

DRIVER'S APPLICATION FOR DQF EMPLOYMENT 100

COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, color, sex, national origin, age, marital status, non job related disability, or any other protected group status.

APPLICANT'S NAME _____ DATE _____

POSITION APPLIED FOR _____

CURRENT ADDRESS _____

I AM GIVING AUTHORIZATION FOR THE EMPLOYER LISTED ABOVE TO INQUIRE AND INVESTIGATE MY PERSONAL, EMPLOYMENT, FINANCIAL AND MEDICAL HISTORY IN REGARDS TO MY EMPLOYMENT STATUS. I RELEASE ANY PREVIOUS EMPLOYER, SCHOOL, AND HEALTHCARE FACILITY FROM ALL LIABILITY DURING THE RELEASE OF MY INFORMATION IN REGARDS TO MY APPLICATION.

SIGNATURE _____ DATE _____

Previous Addresses for Last Three Years			
Street	City	State/Zip	Length

DATE OF BIRTH _____ TELEPHONE (____) _____ SOCIAL SECURITY _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? [] YES [] NO

IF YES, WHEN? _____ REASON FOR LEAVING _____

HOW DID YOU HEAR OF THIS POSITION? _____

THIS FORM IS MADE AVAILABLE WITH THE UNDERSTANDING THAT CNS TRUCK LICENSING IS NOT ENGAGED IN RENDERING LEGAL, ACCOUNTING, OR OTHER PROFESSIONAL SERVICES. CNS TRUCK LICENSING ASSUMES NO RESPONSIBILITY FOR THE USE OF THIS FORM, OR ANY DECISION MADE BY AN EMPLOYER WHICH MAY VIOLATE LOCAL, STATE, OR FEDERAL LAWS.

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RATE OF PAY EXPECTED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED.

IS THERE ANY REASON YOU WON'T BE ABLE TO PERFORM THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION] IF YES, EXPLAIN IF YOU WISH.

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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ACCIDENT RECORD

PLEASE LIST THE PAST 3 YEARS OR MORE. IF ZERO, WRITE "NONE"

DATE	TYPE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT SPILL

VIOLATION RECORD

PLEASE LIST THE PAST 3 YEARS OF CONVICTION OR FORFEITURES. IF ZERO, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

PLEASE LIST ALL LICENSES AND PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE TYPE	CLASS/ENDORSEMENTS	EXPIRATION DATE

PLEASE LIST BELOW IF YOU HAVE BEEN DENIED A LICENSE, PRIVILEGE OR PERMIT TO OPERATE A MOTOR VEHICLE OR HAS BEEN SUSPENDED OR REVOKED.

CHECK IF YOU HAVEN'T BEEN DENIED

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DRIVING EXPERIENCE CHECK LIST

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, DUMP, REFER)	YEARS	MILES DRIVEN
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES [] NO			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 8 PASSENGERS			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 15 PASSENGERS			
OTHER _____			

PLEASE LIST ANY TRANSPORTATION EXPERIENCE THAT MAY HELP YOU WITH YOUR WORK.

LIST HIGHEST LEVEL OF EDUCATION COMPLETED

LAST SCHOOL ATTENDED AND ADDRESS

APPLICANT AGREEMENT

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.

SIGNATURE: _____

DATE: _____

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Additional Employment History (If needed)

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? [] YES [] NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? [] YES [] NO	

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? [] YES [] NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? [] YES [] NO	

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? [] YES [] NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? [] YES [] NO	

Certification of Violations

DQF
180

§ 391.27 Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

Each driver shall furnish the list required in accordance with the paragraph above of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

Driver Information

Name _____ Date _____

Employee ID _____ SSN _____

License Number _____ State _____ Exp _____

Motor Carrier _____

Motor Carrier Address _____

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 past 12 months.

[] None. Check here if you have not had any violations in the past 12 months.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver Signature _____ Date _____

Reviewer's Signature _____ Title _____

Annual Inquiry and Review of Driving Record

DQF
200

§ 391.25 Each motor carrier shall, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(2) The motor carrier must 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, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Driver's Information

Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Motor Carrier Information

Motor Carrier Name _____

Address _____

City _____ State _____ Zip _____

Reviewer Name _____

Title _____

I have reviewed the driving record provided by the DMV and the certification of violations of the driver listed above. With this information I have come to the conclusion that this driver: (Check one)

Qualifies for the requirements for safe driving

Is disqualified to drive a Commercial Motor Vehicle.

