

# DOT Qualification File Transmittal

Complete the below listed documents and, if applicable, maintain in the employee's DOT Qualification File.

Driver Name	Social Security Number	Date
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Check (✓) When Completed	DOT Required Documents	Date Completed
	Driver Application for Employment	
	Safety Performance History Records Request	
	Request for Driving Record Check	
	Record of Road Test and Certification	
	Certificate of Violations/Annual Review	
	Driver's Prior 7 Day On-Duty Record	
	Notice to Drivers and Certificate of Compliance	
	Medical Examiner's Certificate Card/Certificate of Qualification Card and Certification of Road Test Card	
	Certificate of Training - Hazardous Materials Transportation (If Applicable)	
	Medical Examiner's Report	
	Medical Examiner's Certificate	
	Copy of Driver's License	
	Copy of MVR	
	Letter from Regional Director of Motor Carrier Granting a Waiver of a Physical Disqualification (Vision/Diabetes Only)	
<b>Controlled Substance Abuse Testing</b>		
	Federal Drug Testing Custody and Control Form	
	U.S. Department of Transportation (DOT) Alcohol Testing Form	

**\*Must be maintained in a separate file.**

Note: Documents for the completion of the highlighted items are not included in the package but must be included in the DOT Qualification file.

# Driver Application for Employment

FOR CUSTOMER USE ONLY

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Note to Applicant:** Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

\*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

**Instructions:** Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date \_\_\_\_\_

Position Applied for		Minimum Salary Requirement	
Who referred you to our company? <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> State Agency <input type="radio"/> Walk in <input type="radio"/> Employee Referral - Name _____ <input type="radio"/> Advertisement <input type="radio"/> College Recruiting <input type="radio"/> Other _____			
Have you ever worked for this company? <input type="radio"/> Yes <input type="radio"/> No	Where?		When?
Have you ever applied with this company? <input type="radio"/> Yes <input type="radio"/> No	Where?		When?
On what date will you be available if your application for employment is accepted?	Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference	

General Information			
Last Name	First	Middle	Social Security Number
Present Address	City	State	Zip Code
How long?			
Previous Address (Last 3 Years)	City	State	Zip Code
How long?			
Previous Address (Last 3 Years)	City	State	Zip code
How long?			
Telephone Number and Area Code Home ( ) Work ( )			*Date of Birth
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="radio"/> Yes <input type="radio"/> No			
Have you ever been fired or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.	
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.) <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.	
Name of Person to be Notified in Case of Emergency			Telephone Number and Area Code ( )

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

○ Employment History

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for an additional form if necessary. Please explain all periods of unemployment.

Name and Address of Employer	Dates Employed (Month/Year)	Position(s) Held and Duties Performed	Salary	Why did you leave?	Name, Title, and Phone Number (If Accessible) of Supervisor	May we contact?
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			
<div>_____</div> <div>_____</div>	From _____	<div>_____</div> <div>_____</div> <div>WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>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? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	Starting _____	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>	<input type="radio"/> Yes <input type="radio"/> No
	To _____		Leaving _____			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## Education

Circle highest grade completed: 1 2 3 4 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4

Name and Address of Last School Attended	
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Operator's License Number	State	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="radio"/> Yes <input type="radio"/> No		B. Has any license, permit, or privilege ever been suspended or revoked? <input type="radio"/> Yes <input type="radio"/> No	
C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? <input type="radio"/> Yes <input type="radio"/> No			If the answer to either A, B, C, or D is yes, attach statement giving details.
D. Have you ever failed or refused a pre-employment drug or alcohol test at a company where you never took employment? If yes, please provide proof that you have successfully completed the return-to-duty process as described in 382.309 of the FMCSR. <input type="radio"/> Yes <input type="radio"/> No			

## Driver Experience

Class of Equipment	Dates		Have You Ever Driven in:		How Long	Miles Operated
	From	To				
Straight Truck			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
Tractor and Semi-Trailer			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
Tractor - Two Trailers			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
Tanker			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
Auto Carrier			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
Refrigerated Equipment						
Other _____			<input type="radio"/> Rain <input type="radio"/> Snow	<input type="radio"/> Fog <input type="radio"/> Ice		
List geographic areas operated in for last five years.						
Show special courses or training that will help you as a driver.						
Which safe driving awards do you hold and from whom?						

**Failure to disclose information may result in termination.**

Accident Review for the Past 3 Years (Attach sheet if more space is needed.)

[illegible]

**Failure to disclose information may result in termination.**

**Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)**

Location	Date	Charge	Penalty

**Activities, Additional Information, and Comments**

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.\*


\*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

**Applicant's Statement**

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. I understand that I have the right to:

- ☐ Review information provided by current/previous employers;
- ☐ Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- ☐ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## SIDE 2

### SECTION 3:

### TO BE COMPLETED BY PREVIOUS EMPLOYER

#### DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_ , complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_ .

