



DRIVER APPLICATION

TODAY'S DATE _____

POSITION APPLYING FOR: CONTRACTOR DRIVER CONTRACTOR'S DRIVER

FULL NAME _____

ADDRESS _____

PH# _____ **EMERGENCY PH#** _____

EMAIL _____

AGE _____ **DATE OF BIRTH** _____

Last 4 SSN XXX-XX- _____

(The Age discrimination of Employment Act of 1967 prohibits discrimination based on age with respect to individuals Who are at least 40 but less than 70 years of age.)

Are You U.S Citizen _____, **Green Card** _____, **Work Permit** _____

DOT 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 11 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** _____
ADDRESS _____ **POSITION HELD** _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
REASON FOR LEAVING _____

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** _____
ADDRESS _____ **POSITION HELD** _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
REASON FOR LEAVING _____

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** _____
ADDRESS _____ **POSITION HELD** _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
REASON FOR LEAVING _____

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 CONTINUE

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.

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FROM _____ TO _____ NAME _____
ADDRESS _____ POSITION HELD _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
REASON FOR LEAVING _____

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 _____
ADDRESS _____ POSITION HELD _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
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MO/YR MO/YR PRESENT OR LAST EMPLOYER
FROM _____ TO _____ NAME _____
ADDRESS _____ POSITION HELD _____
EMPLOYER PH# _____
EMPLOYER EMAIL _____
REASON FOR LEAVING _____

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 given in 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

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 LICENSE #

XXX-XX-
DRIVER'S Last 4 digits SSN

DEAR _____,

The above-listed individual has made an application with us for employment as a driver. The 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 is 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**

<hr/>	<hr/>	<hr/>
(NAME)LAST	FIRST	M.I
		XXX-XX- (Last 4 digits 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

<hr/>	<hr/>
Date of Review	Motor Carrier's Name
<hr/>	
Reviewed by: Signature and Title	
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Date of Review	Motor Carrier's Name
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Reviewed by: Signature and Title	
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Date of Review	Motor Carrier's Name
<hr/>	
Reviewed by: Signature and Title	

**DRIVER PROFICIENCY (CAC 13,1229) AND
AUTHORIZED VEHICLES (CAC 12, 1234 (B))**

_____ has demonstrated to me _____

DRIVER'S NAME

TITLE

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

- | | |
|--|--|
| <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> TRACTOR & TRAILER COMBINATION |
| <input type="checkbox"/> DOUBLES/ TRIPLES | <input type="checkbox"/> TANK VEHICLE |
| <input type="checkbox"/> VEHICLES LESS THAN 10,000 POUNDS GVWR | |
| <input type="checkbox"/> VEHICLES 10,000 POUNDS TO 26,000 POUNDS GVWR | |
| <input type="checkbox"/> VEHICLES 26,001 POUNDS AND MORE GVWR | |
| <input type="checkbox"/> PROPERLY HOOK UP A TRAILER | |
| <input type="checkbox"/> SAFELY OPERATE A DUMB VEHICLE | |
| <input type="checkbox"/> TRAINED TO PERFORM A WALK AROUND INSPECTION | |
| <input type="checkbox"/> INFORMED ON WHO TO REPORT SAFETY CONCERNS TO | |
| <input type="checkbox"/> TRAINED ON HOW TO SECURE A LOAD. TIE DOWN PROCEDURE | |
| <input type="checkbox"/> TRAINED ON SPOTTING AN IMPROPERLY LOADED VEHICLE | |
| <input type="checkbox"/> TRAINED ON SAFE USE OF MIRRORS & BLIND SPOTS | |
| <input type="checkbox"/> STANDARD SHIFT TRANSMISSION | |
| <input type="checkbox"/> AUTOMATIC TRANSMISSION ONLY | |
| <input type="checkbox"/> AIR BRAKES ENDORSEMENT | |
| <input type="checkbox"/> HAZARDOUS MATERIALS ENDORSEMENT | |
| <input type="checkbox"/> 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
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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):
2. 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
4. 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: _____

LAST 4 DIGITS SSN: XXX-XX-_____

DRIVER'S LICENCE NUMBER: _____

TYPE OF LICENCE: _____ **LIC 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

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 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, 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!