Action Taken with this driver:

Reviewer's Signature _____ Date _____

Request for Information - DQF From Previous Employer 300

Former/Current Employer Liability Waiver

I, _____, hereby authorize you to release all information regarding my employment at _____, to _____ for purposes of investigation and inquiry, including written and oral assessment of my job performance, ability and fitness, and controlled substance and alcohol test results in connection with my application for employment with the above stated company. I hereby release you from any and all liability of any type as a result of providing the above information to the above mention company/person.

Applicant's Signature: _____

Date: _____

Name/Address of Previous Employer

Name/Address of Prospective Employer

This form was (Check appropriate box)

- Mailed, Date: _____
 Faxed, Date: _____
 Emailed, Date: _____
 Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Date of Birth: _____ Social Security #: _____

The individual named above has made application to this company for employment as a truck driver and states that he/she was employed by you as a _____ from _____ to _____.

1. Is employment dates record with your company correct as stated above? Yes/ No
If No, please states dates employed _____
2. What kind of work did applicant do? _____
3. If employed as a driver, specify equipment driven. _____
4. Number of Accidents? _____. Number Preventable? _____. Details? _____
5. Was applicant's driver's license ever suspended or revoked? _____
6. Commodities transported? _____. Areas driven in? _____
7. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____
8. Was applicant's general conduct satisfactory? Yes/No Comments? _____
9. Is applicant competent for the position he/she is seeking? Yes/No Comments? _____
10. Would you re-employ? Yes/No Comments? _____
11. Was there any physical condition including work comp claims? _____
12. Any remarks or comments? _____

Request for Drug and Alcohol Records | DQF 400

Section A. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Name: _____ Social Security/ID No. _____

Employee Signature: _____ Date: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT Agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

A-1.

New Employer Name _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

A-2.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section B. To be completed by the previous employer and transmitted by mail or fax to the new employer:

B-1. In the two years prior to the date of the employee's signature (in Section A), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ___ NO ___

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

B-2.

Name of person providing information in Section B-1: _____

Title: _____

Phone #: _____

Date: _____

Certification of Compliance with the Driver License Requirements

DQF
500

§ 383.1

The purpose of this part is to help reduce or prevent truck and bus accidents, fatalities, and injuries by requiring drivers to have a single commercial motor vehicle driver's license and by disqualifying drivers who operate commercial motor vehicles in an unsafe manner.

- (1) Prohibits a commercial motor vehicle driver from having more than one commercial motor vehicle driver's license
- (2) Requires a driver to notify the driver's current employer and the driver's State of domicile of certain convictions
- (3) Requires that a driver provide previous employment information when applying for employment as an operator of a commercial motor vehicle
- (4) Prohibits an employer from allowing a person with a suspended license to operate a commercial motor vehicle
- (5) Establishes periods of disqualification and penalties for those persons convicted of certain criminal and other offenses and serious traffic violations, or subject to any suspensions, revocations, or cancellations of certain driving privileges
- (6) Establishes testing and licensing requirements for commercial motor vehicle operators
- (7) Requires States to give knowledge and skills tests to all qualified applicants for commercial drivers' licenses which meet the Federal standard
- (8) Sets forth commercial motor vehicle groups and endorsements
- (9) Sets forth the knowledge and skills test requirements for the motor vehicle groups and endorsements
- (10) Sets forth the Federal standards for procedures, methods, and minimum passing scores for States and others to use in testing and licensing commercial motor vehicle operators
- (11) Establishes requirements for the State issued commercial license documentation.

§ 391.11

- (a) A person shall not drive a commercial motor vehicle unless he/she is qualified to drive a commercial motor vehicle. Except as provided in §391.63, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless that person is qualified to drive a commercial motor vehicle.
 - (b) Except as provided in subpart G of this part, a person is qualified to drive a motor vehicle if he/she—
 - (1) Is at least 21 years old
 - (2) Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records
 - (3) Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives
 - (4) Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part
 - (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction
 - (6) Has prepared and furnished the motor carrier that employs him/her with the list of violations or the certificate as required by §391.27
 - (7) Is not disqualified to drive a commercial motor vehicle under the rules in §391.15
 - (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with §391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with §391.33.

Notes _____

I have read and been trained on the regulations of the Federal Motor Carrier Safety Association. I will comply with all guidelines and regulations set forth by the FMCSA.