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4a:

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4b:

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

## INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

#### SIDE 2 SECTION 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

#### SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

#### SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

## SECTION 1:

## TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To:

Prospective Employer:

Attention:

Telephone:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

## SECTION 2:

## TO BE COMPLETED BY PREVIOUS EMPLOYER

## ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## SIDE 2

### SECTION 3:

### TO BE COMPLETED BY PREVIOUS EMPLOYER

#### DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4a:

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4b:

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

## INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

#### SIDE 2 SECTION 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

#### SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

#### SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form



# SIDE 1

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## SECTION 1:

## TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To:

Prospective Employer:

Attention:

Telephone:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

## SECTION 2:

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3

# Request for Driving Record Check

FOR CUSTOMER USE ONLY

## Applicant Release

I authorize you to release the following information to \_\_\_\_\_ (prospective employer) for the purposes of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Requester's Statement

1. As specified in Sections 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information you provide regarding the applicant's driving record for the last 3 years will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

## Request for Information

To Whom it May Concern:

The following person has made application with our company for the position of \_\_\_\_\_.

As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Applicant Name - Last		First	Middle Initial
Address - Street		City	State Zip Code
Former Address - Street		City	State Zip Code
Date of Birth	Social Security Number	License Number	

## Requested By

Name of Requesting Company		
Address - Street		City State Zip Code
Contact Name (Typed)	Title	Signature

# Request for Driving Record Check

FOR CUSTOMER USE ONLY

## Applicant Release

I authorize you to release the following information to \_\_\_\_\_ (prospective employer) for the purposes of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Requester's Statement

1. As specified in Sections 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information you provide regarding the applicant's driving record for the last 3 years will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

## Request for Information

To Whom it May Concern:

The following person has made application with our company for the position of \_\_\_\_\_.

As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Applicant Name - Last		First	Middle Initial
Address - Street		City	State Zip Code
Former Address - Street		City	State Zip Code
Date of Birth	Social Security Number		License Number

## Requested By

Name of Requesting Company			
Address - Street		City	State Zip Code
Contact Name (Typed)	Title		Signature

☐ Satisfactory

☒ Unsatisfactory

☐ Blank - Items Not Observed

**1. Pre-Trip Inspection and Emergency Equipment**

- ☐ A. Begins inspection at front of vehicle, down the side, across the back, up the side. Does not skip around.
- ☐ B. Checks under hood - oil, water, general condition of engine compartment, steering.
- ☐ C. Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers.
- ☐ D. Test brake action, tractor protection valve, parking brake, and drains air tanks.

**2. Placing Vehicle in Motion and Use of Controls**

- ☐ A. Allows proper warm-up.
- ☐ B. Starts loaded unit smoothly.
- ☐ C. Uses clutch properly.
- ☐ D. Test brakes before starting up.
- ☐ E. Selects proper gear.
- ☐ F. Proper RPM when shifting.

**3. Coupling Tractor Trailer**

- ☐ A. Checks to make sure fifth wheel jaws are open.
- ☐ B. Checks for proper angle of fifth wheel.
- ☐ C. Checks to see that trailer wheels are blocked firmly in place.
- ☐ D. Backs slowly and moves tractor close in line with trailer.
- ☐ E. Connects brake hose and makes sure hoses and light cords are clear.
- ☐ F. Sets trailer brakes.
- ☐ G. Backs slowly and squarely to the center of the trailer until fifth wheel engages trailer king pin.
- ☐ H. Visually inspects coupler release for lock position.
- ☐ I. Connects light cord.
- ☐ J. Raises landing gear and removes wheel chocks.
- ☐ K. Makes test stop to check proper operation of braking system.

**4. Checking the Driver**

- ☐ A. Adjusts seat for comfortable driving position.
- ☐ B. Driver uses the seat belt.
- ☐ C. Adjusts rear view mirrors.
- ☐ D. Familiar with gearing arrangement.
- ☐ E. Checks traffic conditions before pulling into traffic.
- ☐ F. Checks instruments regularly while driving.
- ☐ G. Keeps eyes on road during shifting maneuver.
- ☐ H. Maintains steering control while shifting.
- ☐ I. Does not roll backward when starting on an upgrade.
- ☐ J. Drives with both hands on wheel.
- ☐ K. Steers smoothly without erratic motion.
- ☐ L. Maintains proper speed, within posted limits.

