

Driver Qualification Form

1. Name of Driver _____

- All applications must be filled out completely. Any application not filled out correctly will not be processed.
- All work/activity history for the past 10 years must be filled in with the dates, Company name, address, phone number and reason for leaving.
- All time spent as a student and not employed must be accounted for.
- If returning by mail, you must include a clear copy of your Driver's License, Social Security Card, and Medical Card.
- Please provide all details as to the Type of Equipment driven, Years of Experience, and Approximately how many miles Driven.
- Please also provide any/all traffic violation and accidents within the last 3 years and if there was none state that in the appropriate section.

This Application Does Not in any way Guarantee Employment.

If you should have any questions please feel free to contact us.

Denise Jones
Safety & Recruiting
800 Federal Blvd
Carteret, NJ 07008
(732) 750-9000 ext. 284
(877) 789-2257 toll free

ACKNOWLEDGEMENT:

This is to acknowledge and certify that I have read and understand this document.

Name of Associate (Please Print)

Signature

Date

Commercial Motor Vehicle Driver's Application

(answer all questions – please print)

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 original, age, marital status or non-job related disability.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

SSN (Optional): _____ Date of Birth: _____

List your addresses of residency for the past 3 years:

Current Address: _____
Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses: _____ How Long? _____
Street _____ City _____ State/Zip Code _____

_____ How Long? _____
Street _____ City _____ State/Zip Code _____

_____ How Long? _____
Street _____ City _____ State/Zip Code _____

Do you have the legal right to work in the United States? Yes No

Can you furnish proof of age? Yes No

Have you ever worked for this company before? Yes No If yes, Where? _____

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

Reason for Leaving _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Were you referred? Yes No By whom? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish:

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High school 1 2 3 4 College 1 2 3 4

Last School Attended: _____
 (Name) (Address)

List any special courses classes or programs that will help you as a driver: _____

Employment History

All driver applicants, to drive in interstate commerce, must provide the following information on all during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide and additional 7 years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Company Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact	Phone Number		Reason For Leaving	

Company Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact	Phone Number		Reason For Leaving	

Company Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact	Phone Number		Reason For Leaving	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
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EMPLOYER			DATE	
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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				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

* A commercial motor vehicle including vehicles having a GVW rating of 26,000 pounds or over; vehicles designated to transport 15 or more passengers, including the driver of any size vehicle used to transport hazardous materials in such quantity requiring placards.

Driving Experience (If none, write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi				
Tractor 2 Trailers				
Other				

List states operated in for last five years _____

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

Experience and Qualifications – Other

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

Driver License Information

State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___

B. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

C. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

IF THE ANSWER TO A, B, C IS YES, ATTACH STATEMENT GIVING DETAILS

Accident History – (Attach sheet if more room is necessary)

Accident Record for the past 3 years. If none, check here

Date Month/Year	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill
				Yes / No
				Yes / No
				Yes / No

Traffic Convictions and Forfeitures – (Attach sheet if more room is necessary)

Traffic convictions and forfeitures for the past 3 years. If none, check here

Date Month/Year	Violation (other than parking violation)	Location	Penalty

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.

I authorize you to make such investigations and inquiries of 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 are 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.

Date

Applicant's Signature

Fair Credit Reporting Act Candidate Notice and Disclosure

_____ (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name. Last First Middle

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Signature Today's Date

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION
DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to _____
for the purposes of investigation as required by Section 391.23 (Prospective Employer)
of the Federal Motor Carrier Safety Regulations.

Applicant's Signature X _____ Date X _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)
 Mailed, Date: _____
 Faxed, Date: _____
 Emailed, Date: _____
 Received by Phone, Date: _____
Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____
and states that he/she was employed by you as _____
from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to use within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here

SECTION 2: SAFETY PERFORMANCE HISTORY

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

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 Other (Specify) _____

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

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: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

REQUEST/CONSENT FORM FOR PREVIOUS EMPLOYER ALCOHOL & DRUG TEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

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

hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: _____
Attention: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

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

Prospective employer's confidential fax number: _____

Prospective employer's e-mail address: _____

X _____ X _____
Applicant's Signature Date

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

Under Department of transportation testing requirements:

- | | 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 had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____

**PREVIOUS EMPLOYER-
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**

MCF-382.405 & 40.25

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.