



DRIVER QUALIFICATION APPLICATION

Please print in ink in your own handwriting.

Applicant's Name: Last..... First..... Middle.....
Address: ..... City ..... State..... Zip .....
How Long There? Years..... Month..... Home Phone Number: (.....).....
Cellular Phone Number: ..... Email Address: .....

Social Security Number: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Date of Birth: .....

Emergency Contact: Name..... Phone Number:.....
Address:..... Relationship:.....

PLEASE READ CAREFULLY

- A. Have you EVER been denied a license, permit, or privilege to operate a motor vehicle.....
B. Have your motor vehicle operator's license, permit, or privilege been suspended or revoked? .....
C. Have you EVER been disqualified from driving a motor vehicle under the D.O.T regulation? .....
D. Have you EVER been convicted for driving under the influence of alcohol or drugs? .....
E. Have you EVER convicted of possession, sale, or use of a controlled substance? [Date.....].....
F. Have you EVER been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc? .....
G. Have you EVER been convicted of, found not guilty by reason of insanity, plead guilty, or plead no contest for, or been released from prison and / or jail for a felony (As defined by any U.S. or state law) at any time during the ten (10) years before the date of this application? .....
H. Are you under indictment or charged for felony or are you required to register as a sex offender (as defined by any U.S. or state law)? .....
I. Pursuant to D.O.T. regulations have you, within the three (3) years preceding the date of this application:
1. Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated? .....
2. Undergone a controlled substance test in which a positive result has been verified? .....
3. Refused to undergo either an alcohol or drug test or had an adulterated or substituted drug test verified? .....
4. Had any other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations? .....
5. Successfully completed return-to-duty requirements following violation of a D.O.T drug or alcohol regulation? .....

\* This includes all D.O.T. regulated alcohol and drug testing including any pre- employment testing.

IF YOU ANSWERED "YES" TO ANY THESE QUESTIONS, PLEASE PROVIDE DETAIL, INCLUDING DATES.

## EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with you current or most recent job and work backwards in order, listing your employers and any periods of unemployment for at least 10 years including all full and part-time employment. All time must be accounted for, including military service, school, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

### **Current Employer:**

Company Name: ..... Month Year Month Year  
Address: ..... City: ..... State..... Zip ..... From: ..... To: .....  
Phone Number (.....)..... Position Held: ..... Satellite Communication  Yes  No  
Type of Equipment had driven..... Areas In which you drove.....  
Reason for Leaving: .....  
Were you subject to DOT regulations while working for this employer?  Yes  No  
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?  Yes  No

### **SECOND LAST EMPLOYER**

Company Name: ..... Month Year Month Year  
Address: ..... City: ..... State..... Zip ..... From: ..... To: .....  
Phone Number (.....)..... Position Held: ..... Satellite Communication  Yes  No  
Type of Equipment had driven..... Areas In which you drove.....  
Reason for Leaving: .....  
Were you subject to DOT regulations while working for this employer?  Yes  No  
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?  Yes  No

### **THIRD LAST EMPLOYER**

Company Name: ..... Month Year Month Year  
Address: ..... City: ..... State..... Zip ..... From: ..... To: .....  
Phone Number (.....)..... Position Held: ..... Satellite Communication  Yes  No  
Type of Equipment had driven..... Areas In which you drove.....  
Reason for Leaving: .....  
Were you subject to DOT regulations while working for this employer?  Yes  No  
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?  Yes  No

### **FOURTH LAST EMPLOYER**

Company Name: ..... Month Year Month Year  
Address: ..... City: ..... State..... Zip ..... From: ..... To: .....  
Phone Number (.....)..... Position Held: ..... Satellite Communication  Yes  No  
Type of Equipment had driven..... Areas In which you drove.....  
Reason for Leaving: .....  
Were you subject to DOT regulations while working for this employer?  Yes  No  
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?  Yes  No

**USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY, IF NECESSARY.**

**TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING VIOLATIONS:  
LIST FOR PAST THREE YEARS**

Includes On -Duty or Off -Duty and while in either a commercial or personal vehicle. If none, must write "NONE"

Date	City State	Charge - If Speeding, How Fast?	Penalty

**ACCIDENT RECORD**

List **all** accidents within the past **three** years regardless of whether it involved a commercial or Personal vehicle. Include preventable and non-preventable accidents and any that involved property damage. **If none, must write "NONE".**

Date	Type of vehicle	Preventable	Non Preventable	Fatalities		Injuries		Amount of Property Damage	City / State	Employer
				Yes	No	Yes	No			

*List 3 Personal References (other than relatives or past employers):*

Name:.....Address.....Occupation.....Phone: (.....).....

Name:.....Address.....Occupation.....Phone: (.....).....

Name:.....Address.....Occupation.....Phone: (.....).....

"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."

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

**PREVIOUS PRE-CONTRACT CONTRACTOR  
ALCOHOL AND DRUG TEST STATEMENT**

Reference Sec. 40.25(j) GDA Freight Corp., must ask the Contractor whether he or 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 or she had a positive test or a refusal to test, GDA Freight Corp. must not use the Contractor to perform safety-sensitive functions, until and unless the Contractor documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section



Prospective Contractor Name: \_\_\_\_\_

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

1.- Have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DAOT 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

Prospective Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1 AUTHORIZATION**

I, (Print Name) \_\_\_\_\_, hereby authorize:

SSN: \_\_\_\_\_ (First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_

(Date of Employment Application)

to:

Prospective Employer: SOCAL EXPRESS

Attn.: JULIO CASAS

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

Phone: 909.838.1620

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

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: \_\_\_\_\_

Prospective employer's confidential email: \_\_\_\_\_

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

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

**SECTION 2 ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

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) \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

