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APPLICATION INFORMATION

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION APPLYING FOR: CONTRACTOR DRIVER CONTRACTOR’S DRIVER

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­

AGE \_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The Age discrimination of 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.)

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FROM\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FROM\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FROM\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE ? \_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO

IF YES, GIVE DATES: FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION HISTORY:

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED:

GRADE SCHOOL: 1 2 3 4 5 6 7 8 9 10 1 1 12 COLLEGE : 1 2 3 4 POST GRADUATE : 1 2 3 4

EMPLOYMENT HISTORY

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST THREE

(3) YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT PERIODS, AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN (10) YEARS.

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

EMPLOYMENT HISTORY

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST THREE

(3) YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT PERIODS, AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN (10) YEARS.

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

MO/YR MO/YR PRESENT OR LAST EMPLOYER

FROM \_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY PH-\_\_\_\_\_\_\_\_\_\_

Were you subject to the FMCSRs while employed here?\_\_\_\_\_\_ 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

DRIVING EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | FROM | TO | APPROXIMATE NUMBER  OF MILES |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR & SEMI TRAILER |  |  |  |
| TRACTOR & TWO TRAILERS |  |  |  |
| TRACTOR & TRIPLE TRAILERS |  |  |  |
| OTHER |  |  |  |

List states operated in, for the last five (5) years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any safe Driving awards you hold and from whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident record for past three (3) years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE OF ACCIDENT | NATURE OF ACCIDENTS (HEAD ON, REAR AND ETC) | LOCATION OF ACCIDENT | # OF  FATALITIES | # OF PEOPLE INJURED |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS) :

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | LOCATION | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DRIVER’S LICENCE (LIST EACH DRIVER’S LICENCE HELD IN THE PAST THREE (3) YEARS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STATE | LICENCE | TYPE | ENDORSEMENTS | EXPIRATION DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

Has any license, permit or privilege ever been suspended or revoked?

YES NO

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job descriptions)?

YES NO

Have you ever been convicted of a felony?

YES NO

If the answers to any questions listed above are “yes”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB REFERENCES

LIST THREE (3) PEOPLE FOR REFERENCES, OTHER THAN FAMILY MEMBERS, WHO HAVE KNOWLEDGE OF YOUR SAFETY HABITS.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT:

It is agreed and understood that any misrepresentation give on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant’s background to obtain any and all information of concern to applicant’s records, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, I have been told that this investigation may include an investigating consumer report, including information regarding my character, general reputation personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTOR VEHICLE

DRIVER’S CERTIFICATION

OF VIOLATIONS

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER

THAN PARKING VIOLATION) FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

DATE OFFENSE LOCATION TYPE OF VEHICLE

OPERATED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NO VIOLATION ARE LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DATE OF CERTIFICATION) (DRIVER’S SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MOTOR CARRIER’S NAME) (MOTOR CARRIER’S ADDRESS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(REVIEWED BY: SIGNATURE) (TITLE)

U.S. DEPARTMENT OF TRANSPORTATION

MOTOR CARRIER SAFETY PROGRAM

INQUIRY TO STATE AGENCY FOR

DRIVER’S RECORD

391.23

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DRIVER’S NAME)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DRIVER’S OPERATOR’S LIC.NO.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DRIVER’S SOCIAL SEC.NO.)

DEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator’s license or permit has been issued by your state to applicant and it is in good standing.

In accordance with section 391.23(a)(1) and (b) of the federal motor carrier safety regulations, we are required to make inquiry into the driving record during the preceding 3 years of every state in which an applicant-driver has held a motor vehicle operator’s license or permit during those 3 years.

Therefore, please certify to us what the individual’s driving record is for the preceding 3 years or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

RESPECTFULLY YOURS,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of individual making inquiry

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINTED) NAME OF PERSON MAKING INQUIRY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE OF PERSON MAKING INQUIRY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTOR CARRIER NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS CITY STATE ZIP

U.S DEPARTMENT OF TRANSPORTATION

MOTOR CARRIER SAFETY PROGRAM ANNUAL

REVIEW OF DRIVING RECORD 391.25

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NAME)LAST FIRST, M.I (SOC. SEC. NO. )

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the federal motor carrier safety regulations. I considered any evidence that the driver has violated applicable provisions of the federal motor carrier safety regulations and the hazardous materials regulations. I considered the driver’s accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

[ ] The driver meets the minimum requirements for safe driving, or

[ ] The driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review Motor Carrier’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: Signature and Title

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review Motor Carrier’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: Signature and Title

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review Motor Carrier’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: Signature and Title

DRIVER PROFICIENCY (CAC 13,1229) AND

AUTHORIZED VEHICLES (CAC 12, 1234 (B)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has demonstrated to me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S NAME NAME & TITLE

