



DRIVER'S QUALIFICATION FILE

Driver Information

Carrier Information			
Prospective Employer		Main Phone	
Street Address		Fax Number	
City, State, ZIP		Email Address	
Name of Supervisor Handling DQ Files			
USDOT Number			
Driver/Applicant Information			
Driver Name		Application Date	
Current Street Address		Date of Hire	
City, State, ZIP		# of Years at Current Address	
Telephone Number		Email Address	
Date of Birth		SSN	
CDL/DL Number		License State	
License Class		Endorsement(s)	
License Expiration		Restrictions	
# of Years holding CDL			
Emergency Contact Information			
Contact #1: Name		Relationship	
Phone Cellular:		Phone Work/Home	
Contact #2: Name		Relationship	
Phone Cellular:		Phone Work/Home	

DRIVER'S APPLICATION FOR EMPLOYMENT

Rival Services LLC
14400 HWY 34
Fort Morgan, CO 80701

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

I (Print Name) _____, authorize you to make such investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). 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."

APPLICANT'S SIGNATURE

DATE

Front Range Compliance Services, LLC assumes no responsibility for the use of this form, or any other decision made by an employer which may violate local, state, or federal law.

DRIVER APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

Date of Birth _____ Social Security NO. _____

Telephone Number _____ E-Mail Address _____

List your residential address for the previous 3 years.

CURRENT ADDRESS _____ How Long? _____
(STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

Previous _____ How Long? _____
Addresses (STREET) (CITY) (STATE & ZIP CODE) (yr/mo)

(STREET) (CITY) (STATE & ZIP CODE) How Long? _____
(yr/mo)

(STREET) (CITY) (STATE & ZIP CODE) How Long? _____
(yr/mo)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Can you provide proof of age? _____ Do you have the legal right to work in the US _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

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

If yes, explain if you wish.

LICENSE INFORMATION

List all drivers licenses or permits held. Include licenses or permits in United States, Canada, and Mexico. Provide copies of all licenses and permits.

STATE ISSUED	SPECIFY LICENSE/PERMIT	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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

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

If the answer to either A. or B. is yes, explain details _____

Number of years you've held a Commercial Drivers License (CDL)? Enter N/A if None _____

List states operated in for the past five years: _____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

Provide all past driving experience in the table below.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES / APPROX TIME FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES
PICKUP & TRAILERS			
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			

EXPERIENCE AND QUALIFICATION - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

List any courses and training which may help you as a driver for this company.

List special equipment or technical materials you can work with (other than those already shown)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. If None, write None (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (head-on, rear-end, rollover, etc.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS. If None, write None (Do not include Parking Violations)

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____

Name of School

Street Address, City, State ZIP

TO BE READ AND SIGNED BY APPLICANT

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'S SIGNATURE

Date

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record required).

Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

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EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM (MO/YR) _____ TO (MO/YR) _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Permission to Release Driver Records to Another Person

To purchase a record other than your own, you must declare your intended use of that record, and you must have the signature of the person in interest authorizing you to inspect the record. If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. (§42-1-206 and §24-72-204, C.R.S.)(Driver Privacy Protection Act 18 USC 2721)

DRIVER INFORMATION		
<input type="checkbox"/> Motor Vehicle Records may be used for purposes of Driver Qualification Files, Accident Report, Annual Reviews, Follow Up Investigations, or for any other purpose to satisfy the Federal Motor Carrier Safety Regulations.		
I, (Please Print Name of Driver)		
hereby authorize the release of personal information contained in records maintained by the state agency for where I am licensed or where I have held a drivers license, to:		
Last Name	First Name	Company Name
Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206(1)(b)(I)).		
DRIVER		
Drivers Date of Birth	Drivers License Number	
Signature	Date	
Person Receiving Record		
Released Record to: Last Name	First Name	
Drive's License Number	State of Issue	
Company Name (If Applicable) FRCS		
Mailing Address 3664 Claycomb Lane		
City Johnstown	State CO	Zip Code 80534
Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.		
Signature of Requester		Date

ANNUAL REVIEW OF DRIVING RECORD

DRIVER NAME	LICENSE NUMBER	STATE

INSTRUCTIONS TO CARRIER: Review the driving record (MVR) of the employee in accordance with 49 Code of Federal Regulations, Section 391.25 and as outlined below. Complete the Certificate of Annual Review as listed. Document any remarks, safety concerns or driver counseling sessions.

In accordance to 49 CFR 391.25, a motor carrier shall, at least once every 12 months, review the driving record of each driver (Both CDL and Non-CDL) it employs to determine whether that's driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to 49 CFR 383.51 and 391.15.

In reviewing a driver record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles and must give great weight to violations. These violations include but are not limited to speeding, reckless driving, lane violations, use of a mobile phone while driving, and operating while under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public.

CERTIFICATION OF ANNUAL REVIEW

I have hereby reviewed the driving record of the above named driver in accordance to 49 CFR 391.25 and find:

- Meets minimum requirements for safe driving.
 Is disqualified to drive pursuant to Section 391.15.

 Does not adequately meet satisfactory safe driving performance.

