responses
- ☐ PSP Driver Background Investigation Release
- ☐ Add copy of PSP Report
- ☐ Consent for Queries of the FMCSA Drug and Alcohol Clearinghouse
- ☐ Add copy of clearinghouse query
- ☐ Medical Examiners Verification

PART 3 Drug and Alcohol Records

- ☐ Alcohol & Controlled Substance Consent / Release
- ☐ Drug & Alcohol Policy- Certificate Of Receipt
- ☐ Pre-employment Chain Of Custody Form
- ☐ Pre-employment Drug Results
- ☐ Add All Random Or Other D&A Testing On Top By Date (Oldest First So Most Current Test Is Always On Top.)

PART 4 Training

- ☐ Road Test Form
- ☐ Certification of Road Test (Required for NON-CDL Drivers)
- ☐ Entry Level Driver Training (Required for CDL drivers with <1 year experience)
- ☐ Employee Handbook Acknowledgment
- ☐ Other training as needed: Hazmat, Long Combination Vehicle, OSHA

PART 5 Personnel Records (Not FMCSA Regulated)

- ☐ I-9 Form
- ☐ Copy of Social Security Card
- ☐ W9 or W4 Forms
- ☐ Driver Contract or Lease Agreement
- ☐ ACH form
- ☐ Passenger Authorization Form

Driver Employment Application

Company Name:	Email:
Address:	Phone Number:

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security #:	Email:
Date of Application:	Date Available for Work:	Phone Number:
Position Applied for:		Do you have legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS THREE YEARS RESIDENCY					Attach additional sheet if more space is needed
	Street	City	State	Zip Code	# of Years at Address
Current					
Previous					
Previous					
Previous					

DRIVERS LICENSE INFORMATION					Attach additional sheet if more space is needed
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years;					
State	License #	Type/Class	Endorsements	Expiration Date	
Previously Held Licenses					

DRIVER EXPERIENCE					Attach additional sheet if more space is needed
	Class and Type of Equipment (Van, Tank, Flat, Etc.)	Date from:	Date to:	Approx # of Miles (total)	

ACCIDENT RECORD FOR THE PAST 3 YEARS*Attach additional sheet if more space is needed.*Check this box if none ☐

Dates (List most recent first)	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	# Fatalities	# Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)Check this box if none ☐

Date Convicted (month/year)	Violation	State of Violation	Penalty (Forfeited Bond, Collateral and/or Points)

REQUIRED QUESTIONS*Applicant must answer*

Question	Yes or No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any criminal act involving the use of CMV or while driving a CMV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any law violation? (Include ANY pleas of "Guilty" or "No Contest" except for minor traffic violation)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answered 'Yes' to ANY of the above 4 questions, applicant **MUST** attach a statement of explanation.**EDUCATION**

School	Name and Location	Course of Study	Details	Years Completed	Graduate
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

NOTES:

EMPLOYMENT HISTORY*Attach additional sheet if more space is needed.*

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

A TOTAL OF 10 YEARS WORK HISTORY IS REQUIRED. ALL GAPS IN TIME MUST BE SHOWN.

CURRENT OR MOST RECENT EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

NEXT PREVIOUS EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
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Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature

Date

Print Name

MVR Release

Consent Form

In conjunction with my potential employment at _____
("the company"), I _____ (applicant) consent to the release of my
Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability
to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation,
and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is
intended to constitute "written consent" as required by this Act.

_____	_____
Applicant Signature	Date

_____	_____
Driving License #	State