

Application for Qualification

Company _____ Street Address _____

City, State, Zip Code _____

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None" do not leave the item blank, but write "No" or "None". This is important!

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check one Contractor

Name _____ Driver
Social Security Number _____
Age _____ Date of Birth _____ Phone Number (____) _____

Current & Three Years Previous Addresses

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Employment

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr	Mo/Yr	Present or Last Employer:
From _____	to _____	Name _____
Phone# (____) _____	Address _____	(Street) (City) (State/Zip)
	Position Held _____	Salary _____
	Reason for Leaving _____	

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two-trailers			
Other			

List states operated in for the last five years _____

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

What Safe Driving Awards do you hold and from whom? _____

Accident Record for past three years (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, rear end, upset, etc)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Location	Date	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License#	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES NO

B. Has any license, permit or privilege ever been suspended or revoked?.....YES NO

If the answer to A or B is YES, give details _____

Personal References

List three persons for references, other than relatives, who have knowledge of your safety habits.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

CONFIDENTIAL
FAXED OR MAILED INQUIRY to PAST EMPLOYER

TO: _____
(Former Employer-Name, City, State) (Date, Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and /or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and it's employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and /or company.

X _____
(Applicant's Signature, Date) (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below. IF this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

FROM: _____ Title: _____
Company: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone No: (____) ____ - _____ FAX No: (____) ____ - _____
Name of Applicant: _____ Social Security No: _____ - _____ - _____
Job Applying For: _____

*Did the applicant work for you as a _____ from ____ / ____ / ____ to ____ / ____ / ____
YES or NO If no, please explain _____

*If employed as a driver, please answer the following;
Company driver? _____ Owner/operator? _____ Other _____
Type of tractor operated: _____ Type of trailer pulled: _____
Other equipment operated: _____ Commodities transported: _____
General area of operation: _____
Accidents? YES or NO If yes, please list all including the date and brief description of each accident _____

Traffic Violations? YES or NO If yes, please list all including the date and type of violation _____

License (s) suspended? YES or NO I yes, please list the date (s) of suspension: _____
Type of driver license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO If no, please explain: _____

*Why did this employee leave your company? _____

*Would you re-employ this person? YES or NO If no, please explain: _____

***DATES OF DRUG OR ALCOHOL TEST PREVIOUS 2 YEARS:** Drug Alcohol

1. Resulting in a confirmed positive result:
(Alcohol test with a result of 0.04 alcohol concentration or greater) _____
2. Applicant Driver refused to submit to testing: _____
3. Any rehab completion under direction of SAP/MRO: _____

*Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?)

Name/Title: _____ / _____ Date: ____ / ____ / ____
(Person Providing the above Information)

Company: _____

REQUESTING COMPANY: _____

Address: _____

City: _____

APPLICANT'S NAME: _____ SSN: _____

Please furnish the following information pursuant to 49 CFR section 40.25

I hereby authorize and request _____

(FORMER EMPLOYER)

to release any and all prohibitions of 40.25 of which you have knowledge of, occurring within the previous two years to the above named company.

Signed: X _____ Date: _____

Witness: _____

INFORMATION from Section 40.25 (b)(c)(d)	Yes	No
1. Has the above named individual had an alcohol test with breath concentration of 0.04 or greater in the past two years?	()	()
2. Has the above named individual had a controlled substance test with a positive result in the past two years?	()	()
3. Has the above named individual refused a controlled substance and/or alcohol test, or had a verified adulterated or substituted test results within the past two years?	()	()
4. Any other violations of DOT agency drug and alcohol testing regulations?	()	()
5. Has the above named individual violated any DOT Drug and alcohol return-to-duty requirements (including follow-up testing) requiring successful completion?	()	()
6. Information received from prior employers is attached.	()	()
	()	None in file

Signed: _____ Date: _____

Please identify the Substance Abuse Professional you referred the above named individual to, if the driver has tested positive or refused testing.

Name: _____

Address: _____

City, ST: _____

Phone #: _____

Note: Failure to furnish information as required by 49 CFR 40.25(b) & (c) within 30 days is a violation of 49 CFR 40.25. Failure to furnish the above information will result in documentation of such failure to comply. This documentation will be made available to any DOT.