**5. Uncontrolled Intersection**

- ☐ A. Approaches intersection at speed at which vehicle could be stopped if necessary.
- ☐ B. Positions other vehicles, looks in all directions, uses mirror.
- ☐ C. Gives right-of-way to vehicles in the intersection.
- ☐ D. Drives in proper lane, not crowding adjacent lane or curb.
- ☐ E. Allows adequate distance to vehicle ahead. Does not tailgate.

**6. Overtaking and Passing**

- ☐ A. Checks ahead and behind to make sure passing room is adequate.
- ☐ B. Indicates intention by use of directional signals.
- ☐ C. Allows ample room before cutting back into regular lane.
- ☐ D. Uses horn to warn vehicle being passed.
- ☐ E. Does not attempt to pass when traffic flow is moving at or about posted speed.

**7. Controlled Intersection**

- ☐ A. Brings vehicle to a full stop.
- ☐ B. Does not allow vehicle to roll or creep forward while waiting for light.

**7. Controlled Intersection - Continued**

- ☐ C. Remains alert to changing traffic conditions.
- ☐ D. Good coordination of clutch, gear shift, and accelerator.

**8. Right Turns**

- ☐ A. Approaches intersection in proper lane.
- ☐ B. Approaches at proper speed.
- ☐ C. Begins turn signal at least 100 or more feet from corner.
- ☐ D. Checks position of other vehicles to rear and sides.
- ☐ E. Maintains proper lane during turn. Checks right side lane.
- ☐ F. Completes turn in same lane and maintains original position.

**9. Left Turns**

- ☐ A. Checks position of other vehicles well ahead of turn.
- ☐ B. Begins to slow down in advance, at least 100 feet from turn.
- ☐ C. Begins turn signal at least 100 feet from corner.
- ☐ D. Takes proper left hand position in advance of turn.
- ☐ E. Checks to right and left before starting turn.
- ☐ F. Enters turn to right of center.
- ☐ G. After turn is completed, vehicle is gradually steered back to right lane.

**10. Railroad Crossing**

- ☐ A. Looks in all directions when approaching crossing.
- ☐ B. Comes to complete stop when necessary.
- ☐ C. Stops not more than 50 feet, not less than 15 feet from the nearest rail.
- ☐ D. Uses mirror to check traffic to rear.
- ☐ E. Stops smoothly.

**11. Slowing and Stopping**

- ☐ A. Gears down properly.
- ☐ B. Uses brakes properly on grades.
- ☐ C. Uses mirror to check traffic to rear.
- ☐ D. Stops smoothly.

**12. Back and Parking**

- ☐ A. Stops in correct position to back.
- ☐ B. Steps out of cab and inspects line of travel for surface depressions, overhead, and side clearance.
- ☐ C. Opens and secures doors before backing.
- ☐ D. Backs smoothly without excessive use of clutch-brake.
- ☐ E. Does not zigzag or oversteer.
- ☐ F. Makes full use of both rear view mirrors.
- ☐ G. Secures unit, sets parking brake, puts in gear, blocks wheels, shuts off motor.
- ☐ H. Checks traffic conditions and signals when pulling out from parked position.

**13. Uncoupling Tractor-Trailer**

- ☐ A. Checks for proper position to uncouple unit.
- ☐ B. Sets parking brakes and chocks trailer wheels properly.
- ☐ C. Unloads trailer air with tractor protection valve.
- ☐ D. Unhooks airlines and electrical cords and secures in brackets.
- ☐ E. Lowers landing gear until snug against surface.
- ☐ F. Unlatches fifth wheel.
- ☐ G. Eases tractor forward until clear of trailer.

**14. Attitude**

- ☐ A. Consistently alert and attentive.
- ☐ B. Willing to take instructions and suggestions.
- ☐ C. Adequate self-confidence in driving.
- ☐ D. Courteous.
- ☐ E. Patient.

Comments (Use additional sheet if necessary.)

# Record of Road Test and Certification

(Print)

## Driver Information

Driver's Name			Date of Birth		Social Security Number	
Driver's License Number		State License Issued		Type of Customer <input type="radio"/> Lease <input type="radio"/> Rental <input type="radio"/> Other _____		
Class	Endorsements/Restrictions	License Expiration Date	Date Employed	DOT Physical Due	Wears Glasses? <input type="radio"/> Yes <input type="radio"/> No	
Address - Street			City	State	Zip Code	
Company Name						
Company Address - Street			City	State	Zip Code	
Type of Equipment Used in Road Test					Miles Tested	

## Observation Results (Perform Road Test on page 2 before completing this section.)

This is the manner in which the driver operated the vehicle on this date. It does not necessarily mean this is the manner in which the driver normally drives. However, as a rule there is a direct correlation. I have indicated below my personal opinion of this driver's ability and knowledge of the proper and safe operation of this type unit. This driver is being compared with other drivers in the transportation industry who operate similar units.

