DRIVER'S APPLICATION FOR EMPLOYMENT

	Date of Application				
(print)	Company				
	Address				
	City State Zip				
	In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.				
	TO BE READ AND SIGNED BY APPLICANT				
employer(s)	d that information I provide regarding current and/or previous employers may be used, and those will be contacted, for the purpose of investigating my safety performance history as required by 49 (d) and (e). I understand that I have the right to:				
Review info	ormation provided by previous employers;				
	rs in the information corrected by previous employers and for those previous employers to re-send the information to the prospective employer; and				
	buttal statement attached to the alleged erroneous information, if the previous employer(s) and I ree on the accuracy of the information.				
Signature	Date				
	FOR COMPANY USE				
	PROCESS RECORD .				
APPLICANT HIR	RED REJECTED				
DATE EMPLOYE	960				
DEPARTMENT_ (IF REJECTED, SI	DEPARTMENT CLASSIFICATION (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)				
SIGNATURE OF	INTERVIEWING OFFICER				
	TERMINATION OF EMPLOYMENT				
DATE TERMINATE	ED DEPARTMENT RELEASED FROM				
DISMISSED	VOLUNTARILY QUIT OTHER				
TERMINATION RE	EPORT PLACED IN FILE SUPERVISOR				

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applie	ed for	y			¥ ***
Name				_ Social Security N	lo
			Middle	ਹੈ ਹੈ	
	es of residency for the past 3 y	ears.			
Current Address	Street			City	
	ones.		Phone	Oily	How Long?
Previous	State	Zip Code	FILONE	2008	How Long?yr./mo.
Addresses					How Long?yr./mo.
	Street	City		State & Zip Code	As Se years At
	Street	City		State & Zip Code	How Long?yr./mo.
		,		Oldio & Lip Gall	•
	Street	City		State & Zip Code	How Long?yr./mo.
Do you have the	legal authority to work in the U	nited States?			
Data of Dieth	, ,				
(Required for Cor	/ / nmercial Drivers)				
Have you worked	for this company before?	Where?	B		
Dates: From	То	Positi	ion		
Reason for leavin	g	<u> </u>	*		
Who referred you	?	-		_ Rate of pay expe	cted
Have you ever be (Answer only if a job re	en bonded?			_ Name of bonding	company
	, with or without reasonable	accommodation, the e	essential func	tions of the job [as	described in the attached job
		EMPLOYMENT	HISTORY		
Applicants to tional 7 years' i	eding 3 years. List comple	ete mailing address, or vehicle* in intrast oyers for whom the a	street numb ate or inters applicant op	per, city, state and state commerce perated such vehic	shall also provide an addi- cle.
	EM	IPLOYER			DATE -
NAME					FROM TO MO. YR. MO. YR.
ADDRESS					POSITION HELD
CITY		STATE ZII	P	17	REASON FOR LEAVING
CONTACT PERSO	DN	PHONE I	NUMBER		
WERE YOU SUBJ	ECT TO THE FMCSRs [†] WHILE EI	MPLOYED? YES N	10		No. (L. No.)
	DESIGNATED AS A SAFETY-SEN REMENTS OF 49 CFR PART 40?		Y DOT-REGUL	ATED MODE SUBJEC	OT TO THE DRUG AND ALCOHOL

EMPLOYMENT HISTORY (continued)

EMPLOYER	DA	NTE	7		
NAME	FROM MO. YR.	TO MO.	YR.		
ADDRESS	POSITION HELD	i mor			
CITY STATE ZIP	REASON FOR LEAVI	NG	-		
CONTACT PERSON PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			•		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	ECT TO THE DRU	G AND AI	LCOHOL		
EMPLOYER	DA	TE	**************************************		
NAME 4	FROM	TO MO.	YR.		
ADDRESS :	MO. YR. POSITION HELD	į MO.	TH.		
CITY STATE ZIP	REASON FOR LEAVI	NG	-13		
CONTACT PERSON PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO		011/2-123	-		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTEDING REQUIREMENTS OF 49 CFR PART 40? \square YES \square NO	ECT TO THE DRU	G AND AI	LCOHOL		
EMPLOYER	r DA	TE.	Ì		
NAME	FROM	то "	YB.		
ADDRESS	MO. YR. POSITION HELD	MO.	YH.		
CITY STATE ZIP	REASON FOR LEAVE	NG			
CONTACT PERSON PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO	- 141	150.5			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJETESTING REQUIREMENTS OF 49 CFR PART 40? \square YES \square NO	CT TO THE DRU	g and ai	LCOHOL		
EMPLOYER		Œ			
NAME	FROM ~	то			
ADDRESS	MO. YR. POSITION HELD	MO.	YR.		
CITY STATE ZIP	REASON FOR LEAVI	NG			
CONTACT PERSON PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO		•			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO					
EMPLOYER	DA	ΤΕ			
NAME	FROM MO. YR.	TO MO.	YR.		
ADDRESS	POSITION HELD	, mo.	113.		
CITY STATE ZIP	REASON FOR LEAVI	ŃG			
CONTACT PERSON PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO					
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJETESTING REQUIREMENTS OF 49 CFR PART 40? \square YES \square NO	CT TO THE DRU	G AND AL	COHOL		

