APPLICATION FOR QUALIFICATION

Company		
Address		
City	State	
The purpose of this application is to determine whether or not the to the requirements of the Federal Motor Carrier Safety Regulation		
Instructions to Applicant		
Please answer all questions. If the answer to any queswrite "No" or "None".	tion is "No" or "None	e", do not leave the item blank, but
Date Position applying for; Check	One: Contractor	☐ Driver ☐ Contractor's Driver
Name(First) (Middle)	(Last)	
Phone Number () Emo	ergency Phone Number	er ()
*Age Date of Birth	Social Security Num	nber
Physical Exam Expiration Date: Current & Three Years Previous Addresses:		To
	From	To
	From	To
	From	To
Have you worked for this company before? ☐ Yes ☐ If yes, give dates: From To		
Reason for leaving?		
Education History		
Please circle the highest grade completed: Grade S	chool: 1 2 3 4 5	6 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 years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr		Yr		Employer:			
From	To _		Name				
Position Held			Address				
			Phone # ((Street)	(City)	(State/Zip)	
			mployed here? 🗖 Y				
Was your job des	signated as a	safety-sensiti	ve function in any D	OT-Regulated mo	de subject to the	ne drug and alcohol	
testing requireme	ents of 49 CF	FR Part 40?	☐ Yes ☐ No				
N. 4. 18.7.		N. # 187	ъ.	T (P 1			
Mo/Yr	Т-		Present o				
			Name				
Position Held			Address				
D F I			Di	(Street)	(City)	(State/Zip)	
			Phone # (
			mployed here? \(\begin{align*} \text{Y} \\ \text{Y} \\ \text{Y} \\ \text{Proposition in any } \text{P}		de subject to th	no draw and alashal	
was your job des testing requireme			ve function in any D	O1-Regulated inc	de subject to ti	ie drug and aiconoi	
testing requireme	:1118 01 49 CF	rk rait 40?	Lies Lino				
Mo/Yr		Mo/Yr	Present o	r Last Employer			
From			Name				
Position Held			Address				
				(Street)	(City)	(State/Zip)	
Reason For Leav			Phone # (
			mployed here? \square Y				
			ve function in any D	OT-Regulated mo	de subject to the	ne drug and alcohol	
testing requireme	ents of 49 CF	R Part 40?	□ Yes □ No				
Mo/Yr		Mo/Yr	Present o	r Last Employer	:		
			Name				
Position Held			Address	(Street)	(City)	(State/Zip)	
Reason For Leav	ing		Phone # ((City)	(State/Zip)	
			mployed here? \square Y				
			ve function in any D		de subject to th	ne drug and alcohol	
testing requireme				C	3	U	
Ma/Va		Ma/X/n	Dunganta	n I aat Emmlassam			
MO/ I I	Т.	MO/YT	Present o Name	r Last Employer			
Position Held			Address				
D F 1			Di	(Street)	(City)	(State/Zip)	
			Phone # (
			mployed here? \square Y		1 11	1 111	
			ve function in any D	OT-Regulated mo	ode subject to the	ne drug and alcohol	
testing requireme	ents of 49 CF	'K Part 40'?	⊔ Yes ⊔ No				

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

			Dates					
Class of Equipment I		From			Approximate Number of Miles (Total)			les (Total)
Straight Truck				-	11			, ,
Tractor and Semi-tra	ailer							
Tractor-two trailers								
Tractor-three trailer	s (triples)							
Other								
List states operate	d in, for the las	t five years:						
List special course	es/training com	peted (PTD	/DDC, Haz	Mat, etc.):				
List any Safe Driv								
Accident Record		•		ore space is n	eeded)	1		
		re of Acciden					# of	# of People
Date of Accident	(Head on,	rear end, ups	et, etc.)	Loc	ation of Accident	F	atalities	Injured
							_	
Traffic Convictio			<u>e last thre</u>		•	ig violat		
Date	Lo	ocation		arge	ge Penalty			
Driver's License	(list each driver	's license he	ld in the pa	st three year	s)			
State License #		nse #	Type		Endorsements		Expiration Date	
B. Has any liceC. Is there any which you lD. Have you e	ense, permit or p reason you mig have applied (as ver been convict	privilege ever that be unable described in ted of a felon	been susper to perform the job description	nded or revolute functions cription)?	······································		YES YES YES YES YES YES YES YES	NO 🗆 NO 🗆 NO 🗆
ii the answers to	DA, D, COPD	S IES, giv						
Personal Ref	erences							
List three persons for	or references, oth	ner than fami	ly members	, who have k	knowledge of your	r safety h	abits.	
Name		Add	Address			Phone		
Name		Add	Address			Phone		
Name Address		lress		Phone				

To Be Read and Signed by Applicant

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

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons 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 for Qualification 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
Remarks (For office use only)	

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