Driver Qualification Check List

§ 391.51: General requirements for driver qualification files.

- [ ] Driver application for employment completed in accordance with §391.21
- [ ] Pre-hire motor vehicle record received from each State record pursuant to §391.23(a)(1)
- [ ] Certificate of driver's road test or a copy of license or certificate accepted as equivalent to driver's road test pursuant to §391.33
- [ ] Motor vehicle record received from each State driver licensing agency to the annual drive r record inquiry required by §391.25(a) & § 384.105 (Medical Certification)
- [ ] Annual Record of Review of the driver's driving record as required by §391.25(c)(2)
- [ ] **Medical examiner's certificate as required by §391.43(g) or a legible copy thereof and National Registry # of completing physician/qualified individual (§ 391.23(m)**
- [ ] Driver qualification must be maintained for as long as the driver is employed by that moto r carrier and for three years thereafter
- [ ] Inquiries into the history of commercial driver employment within the three years imm ediately preceding the date of application (§ 391.23)
- [ ] Previous 7-day HOS
- [ ] Employment Eligibility(I9)
- [ ] Certificate of compliance with Driver license Requirements
- [ ] **MVR's, annual reviews, certificates of violations and medical certificates and related infor mation may be removed from the Driver Qualification file three years after date of execution.**
- [ ] Consent for Queries from Drug and Alcohol Clearinghouse.
- [ ] Pre-hire query (DACH) completed

Need a legible photo or scan – color - of front & back of Valid CDL license

Need a legible photo or scan – color - of SS card front and back

Need legible copy of current medical certification

All forms need to be filled out completely and signed

Previous employment history must be filled out completely for the previous three (3) years – no unaccounted-for time. All commercial driving must be listed for the previous ten (10) years.

General Consent for DACH Queries

From the Federal Motor Carrier Safety Administration

FMCSA

Drug and Alcohol Clearinghouse

I, [Insert Driver Name], hereby provide consent to [Insert Company Name] to conduct Pre-Employment, Full, and/or Limited Queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent shall remain in effect for the duration of my employment/Association with [Insert Company Name].

I understand that the Pre-Employment and Full queries requires my specific consent, and if future queries conducted by [Insert Company Name] indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to [Insert Company Name] without 1st obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for [Insert Company Name] to conduct a query of the Clearinghouse, [Insert Company Name] must prohibit me from performing safety sensitive-functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____ _____

Employee 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 [insert carrier name], ("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 **[insert carrier name].** ("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 (Please Print)

NOTICE: This form is made available to monthly account holders by NIC 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 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

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 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 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

   If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

   If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

   In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements. Driver's Name (Printed):

Driver's Signature: _____ Date _____

Reviewed by: _____ _____
Carrier Official (printed) Date

_____ _____
Carrier Signature Title

[insert carrier name]
Carrier

Comments: _____

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**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		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____ **[insert carrier name, City, State]**

Name: First _____ **Middle** _____ **Last** _____

Address _____ **Home telephone:** _____

City _____ **State** _____ **Zip** _____ **Cellular telephone:** _____

Date of Birth: _____ **Social Security Number:** _____ _____ _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 **Street** _____ **Dates: From** _____ **To** _____

City _____ **State** _____ **Zip** _____

2 **Street** _____ **Dates: From** _____ **To** _____

City _____ **State** _____ **Zip** _____

3 **Street** _____ **Dates: From** _____ **To** _____

City _____ **State** _____ **Zip** _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ **Number** _____ **Expiration Date** _____

State _____ **Number** _____ **Expiration Date** _____

State _____ **Number** _____ **Expiration Date** _____

Experience:

_____ _____ __ t _____ _____
Type of vehicle driven o __ Dates Approximate mileage driven

_____ _____ _____ _____
Type of vehicle driven __ t Approximate mileage driven

_____ _____ o __ _____ _____
Type of vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: **(If none, write NONE)**

Date _____ **Describe** _____ **Fatalities** _____ **Injuries** _____

Date _____ **Describe** _____ **Fatalities** _____ **Injuries** _____

Date _____ **Describe** _____ **Fatalities** _____ **Injuries** _____

List all Traffic Violations Convictions, last 3 years: **(If none, write NONE)**

Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No
Date	Violation	State	Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

❑ **Yes** ❑ **No** **If yes; state of issuance; explanation:** _____

_____

Employment History, last 10 years (383.35)—account for gaps between employers: **(If owner/operator, list carriers leased to)**

1) Employer:_____ **Dates:**_____ **to** _____

Address: _____ **Supervisor:** _____

City, State, Zip code: _____ **Telephone:**_____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? **El Yes** **0 No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

2) Employer: _____ **Dates:**_____ **to** _____

Address: _____ **Supervisor:** _____

City, State, Zip code: _____ **Telephone:**_____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ❑ **Yes** ❑ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