Driver Name _____

Signature _____ Date _____

Training Administrator's Name _____

Signature _____ Date _____

Notification of Convictions for a Driver Violation

DQF
600

§ 383.31

Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that the person has been convicted.

Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to §383.31

Driver's full name _____

Driver's License Number _____

Did the violation take place in a commercial vehicle? (Check one)

Yes No

Location where the offense took place _____

Date of Conviction _____

The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s)

Driver's Signature _____

Date _____

Statement of On-Duty Hours (New Hire) DQF 700

§ 395.8 (j) (2)

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Driver's Information

Driver Name _____ Employee # _____

Address _____

List the day, date and hours worked in the previous 7 days below. If the driver is off-duty any of the days, note that day as "Off-Duty"

	Date	Day of Week	Hours On-Duty
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Total hours On-Duty the past 7 days _____

Note the last date and time the driver was On-Duty _____

By signing below, I have stated accurate and true information of my 7 proceeding days of compensated work.

Driver's Signature _____ Date _____

Certification of Other Compensated Work

DQF
750

When employed by a motor carrier, a driver must report all on-duty hours worked from other employers. On-duty hours are defined below from the Federal Motor Carrier Association.

§ 395.2

On-duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On-duty time shall include:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time
- (3) All driving time as defined in the term driving time
- (4) All time in or on a commercial motor vehicle, other than:
 - (i) Time spent resting in or on a parked vehicle, except as otherwise provided in §397.5 of this subchapter
 - (ii) Time spent resting in a sleeper berth
 - (iii) Up to 2 hours riding in the passenger seat of a property-carrying vehicle moving on the highway immediately before or after a period of at least 8 consecutive hours in the sleeper berth
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, to comply with the random, reasonable suspicion, post-crash, or follow-up testing required by part 382 of this subchapter when directed by a motor carrier
- (8) Performing any other work in the capacity, employ, or service of, a motor carrier
- (9) Performing any compensated work for a person who is not a motor carrier.

Driver's Information

Driver's Name _____ Employee # _____

Address _____

Are you currently employed at another company? (Check one)

Yes No

How long do you expect to be employed by this company? _____

I, _____ attest that the information I have listed above is accurate and true. I will notify this company of any additional employers for compensation.

Driver Signature _____ Date _____

Fair Credit Reporting Act | DQF
775

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are giving permission to the listed employer below to receive and verify your previous employment records. These records include the following, previous drug and alcohol test results and driving record. These documents will be verified for employment purposes. The Federal Motor Carrier Administration requires an employer to hold these records according to Sections 382.413, 391.23, 391.25.

I _____, give my employer _____, permission to receive and review my records in the accordance of the Fair Credit Reporting Act.

Applicant Signature _____

Date _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. 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 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2012



REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to Prospective Employer: _____

Attention: _____ Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, and 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.

X Applicant's Signature _____

Date _____

ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE

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 us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Applicant Name _____ SS# _____

Employer _____ Phone (504) _____

Address _____ City NEW ORLEANS State LA Zip _____

- Dates employed - from: ____/____/____ to: ____/____/____ and ____/____/____ to: ____/____/____
- Reason for leaving: Voluntary Discharged _____ Laid Off Other _____
(Details) (Details)
- Would you rehire? Yes No If no, why not? _____
- Job Title: _____
 Company Driver OTR Single Tractor Trailer Van/Reefer
 Owner Operator OTR Regional Team Straight Truck Flatbed
 Other _____ Local Student Other _____ Tanker
- Commodities: _____
- Total number of accidents/incidents? _____ (Verify as much detailed information as possible.)

Date	Description	DOT Reportable	Preventable/Non-Preventable	Injuries/Fatalities	Cost

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____. YES NO

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

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Any other remarks: _____

Signature: _____ Print Name: _____

Title: _____ Date: _____

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25

Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review

Exhibit Transfer Systems
Motor Carrier's Name

S. Cannizzaro, Owner
Reviewed by: Signature and title

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

Date of review

Motor Carrier's Name

Reviewed by: Signature and title

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

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 past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)
Exhibit Transfer Systems
(Motor Carrier's Name)
J. Cannizzaro
(Reviewed by: Signature)

(Driver's Signature)
5000 W. Esplanade #185 Metairie
(Motor Carrier's Address)
Owner
(Title)
LA 70006