☐ Satisfactory

☐ Unsatisfactory - Not Permitted to Operate Ryder Equipment

Instructed in accident handling procedures?

☐ Yes ☐ No

Instructed in fuel program?

☐ Yes ☐ No

Instructed in Vehicle Condition Reports?

☐ Yes ☐ No

Instructed in Trip Records?

☐ Yes ☐ No

Date of Evaluation \_\_\_\_\_

Driver Card Number \_\_\_\_\_ Expires \_\_\_\_\_ Issued By \_\_\_\_\_

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Examiner's Signature

## Certification of Examination for Road Test (Perform Road Test on page 2 before completing this section.)

Operator's or Chauffeur's License Number			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.

_____ Examiner's Signature	_____ Examiner's Title
_____ Location Name	_____ Address



# Certificate of Violations/Annual Review

Driver's Name			Date of Birth		Date
Address (If Changed) - Street		City	State		Zip Code
Driver's License Number/CDL Class	Endorsements/Restrictions	State	Expiration Date	Date DOT Physical Due	Telephone Number
Company Name	Date of Hire	Customer Number	Social Security Number		

Driver's Certification			
I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the last 12 months.			
Date Conviction	Offense	Location	Type of Motor Vehicle Operated
If no violations are listed above, I certify that I have not been convicted of 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		Date	Title

Employer's Annual Review of Driver's Record			
	Yes	No	Remarks
1. Does employee still meet minimum requirements for safe driving? (391.11)	<input type="radio"/>	<input type="radio"/>	
2. Has employee been disqualified to drive a commercial motor vehicle pursuant to 391.15?	<input type="radio"/>	<input type="radio"/>	
3. Has employee's accident record been reviewed?	<input type="radio"/>	<input type="radio"/>	
4. Have employee's traffic violations been reviewed?	<input type="radio"/>	<input type="radio"/>	
Reviewed by Signature		Date	Driver's Signature



# Driver's Prior 7 Day On-Duty Record

Driver Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

License Number \_\_\_\_\_ Type License \_\_\_\_\_ State \_\_\_\_\_

**Instructions:** The Department of Transportation regulation (395.8 (j) (2)) requires temporary personnel, casuals, and new hires to furnish a statement of the amount of time worked during the seven (7) consecutive days prior to employment. In the space provided below, show the number of on-duty hours worked during each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at

\_\_\_\_\_ on \_\_\_\_\_  
Time Day Month Year

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_  
Company Representative



**Do Not Write Below This Line - for Company Use Only**



## To Be Completed for Casual Drivers Only

The Motor Carrier Safety Regulations (391.51) also require that the driver qualification file for an intermittent, occasional, or casual driver who is employed under the rules in subparagraph 391.63 must include the following: (Check each item below when on file.)

- ☐ 1. Medical Examiner's Certificate - The medical examiner's certificate of the driver's physical qualification to drive or a legible (photographic) copy.
- ☐ 2. Certificate of Road Test - The original signed road test form and the certificate of driver's road test or a copy of the license or certificate which the motor carrier accepted as its equivalent.



# Notice to Drivers and Certificate of Compliance

## Notice to Drivers

The Commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles. Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds; vehicles designed to transport 16 or more passengers (including the driver); and any vehicle, regardless of weight, transporting hazardous materials. The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify in writing the motor carrier **and** the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise in writing the motor carrier the next business day after receiving notification of such action.
5. Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to a criminal fine not to exceed \$5,000 or imprisonment up to 90 days, or both.

## Certification by Driver

I hereby certify that I have read and understand the summarized driver provisions of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987.

Driver's Full Name (Print) - Last	First	Middle Initial	Social Security Number
Driver's Address - Street	City	State	Zip Code
License: State	Type/Class	Driver's License Number	

I further certify that the above commercial vehicle license is the only one held ( ☐ yes ☐ no ); I have surrendered the following license(s) to the state(s) indicated. (Write NA if not applicable.)

License: State	Type/Class	Identification Number
License: State	Type/Class	Identification Number

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date





# Certificate of Training - Hazardous Materials Transportation

Name	Social Security Number	Location Code
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This is to certify that the above named employee has received training in the Transportation of Hazardous Materials in accordance with FMCSR Title 49, Parts 177.800 and 397.1.

This employee has been issued a copy of the Driver's Guide to Hazardous Materials (118-ORS) and has been familiarized with the information contained therein.

This employee has been instructed in his/her responsibilities when engaged in the transportation of hazardous materials.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date