



## D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

**PERSONAL INFORMATION (PLEASE PRINT)**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS? \_\_\_\_\_  
 MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PRIOR ADDRESS FOR PAST 3 YEARS:  
 (LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY) \_\_\_\_\_  
 CONTACT TELEPHONE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.**

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

Have you ever applied for employment or been employed by any of the companies listed above?  YES  NO  
 How did you hear about the Company?  Referred  Billboard  Newspaper  Radio  Website  Internet  
 Other: \_\_\_\_\_

If referred by a current employee, please provide: Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS: DRIVER**

Driver Licenses	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
List any licenses held in the last three (3) years.				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	DRIVE TYPE		DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
		MANUAL	AUTO-MATIC			
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Total number of years of driving experience: \_\_\_\_\_

**ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION**

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES
Most Recent:			
Next Previous:			
Next Previous:			
Next Previous:			



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### VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

- a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?  YES  NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

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- b. Have you ever been convicted or been on probation for DWI or DUI?  YES  NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

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### PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: \_\_\_\_\_

Can you provide a copy?  YES  NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)?  YES  NO

### ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?  YES  NO
  
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?  YES  NO



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### EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

\*ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED\*

Current Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
May we contact employer prior to hiring?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO



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Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction?  
**A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.**

YES  NO

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

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  YES  NO

Will you work overtime or shift work?  YES  NO

You may be required to drive in a slip-seat arrangement which requires that you drive for up to 11 hours per day and work to a maximum of 70 hours per week. This DOT rule mandates that a driver must have at least 24 hours off duty before restarting. Wage Expected \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				YES	NO	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

### REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

### JOB RELATED SKILLS AND REQUIREMENTS

Do you have a current tanker endorsement?  YES  NO

Do you have liquid tanker driving experience?  YES  NO

If yes, how long? \_\_\_\_\_

Are you willing to take a drug test if required as part of your application?  YES  NO

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)?  YES  NO

Have you been given a job description or had the requirements of the job explained to you?  YES  NO

Do you understand the requirements?  YES  NO

Have you had safety training?  YES  NO



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Do you understand the importance of a safe work place?

YES  NO

#### OTHER QUALIFICATIONS

Please list any other qualifications which you have and which you believe would be important for consideration by the Company pertaining to this application.

#### CDL ENDORSEMENTS AND RESTRICTIONS

ENDORSEMENTS	RESTRICTIONS/ WAIVERS (LIST ALL)
<input type="checkbox"/> X TANKER & HAZMAT	_____
<input type="checkbox"/> H HAZMAT	_____
<input type="checkbox"/> N TANKER	_____
<input type="checkbox"/> P PASSENGER	_____
<input type="checkbox"/> T DOUBLE/TRIPLE TRAILER	_____
<input type="checkbox"/> OTHER(LIST): _____	_____

#### FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

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

Name (Please Print): \_\_\_\_\_



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### PRE-EMPLOYMENT SCREENING NOTICE

#### IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICES

1. In connection with your application for employment with \_\_\_\_\_ ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize \_\_\_\_\_ ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.





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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

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

Name (Please Print): \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

### NOTIFICATION AND AGREEMENT

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

*To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law.*

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chairman and CEO or to make any agreement contrary to the foregoing.

### NOTICE TO ALL APPLICANTS

The Company may not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditional upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their





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ability to perform the essential job functions of the position they desire within this company. The Company will make reasonable accommodations to qualified individuals with disabilities in the application process and, if hired, allow qualified individuals with disabilities to perform essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

The Company may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):

- You have the right to review the information provided by your previous employer(s);
- You have the right to have errors in the information corrected by your previous employer(s) and for the previous employer(s) to re-send the corrected information to The Company; and
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

### REPRESENTATION AND WAIVERS

Carefully review the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize The Company to investigate any and all statements contained in this application. I hereby consent to The Company conducting any checks concerning my background which are deemed necessary, advisable, or helpful by The Company (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will receive a copy of The Company rules and regulations and the Company's policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand that if I am offered employment, it may be contingent upon passing a medical examination. If so, I hereby consent to such medical examination, and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either The Company or myself. I understand that no manager or representative of The Company as any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by The Company in my dismissal, regardless of when such falsification is discovered.

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.

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

### DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Hired:  YES  NO Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Hired:  YES  NO Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Hired:  YES  NO Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Hired:  YES  NO Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Start Date: \_\_\_\_\_

## MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

### COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box -  None.)**

DATE	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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

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

### COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____	
First	M.I.
Last	Social Security Number
Hereby authorize: _____	
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 _____.	
(employment application date)	
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 fax number: _____	
Prospective employer's email address: _____	
_____	
Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>ACCIDENT HISTORY</b>	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>	
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
<b>ACCIDENTS:</b> 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 <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
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: _____	
_____	
Any other remarks: _____	
_____	
Signature: _____	
Title: _____	Date: _____

**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>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 Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> <li>Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol> <p>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 page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

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

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

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<p><b>PAGE 1 PART 1:</b> Prospective Employee</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 SECTION 3</li> </ul>	<p><b>PAGE 2 PART 3:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the form</li> </ul>
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**SAFETY PERFORMANCE HISTORY INFORMATION  
DRIVER/APPLICANT REBUTTAL**

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(j)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.  
**§391.23(j)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:  
 (i) Forward a copy of the rebuttal to the prospective motor carrier employer;  
 (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

**PART 1: COMPLETED BY THE DRIVER/APPLICANT**

**TO:**  
 Previous Employer: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FROM:**  
 Driver/Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): \_\_\_\_\_  
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I request that this rebuttal be sent to the attached list of motor carriers.  
 Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**PART 2: COMPLETED BY THE PREVIOUS EMPLOYER**

**Received by:**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**COPY 1 PREVIOUS EMPLOYER**

## CORRECTION REQUEST OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

**§391.23(j)(1)** Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

**§391.23(j)(2)** After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

<b>PART 1:</b>	<b>COMPLETED BY THE DRIVER/APPLICANT</b>
<b>TO:</b>	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
<b>FROM:</b>	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Explanation of desired correction (attach documents as necessary) _____ _____ _____	
Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	
Driver: Retain <b>COPY 4 DRIVER RECORD</b> for your files, Submit copies 1, 2, and 3 to your previous employer.	

<b>PART 2:</b>	<b>COMPLETED BY THE PREVIOUS EMPLOYER</b>
<b>Disposition of the requested information:</b>	
<input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer. <input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data. <b>Return copy 3 to the driver.</b>	
<b>Information sent to:</b> Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Comments: _____ _____	
<b>By:</b> _____ Release Date: ____/____/____ Signature/person providing information Telephone # M D Y	

<b>PART 3:</b>	<b>COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER</b>
The corrected information was received on ____/____/____	
Prospective Employer: _____ Location: _____	
Received by: _____ Signature Title	

**COPY 1 PROSPECTIVE EMPLOYER**