



36862 Commerce Cir  
Trinidad, Co 81082  
719-845-8789 ph  
719-845-8796 fax

## DRIVER QUALIFICATION CRITERIA

Must be at least 23 years of age.

Must have at least 2 years Class A CDL experience in the last 3 years.

Hazmat and Tanker Endorsement Required

Stable work history

Must possess a CDL from state of residence.

Must have no current license suspensions. A work permit is not acceptable.

Must meet all DOT requirements.

Excellent Driving Record

Good PSP (DOT Roadside Inspections)

Must pass a pre-employment drug screen



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<b>NAME:</b>
<b>PHONE:</b>

TO ALL APPLICANTS OF UNIVERSAL, INC.

This application must be filled out completely per federal regulations. It is a regulation that all information be complete and verified. Please fill out all available information.

- All past employment must include address, dates, contacts and phone numbers for verification.
- If you are a CDL driver we must have 10 years employment history! If there is a period of time you were not working please list it in sequence with your work history. Please indicate which jobs include CDL driving. If you have not worked long enough for 10 years history, please indicate that on your application.
- If the answer is "0" or "NO" write NONE — N/A is not an acceptable answer for the auditors!
- Please sign all lines that have "Applicant Signature"
- If you have any questions, PLEASE ASK!

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: \_\_\_\_\_



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## DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, age, marital status, or non-job related injury. (answer all questions-please print)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 (if less than 3 years at current address)

Do you have the legal right to work in the United States?  Yes  No

Date of Birth: \_\_\_\_\_  
 (required for commercial drivers)

Have you worked for this company before?  Yes  No If so, where? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do any relatives or personal acquaintances currently work for this company?  Yes  No  
 If so, who? \_\_\_\_\_

Are you employed now?  Yes  No If not, how long since last employment? \_\_\_\_\_  
 Who referred you? \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?  Yes  No

Have you ever been convicted of a crime other than a misdemeanor?  Yes  No

**If your answer is "Yes," to either question explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.**

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
 Yes  No If Yes, please explain: \_\_\_\_\_

Have you ever tested positive or refused a test for a controlled substance?  Yes  No  
 Documentation of pre-employment drug and alcohol testing covered by DOT rules.

During the past (3) years, have you tested positive on a pre-employment drug or alcohol test?  Yes  No  
 During the past (3) years, have you refused to test on a pre-employment drug or alcohol test?  Yes  No

**EMPLOYMENT HISTORY**

All driver applicants to drive a commercial motor vehicle in interstate or intrastate commerce must provide the following information on all employers during the preceding ten (10) years. Please list complete mailing address, street number, city, state and zip code, phone & fax.

**YOU MUST LIST TEN (10) YEARS WITH DATES OF EMPLOYMENT FOR VERIFICATION.**

**CAN WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO**

<b>EMPLOYER</b>	<u>LIST CURRENT OR MOST RECENT FIRST</u>	<b>DATES</b>
Name _____		from _____ to _____
Address _____		Position _____
City/State/Zip _____		Salary/wage _____
Contact _____		Reason for leaving _____
Phone Number _____		
Fax Number _____		

Were you subject to FMCSR while employed by the previous employers?  Yes  No

Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes  No

<b>EMPLOYER</b>	<u>LIST CURRENT OR MOST RECENT FIRST</u>	<b>DATES</b>
Name _____		from _____ to _____
Address _____		Position _____
City/State/Zip _____		Salary/wage _____
Contact _____		Reason for leaving _____
Phone Number _____		
Fax Number _____		

Were you subject to FMCSR while employed by the previous employers?  Yes  No

Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes  No

<b>EMPLOYER</b>	<u>LIST CURRENT OR MOST RECENT FIRST</u>	<b>DATES</b>
Name _____		from _____ to _____
Address _____		Position _____
City/State/Zip _____		Salary/wage _____
Contact _____		Reason for leaving _____
Phone Number _____		
Fax Number _____		