That he/she can safely operate the below named vehicles/ equipment as was trained for the following:

[ ] STRAIGHT TRUCK [ ] TRACTOR & TRAILER COMBINATION

[ ] DOUBLES/ TRIPLES [ ] TANK VEHICLE

[ ] VEHICLES LESS THAN 10,000 POUNDS GVWR

[ ] VEHICLES 10,000 POUNDS TO 26,000 POUNDS GVWR

[ ] VEHICLES 26,001 POUNDS AND MORE GVWR

[ ] PROPERLY HOOK UP A TRAILER

[ ] SAFELY OPERATE A DUMB VEHICLE

[ ] TRAINED TO PERFORM A WALK AROUND INSPECTION

[ ] INFORMED ON WHO TO REPORT SAFETY CONCERNS TO

[ ] TRAINED ON HOW TO SECURE A LOAD. TIE DOWN PROCEDURE

[ ] TRAINED ON SPOTTING AN IMPROPERLY LOADED VEHICLE

[ ] TRAINED ON SAFE USE OF MIRRORS & BLIND SPOTS

[ ] STANDARD SHIFT TRANSMISSION

[ [ AUTOMATIC TRANSMISSION ONLY

[ ] AIR BRAKES ENDORSEMENT

[ ] HAZARDOUS MATERIALS ENDORSEMENT

[ ] SPECIAL EQUIPMENT (SPECIFY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| COPY OF  DRIVER’S LICENCE  HERE | A LONG FORM MEDICAL  EXAMINATION REPORT IS  REQUIRED  COPY OF MEDICAL EXAMINER’S  CERTIFICATE HERE |

**MULTIPLE- EMPLOYER DRIVER**

INSTRUCTIONS: IF A MOTOR CARRIER EMPLOYES A PERSON AS A MULTIPLE-EMPLOYER DRIVER (AS DEFINED IN 49 CFR 390.5), THE MOTOR CARRIER SHALL COMPLY WITH ALL REQUIREMENTS OF PART391, EXCEPT THE CARRIER NEED NOT -

1. REQUIRE THE PERSON TO FURNISH AN APPLICATION FOR EMPLOYMENT

(391.21):

1. MAKE AN INQUIRY INTO THE PERSON’S DRIVING RECORD DURING THE

PRECEDING THREE YEARS TO THE APPROPRIATE STATE AGENCY (S) AND

AN INVESTIGATION OF THE PERSON’S EMPLOYMENT RECORD DURING THE

PRECEDING THREE YEARS (391.23):

3. PERFORM ANNUAL REVIEW OF THE PERSON’S DRIVING RECORD (391.25);OR

1. REQUIRE THE PERSON TO FURNISH A RECORD OF VIOLATIONS OR A CERTIFICATE (391.27).

THE CHECKLIST BELOW MAY BE HELPFUL TO ENSURE THE REQUIRED DOCUMENTS ARE OBTAINED.

DRIVER QUALIFICATION FILE CHECKLIST

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENCE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF LICENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN ADDITION TO THE ABOVE INFORMATION, COPIES OF THE FOLLOWING MUST BE OBTAINED.

[ ] MEDICAL EXAMINER’S CERTIFICATE

[ ] ROAD TEST (OR EQUIVALENT)

[ ] CERTIFICATE OF ROAD TEST

[ ] CONTROLLED SUBSTANCES TEST

STATE OF CALIFORNIA

DMV

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR

RELEASE OF DRIVER RECORD INFORMATION

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CALIFORNIA DRIVER LICENCE NUMBER,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY AUTHORIZE THE CALIFORNIA

DEPARTMENT OF MOTOR VEHICLES (DMV) TO DISCLOSE OR OTHERWISE MAKE AVAILABLE, MY DRIVING RECORD TO MY EMPLOYER ;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME

I UNDERSTAND THAT MY EMPLOYER MAY ENROLL ME IN THE EMPLOYER PULL NOTICE

(EPN) PROGRAM TO RECEIVE A DRIVER RECORD REPORT AT LEAST ONCE EVERY TWELVE

(12) MONTHS OR WHEN ANY SUBSEQUENT CONVICTION, FAILURE TO APPEAR, ACCIDENT, DRIVER’S LICENCE SUSPENSION, EVOCATION, OR ANY OTHER ACTION IS TAKEN AGAINST MY DRIVING PRIVILEGE DURING MY EMPLOYMENT.