If driver does not adequately meet satisfactory safe driving performance, explain: _____

List action taken with driver: _____

Important Notes: Date of most recent MVR: _____ (CDL Driver Only) Potential Disqualification factors identified in 49 CFR 383.51 Tables 1-4: _____

Reviewed By:	Title:
Reviewer Signature:	Date:

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 interstate, intrastate, or foreign commerce and operates a vehicle weighing 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 10,001 pounds or more, can transport more than 15 people, 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:

- 1) **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:** Section 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 or suspension of your driver's license. 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:
 - 1) your employing motor carrier, and
 - 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state 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 Number _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes:

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First M.I. Last Social Security Number _____

Hereby Authorize: _____
 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 _____.
 (employment application date)

To: Prospective Employer: Rival Services LLC
 Attention: Telephone:
 Street: 14400 HWY 34
 City, State, Zip: Fort Morgan, CO 80701

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 email address:
 Prospective employer's fax number:

 Applicant's Signature Date

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

PART 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) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type?
 Straight Truck Tractor Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

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	# Injuries	# Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
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Applicant Name: _____ **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 Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
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. YES NO
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? YES NO

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 page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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This form was (check one) Faxed to previous employer Mailed Emailed Other : _____

By: _____ Date: _____

PART 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

- PAGE 1 PART 1:** Prospective Employee
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records

PART 1:

COMPLETED BY DRIVER/APPLICANT

TO: Prospective Employer: Rival Services LLC
Street/P.O. Box: 14400 HWY 34
City, State, Zip: Fort Morgan, CO 80701 Telephone # _____

FROM: Driver/Applicant: _____ Social Security/I.D. # _____
Street: _____
City, State, Zip: _____ Telephone # _____

I am submitting this written request to either waive or obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. **This information should be:** (Check the appropriate box)

- I wish to waive my right to receive a copy of the previous employment history
- Sent to me at the above address.
- I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____

PART 2:

COMPLETED BY THE PROSPECTIVE EMPLOYER

Unless waived, the information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By: _____

Signature/person providing information _____ Telephone # _____ Release Date: _____

NOTE: PROVIDE ORIGINAL COPY TO PROSPECTIVE EMPLOYER

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) as the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (ref. Section 40.25(b)(5) and (e))

Prospective Employee Name: _____ Drivers License #: _____

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain. Safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

PROSPECTIVE EMPLOYEE SIGNATURE

Date

WITNESSED BY (SIGNATURE)

Date

ROAD TEST EXAMINATION

NOTE: Prospective Employer / Current Employer administering a road test is mandatory. For CDL driver's a copy of the current Commercial License must be placed in the Driver Qualification File and may be recognized as a road test certificate.

Driver Name	Telephone
Street Address	City, State ZIP
License Number	State of Issue
Class	Endorsements

The road test shall be given by the motor carrier, or a person designated by the motor carrier. Any owner operator must have a road test given by another person. The test should be given by a person who is competent to evaluate and determine whether the driver who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign to him/her.

Performance Pass / Fail	Examination _____ Date / Time
<input type="checkbox"/> / <input type="checkbox"/>	Pre-trip inspection (Section 392.7) Oil, Belts, Coolant, Air tanks, Brakes. Demonstration of emergency equipment.
<input type="checkbox"/> / <input type="checkbox"/>	Coupling and uncoupling of articulated units, including combinations. (King Pin, Landing Gear, Secured trailer against movement)
<input type="checkbox"/> / <input type="checkbox"/>	Backing (Asks for ground guide, gets out to check rear, steering.)
<input type="checkbox"/> / <input type="checkbox"/>	Placing the equipment in operation (Seat Belts, Mirrors, Adjustment of Seat and Driver Controls)
<input type="checkbox"/> / <input type="checkbox"/>	Accelerating to traffic speed. Operating in traffic, proper speed, and passing.
<input type="checkbox"/> / <input type="checkbox"/>	Gears - Proper Operation - Shifting - Non-Grinding
<input type="checkbox"/> / <input type="checkbox"/>	Steering Directional Control - Proper use of signals
<input type="checkbox"/> / <input type="checkbox"/>	Turning - Left turns, Right turns. (Too wide, short proper lane, blocks against cars)
<input type="checkbox"/> / <input type="checkbox"/>	Intersections and Railroad Crossings
<input type="checkbox"/> / <input type="checkbox"/>	Other:

Power Unit Used:	Trailer Used:
If Passenger vehicle type of bus:	Miles Driven:
Examiner Name:	Title:

Certificate of Road Test

Driver Name

Drivers License # & State

Class / Endorsements

Power Unit & Trailer (if used)

*This is to certify that the above-named driver was given a road test under my supervision
on _____ of approximately _____ miles of driving.*

*It is my considered opinion that the driver possesses sufficient driving skill to operate safely
the type of commercial motor vehicle listed above.*

Signature of Examiner

Title

Organization and Address

Note:

1. Provide a copy of this certificate to the driver and maintain a copy in the driver qualification file.
2. Obtain Copy of Current Drivers License and MVR current within 30 Days
3. 3) Obtain Copy of Current Medical Card and Verify the Medical Examiner

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic

notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015





DOCUMENTATION OF GOOD FAITH & SIGNIFICANT DATES

DRIVER NAME	LICENSE NUMBER	STATE

Compliance Information and Significant Date

EVENT	DATE	SUPERVISOR NAME
Application Date		
Hire Date		
Initial Motor Vehicle Record (MVR)		
Pre-Employment - Controlled Substances Test (CST)		
Pre-Employment (CST) Result Received		
Road Test Completion		
Previous Employment Inquiry (See Below)		
First Used in Safety Sensitive Position (382.107)		
Termination/Separation Date		

Previous Employment Inquire / Driver Background Investigation

LAST 3 YEARS OF <u>DOT</u> PREVIOUS EMPLOYERS	Part 2 / Part 3	Attempt 1 (Type) Date	Attempt 2 (Type) Date	Attempt 3 (Type) Date
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			

NOTE: Driver Inquiry and Background Investigation must be started within 30 days of the hire date. A minimum of three attempts must be documented. An attempt may be either Mail, Fax, Email, Phone, or Business Directory Search.