3) **Employer:** _____ **Dates:** _____ **to** _____

Address: _____ **Supervisor:** _____

City, State, Zip code:_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? 0 **Yes** 0 **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

4) **Employer:** _____ **Dates:** _____**to**_____

Address: _____**Supervisor:** _____

City, State, Zip code _____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? 0 **Yes** Ill **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

5) **Employer:** _____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip code:_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? **0 Yes** 0 **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

6) **Employer:** _____ **Dates:** _____ **to** _____

Address: _____ **Supervisor:** _____

City, State, Zip Code: _____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? 0 **Yes** 0 **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ❑ **Yes** ❑ **No**

Reason for Leaving: _____

_____

7) Employer:_____ **Dates:**_____ **to** _____

Address: _____ **Supervisor:** _____

City, State, Zip code: _____ **Telephone:**_____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ❑ **Yes** ONo

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? 0 Yes **0 No**

Reason for Leaving: _____

_____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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 Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

_____
Name

_____ _____
Title Date

Application reviewed for completeness by:

_____
Name

_____ _____
Title **Date**

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

Past Employment Reference

Company Contact: _____ Phone:_____

Date Contacted: ____/____/____ Contact Person:_____ Position:_____

❶**Verification**:_____'s application indicates that he/she was
Applicant's Name

employed as_____ at your company from _____ to _____.
Job Description

If the information provided is correct, check N/A, or if incorrect, supply correct dates in space provided.

❑N/A_____

❷**Equipment Operated**: ❑ Tractor/Trailer ❑ Straight Truck ❑ Other_____

Type of Trailer: ❑ Van ❑ Tank ❑ Reefer ❑ Flatbed ❑ Other_____

❸**Commodities Hauled**:_____

_____

❹**Areas of Operation**: ❑ New England ❑ Northeast ❑ Southeast ❑ Midwest ❑ Northwest ❑ Southwest ❑ Canada ❑ Mexico ❑ Other:_____

❺**Accidents** (please list any the driver was involved in):

Date	*Type*	*City, State*	*Prev./Non-Prev.*	*Injury*	*Fatal*	*HM Spill?*
_____	_____	_____	_____	____	❑	_____
_____	_____	_____	_____	____	❑	_____
_____	_____	_____	_____	____	❑	_____

❻**Citations**:

Date	*Type*	*State*	*DUI*	*Suspension*	*Other*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

❼**Qualification**:

Was this driver physically qualified? ❑ Yes ❑ No

Was this driver ever disqualified? ❑ Yes ❑ No *If Yes, Reason*:_____

❽**General**:

Any other violations or company infractions?_____

_____

Would you rehire this driver? ❑ Yes ❑ No

Operator's License #:_____State:_____

I authorize the release of this information to Rock Solid Transport, LLC, Eau Claire, WI.

_____

NCRB-NCRF-NCIGA

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

> A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.
>
> An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

_____ _____

(Signature) (Date)

_____

(Printed)

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) _____

DAY	TOTAL TIME ON DUTY
1	
2	
3	
4	
5	
6	
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last priod of release from duty was from

_____ to _____
(Hour/Date) (Hour/Date)

Signature _____ Date_____

(Form 17 — Rev. 10-2001)

Driver's Road Test Examination

Driver's Name: _____ **Driver's License No.:** _____

Driver's Address: _____ **Phone No.:** _____

City: _____ **State:** _____ **Zip:** _____

Equipment Type:	
Examiner:	**Unit No.:**

***The road test shall be given by the motor carrier or a person designated by the carrier. However, a driver who is also a motor carrier must be given the test by another individual. The test shall be given by a person who is competent to evaluate & determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle & associated equipment that the motor carrier intends to assign to the driver. ***

Satisfactory	Unsatisfactory	Not Tested	
☐	☐	☐	Pre-Trip Inspection (as required by Section 392.7)
☐	☐	☐	Coupling/uncoupling of combination units (if equipment driven may include combination units)
☐	☐	☐	Placing equipment in operation
☐	☐	☐	Understanding of equipment controls, switches & gauges
☐	☐	☐	Use of vehicle's emergency equipment
☐	☐	☐	Operating the vehicle in traffic & while passing other vehicles.
☐	☐	☐	Turning the vehicle
☐	☐	☐	Braking & slowing the vehicle by means other than braking
☐	☐	☐	Backing & parking the vehicle
☐	☐	☐	Other: _____

REMARKS:

_____

_____

_____

Examiner's Signature: _____ Date: _____

If road test is successfully completed, the examiner shall complete a certificate of driver's road test.

©Copyright 2010, Professional Safety Consulting, Inc.

Certificate of Road Test

Instructions: *If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))*

Driver's Name: _____

Social Security No.: _____

Driver's License or CDL No.:_____

State: _____

Type of Power Unit: _____

Type of Trailer(s):_____

If Passenger Carrier, type of bus:_____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20_____, 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