I AM NOT DRIVING IN A CAPACITY THAT REQUIRES MANDATORY ENROLLMENT IN THE EPN

PROGRAM PURSUANT TO CALIFORNIA VEHICLE CODE (CVC)SECTION 1808.1 (K). I

UNDERSTAND THAT ENROLLMENT IN THE EPN PROGRAM IS IN AN EFFORT TO PROMOTE DRIVER SAFETY, AND THAT MY DRIVER LICENSE REPORT WILL BE RELEASED TO MY EMPLOYER TO DETERMINE MY ELIGIBILITY AS A LICENSED DRIVER FOR MY EMPLOYMENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXECUTED AT CITY COUNTY STATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF EMPLOYEE

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED REPRESENTATIVE COMPANY NAME

DO HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS IN THE STATE OF

CALIFORNIA, THAT I AM AN AUTHORIZED REPRESENTATIVE OF THIS COMPANY, THAT THE

INFORMATION ENTERED ON THE DOCUMENT IS TRUE AND CORRECT, TO THE BEST OF MY

KNOWLEDGE AND THAT I AM REQUESTING DRIVER RECORD INFORMATION ON THE ABOVE INDIVIDUAL TO VERIFY THE INFORMATION AS PROVIDED BY SAID INDIVIDUAL. THIS

RECORD IS TO BE USED BY THIS EMPLOYER IN THE IN THE NORMAL COURSE OF BUSINESS

AND AS A LEGITIMATE BUSINESS NEED TO VERIFY INFORMATION RELATING TO A DRIVING

POSITION NOT MANDATES PURSUANT TO CVC SECTION 1808.1. THE INFORMATION

RECEIVED WILL NOT BE USED FOR ANY UNLAWFUL PURPOSE. I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION. I MAY BE SUBJECT TO PROSECUTION FOR

PERJURY (PENAL CODE SECTION 118) AND FALSE REPRESENTATION (CVC SECTION

1808.45) THESE ARE PUNISHABLE BY A FINE NOT EXCEEDING FIVE THOUSAND DOLLARS

($5,000) OR BY IMPRISONMENT IN THE COUNTY JAIL NOT EXCEEDING ONE YEAR, OR BOTH FINE AND IMPRISONMENT. I UNDERSTAND AND ACKNOWLEDGE THAT ANY FAILURE TO

MAINTAIN CONFIDENTIALITY IS BOTH CIVILLY AND CRIMINALLY PUNISHABLE PURSUANT TO CVC SECTIONS 1808.45 AD 1808.46

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXECUTED AT: CITY COUNTY STATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE x SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

TO OBTAIN A DRIVER RECORD ON A PROSPECTIVE EMPLOYEE YOU MAY SUBMIT

AN INF 1119 FPR, TO ADD THIS DRIVER TO THE EPN PROGRAM YOU MUST SUBMIT THE APPLICABLE FORMS; INF 1100, INF 1102, INF 1103, INF 1103A FORM. YOU MAY OBTAIN FORMS AT OUR WEBSITE AT [WWW.DMV.CA.GOV/OTHERSERVICES,](http://www.dmv.ca.gov/OTHERSERVICES) OR BY CALLING 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER’S PRINCIPAL

PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

THANKS FOR WORKING WITH US!



PLEASE REVIEW THE TERMS AND CONDITIONS

BEFORE YOU ACCEPT/SIGN THE AGREEMENT!

THANKS FOR WORKING WITH US !

1. ALL INDEPENDENT CONTRACTORS HIRED MUST COMPLETE A FULL YEAR WITH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM THEIR HIRED DATE. FOR ANY REASONS AN EMPLOYEE IS UNABLE TO FULFILL THIS AGREEMENT THEY WILL BE RESPONSIBLE FOR $250 DRUG TEST FEE , $250 OFFICE PAPERWORK PROCESSING FEE, TRUCK SIGN COST AND INSURANCE DEDUCTIBLE FEES WHICH WILL VARY.

2. ALL INDEPENDENT CONTRACTORS MUST MAKE LOAD DELIVERIES ON THEIR GIVEN SCHEDULED TIME OR THEY WILL BE CHARGED $500 FOR LATE FEES.

3. ALL INDEPENDENT CONTRACTORS WILL BE RESPONSIBLE FOR INSURANCE DEDUCTIBLES FOR ANY ACCIDENTS INCLUDING (CARGO, PHYSICAL, AND LIABILITY INSURANCES).

4. ALL INDEPENDENT CONTRACTORS WILL BE RESPONSIBLE FOR ELD ELECTRONIC

LOGBOOK DEVICES CHARGES FOR THE WHOLE YEAR WHICH IS 360 DOLLARS A YEARS AND EVEN IF YOU STOP WORKING WITH US WE WILL DEDUCT IT FROM THE CHECK.

5. ALL INDEPENDENT CONTRACTORS WILL BE RESPONSIBLE FOR THE LUMPER CHARGES IF WE DON’T GET NOTIFIED WITHIN 24 HOURS THE DRIVER WILL BE RESPONSIBLE FOR ALL THE CHARGES. WE WILL NOT REFUND BACK.

AGREE ( ) DISAGREE ( )

EMPLOYEE PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_