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

3. The state of th	DATES	NATURE OF A		FATALIT	TES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDEN	т						A year for the first and the f
NEXT PREVIOU	•						
NEXT PREVIOU				248			*
		ORFEITURES FOR THE PA	ST 3 YEARS (O	THER THAN PARKI	NG VIOLATIC	ONS) IF NONE	E. WRITE NONE
	LOCATIO		DATE	CHARG	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PENALTY
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Driver	STATE	LICENSE NO.	CLASS	A 11100-1-1-1	RSEMENT(S	S)	EXPIRATION DATE
icenses or						79	
permits held			1				
in the past							
3 years	 -	N=1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		×			9
Lleve	<u> </u>	Hanna n	1	anuabist-0		VEC	l No
-		ı license, permit or privilege t ivilege ever been suspended		or venicle?			NO
		R A OR B IS YES, GIVE DET				159	140
							9
RIVING EXPE	RIENCE CHE	CK YES OR NO					
	CLASS OF E	DUIPMENT	CIRCLE TYP	E OF EQUIPMENT	DA FROM (M/Y	TES TO (M/Y)	APPROX. NO. OF MIL
STRAIGHT TRU	CK.	□YES □NO	and the same of th	LAT, DUMP, REFER)			
		YES NO	(VAN, TANK, F	FLAT, DUMP, REFER)			
TRACTOR - TW		☐YES ☐ NO	(VAN, TANK, F	FLAT, DUMP, REFER)			
TRACTOR - THE	REE TRAILERS	☐YES ☐NO	(VAN, TANK, F	FLAT, DUMP, REFER)			
MOTORCOACH	- SCHOOL BU	More than 8 passengers					
		YES NO Nore than 15 passengers		_ c			
OTHER		**	1				
		R LAST FIVE YEARS:				2752	tara a a maina 1900
S 18280000 SI 1870 O		Ports and the state of the state of	An arms the total				
		TRAINING THAT WILL HELF					•
HICH SAFE DR	IVING AWARDS	S DO YOU HOLD AND FROM				**	*
		EXPERIENC	E AND QUAL	IFICATIONS - O	THER		
HOW ANY TRUC	CKING, TRANSI	PORTATION OR OTHER EX	PERIENCE THA	T MAY HELP IN YO	UR WORK FO	OR THIS COM	MPANY
							,
IST COURSES A	ND TRAINING	OTHER THAN SHOWN ELS	EWHERE IN TH	IIS APPLICATION			
						6	
			4412			(4 -	250
IST SPECIAL EC	QUIPMENT OR	TECHNICAL MATERIALS YO	OU CAN WORK	WITH (OTHER THA	N THOSE AL	READY SHO	WN)
		16		TION	3	MICHAEL PROPERTY	
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*** 11 1621111117					1 7011		

Motor Carrier's

MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§391.51 General requirements for driver qualification files. (b)(9)(i) For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). (b)(9)(ii) Through June 21, 2021*, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

*Note: In April 2021, the FMCSA proposed to delay this date until June 23, 2025.

RETENTION: This form is to be kept in the driver's qualification file for 3 years.

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name:	Driver's Identification Number:
Expiration Date of Medical Certificate:	
Medical Examiner's Name:	**************************************
National Registry Number:	
Motor Carrier:	
Location:	
Verified By:	Date:

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees — such as motor vehicle records, information from previous employers, criminal records, or credit history — you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you	to release the following inform	ation to	(FIn)	
	igation as required by Sections I all liability which may result fro			afety Regulations. You are
	(Driver's Signature)	1.0.01	-	(Date)
	that this report request and the records under the provision 00002(a)).			
	(Signature of Request	er)		(Date)
TO:				
DEAR SIR/MADA	AM:			
please furnish the	undersigned with the applicant ned person is employed with our	ance with Section 391.23 's driving record for the particle of company in the position ance with Section 391.25	, Federal Department of Tast three years. of , Federal Department of T	Transportation Regulations Transportation Regulations
NAME OF DRIVER _				
ADDRESS	(Number & Street)	(City)	(State)	(Zip Code)
FORMER ADDRESS	(Number & Street)	(City)	(State)	(Zip Code)
DATE OF BIRTH	SSN _		70.	
		REQUESTED BY		
	(Name of Company)		(Typed Nam	е)
	(Address)		(Title)	
(City)	(State)	1	(Signature)	

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 - CE	ERTIFICATION OF VIOLAT	ΓIONS	
NAME OF DRIVER	R: (PRINT)	ID NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL	_ (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
	the following is a true and complete list of traffic v 83) for which I have been convicted or forfeited bon (If you have had no violations, c	nd or collateral during the past 12	2 months.	L ose I have provided
DATE	OFFENSE	LOCATION		/EHICLE OPERATED
			_	
	ns are listed above, I certify that I have not been conose I have provided under Part 383) required to be			ount of any violation
Date	Driver's Signature			
	COMPLETED BY MOTOR CARRIER - A	ANNUAL REVIEW OF DRI	VING REC	ORD
	ER INSTRUCTIONS: Review the Certification of Violations liste legulations. Complete the information requested below.	ed above and other information describe	ed in Section 391	.25 of the Federal Motor
I have hereby (check one):	y reviewed the driving record of the above named	d driver in accordance with Sec	ation 391.25 a	and find that he/she
☐ Meets m	ninimum requirements for safe driving	ls disqualified to drive a motor ve	ehicle pursuar	nt to Section 391.15
☐ Does no	ot adequately meet satisfactory safe driving perform	nance		
Action taken	with driver:			
Reviewed by:	:			
	Signature	Date		
	Printed Name	Title		-
Motor Carrier Na	Motor Carrier Ad	ldrose		

Motor Vehicle Driver's

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 at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports 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:

- 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 and 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 CDL within 30 days.

The following license is the only one I possess:		
Driver's License No	State	Exp. Date
DRIVER CERTIFICATION: I certify that I have	read and unders	tood the above requirements.
Driver's Name (Printed):		
Driver's Signature:		Date:
Notes:		

(This form is not required for DOT compliance.)