Were you subject to FMCSR while employed by the previous employers?  Yes  No

Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes  No

**EMPLOYER**                      LIST CURRENT OR MOST RECENT FIRST                      **DATES**  
Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
Contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Were you subject to FMCSR while employed by the previous employers?  Yes  No  
Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?     Yes     No

**EMPLOYER**                      LIST CURRENT OR MOST RECENT FIRST                      **DATES**  
Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
Contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Were you subject to FMCSR while employed by the previous employers?  Yes  No  
Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?     Yes     No

**EMPLOYER**                      LIST CURRENT OR MOST RECENT FIRST                      **DATES**  
Name \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
Contact \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Were you subject to FMCSR while employed by the previous employers?  Yes  No  
Was the previous position designated as a safety sensitive function in any DOT regulation mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?     Yes     No

**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** \_\_\_\_\_

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) - IF NONE, WRITE NONE, DO NOT WRITE N/A

Date of accident, Nature of accident. Were there any fatalities or injuries?

Last accident \_\_\_\_\_  
 Next previous \_\_\_\_\_  
 Next previous \_\_\_\_\_

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS IF NONE, WRITE NONE, DO NOT WRITE NIA

Location	Date	Charge	Penalty

Attach sheet if more space is needed

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8      High School 9 10 11 12      College 1 2 3 4

Last school attended: Name \_\_\_\_\_ City / State \_\_\_\_\_

DRIVER EXPERIENCE AND QUALIFICATIONS (Please list all licenses held for previous 3 yrs)

Current: \_\_\_\_\_

License #	State	Type	Endorsements	Expiration

Current: \_\_\_\_\_

License #	State	Type	Endorsements	Expiration

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If yes to either, please explain: \_\_\_\_\_

DRIVING EXPERIENCE - IF NONE, WRITE NONE

TYPE OF EQUIPMENT

Straight Truck _____	Tanker _____
Tractor Trailer _____	Van _____
Other _____	Reefer _____
List States operated in the last 5 years	End Dump _____
_____	Pneumatics _____
List any Safe Driving Awards you have received	Flatbed _____
_____	Other _____

I understand that any misrepresentation made by me in filling out this application shall be considered just cause for cancellation of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated 10,001 pounds or more, can transport hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking); you must report it within 30 days to your employing motor carrier. The notification must be in writing.
  
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home or principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your DCL within 30 days.

The following license is the only one I possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Compliance@MVRcheck.com

## MVR Driver Authorization

I understand that the Employer or Insurer ("Company") has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records, Drivers License Verification, FMCSA PSP Records, Drug Screening Records, Pre-Employment Verification, Sexual Offender Lists, County Court Records and Identity Verification. If applicable and in accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, I hereby authorize release of my DOT Regulated Drug and Alcohol Testing Records by any previous employers to the requesting employer via MVRcheck.com or another consumer reporting agency. Furthermore, I provide consent to conduct a limited query of the FMCSA Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I further understand that if I refuse to provide consent for Company/MVRcheck to conduct a limited query of the Clearinghouse, Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle.

I hereby authorize MVRcheck.com an agent of the Company to make a thorough background investigation of all information given by me to the Company. This authorization shall remain on file by Company for the duration of my employment and will serve as ongoing authorization for Company and MVRcheck.com to procure my driving and background records at any time during my employment period. Reports are to be generated for employment, promotion, reassignment, retention as an employee or insurance underwriting. I understand that Company may take adverse action affecting my employment, based on information in my background report. Upon written request, MVRcheck.com will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act and I also understand that I have the right to dispute the accuracy of my driving record with MVRcheck.com. A copy of this form is as valid as the original.

**The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.**

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's SSN (Last 4): \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address (Current): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company Requesting Report: \_\_\_\_\_ Company Location (State): \_\_\_\_\_

**California, Minnesota and Oklahoma Applicants:** Please check the box if you would like to receive a copy of your consumer report if one is obtained by the Company. **Notice to New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Universal, Inc. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Universal, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were

reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name Print: \_\_\_\_\_.

NOTICE: This form is made available on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). It is required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, companies are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016