

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company: **DRIVING MOMENTUM, INC.®**

**P.O. Box 73681**

**Houston, Texas 77273**

Phone - 281-893-0097

Fax – 281-605-1384

Email – ChrisGraham@drivingmomentum.com

(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 origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ How Long? \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Address) \_\_\_\_\_ How Long? \_\_\_\_\_

For Past) *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State & Zip Code* \_\_\_\_\_

Three ) \_\_\_\_\_ How Long? \_\_\_\_\_

Years ) *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State & Zip Code* \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

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? \_\_\_\_\_

Who do we notify in case of an emergency? \_\_\_\_\_

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. \_\_\_\_\_

- 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\_\_\_\_\_
- C. Do you have any open warrants? Yes\_\_\_\_\_ No\_\_\_\_\_
- D. Do you have any outstanding tickets? Yes\_\_\_\_\_ No\_\_\_\_\_

IF THE ANSWER TO A THROUGH D IS YES, PLEASE PROVIDE DETAILS:

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**EXPERIENCE AND QUALIFICATIONS - DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

**DRIVING EXPERIENCE**

TRANSMISSIONS you can shift and operate: 7 speed\_\_\_8 speed\_\_\_9 speed\_\_\_10 speed\_\_\_13 speed\_\_\_15 speed\_\_\_Super10\_\_\_ Auto Only:\_\_\_

TRANSMISSION PREFERENCE: AUTO\_\_\_\_\_ or MANUAL\_\_\_\_\_

EQUIPMENT DRIVEN with YEARS OF EXPERIENCE: **EXAMPLE – TRACTOR TRAILER 10**

TRACTOR TRAILER___	FLATBED___	DOUBLES___	VAN___
LOWBOY___	TANKER___	CURTAIN SIDE___	VACUUM___
DROP DECK___	BOBTAIL/STRAIGHT TRUCK___	CHAIN___	STRAP___
YARD MULE / HOSTLER___	TARP___	LIQUID___	BLOW OFF___
ROLL OFF___	PERMIT LOADS___	FORK LIFT___	REEFER___
DUMP___	HEAVY HAUL___	SPIDER / MOFFETT___	LOG BOOK___
CONTAINERS___	INTERSTATE___	LTL/MULT DEL___	

PREFERENCES: NOT FORCED DISPATCH

- |              |              |                     |               |
|--------------|--------------|---------------------|---------------|
| ( ) LOCAL    | ( ) DAYS     | ( ) WILL UNLOAD     | ( ) NIGHTS    |
| ( ) REGIONAL | ( ) WEEKENDS | ( ) WILL NOT UNLOAD | ( ) OVERNIGHT |
| ( ) 2-3 DAYS | ( ) 4-5 DAYS | ( ) ANY             |               |

DO YOU HAVE YOUR OWN TRANSPORTATION TO AND FROM WORK YES\_\_\_ NO\_\_\_

LIST STATES OPERATED IN FOR LAST FIVE YEARS

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

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

## EMPLOYMENT HISTORY PAST 10 YEARS

Applicants who drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide ten (10) 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 as necessary.)

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NO		REASON FOR LEAVING
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? <b>(CIRCLE ONE)</b> YES NO			
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? <b>(CIRCLE ONE)</b> YES NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NO		REASON FOR LEAVING
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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST THREE (3) YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC).	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**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) (CITY)

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS -OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**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 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.

\_\_\_\_\_  
Date

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

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "YES" complete section below)

STATE	DATE	CONVICTED OF	SENTENCE

Have you ever failed a pre-employment or random drug test? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "YES" complete section below)

STATE	DATE	COMPANY

Is there any pending criminal litigation in which you are named as the defendant? Yes \_\_\_ No \_\_\_ (if "YES" complete section below)

STATE	DATE	CHARGE

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

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

**MOTOR VEHICLE DRIVER'S  
CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** 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 (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. 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 (Section 391.27).

**COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS**

<b>NAME OF DRIVER: (PRINT)</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF EMPLOYMENT</b>
<b>HOME TERMINAL (CITY AND STATE)</b>	<b>DRIVER'S LICENSE NUMBER / STATE</b>	<b>EXPIRATION DATE</b>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<b>DATE</b>	<b>OFFENSE</b>	<b>LOCATION</b>	<b>TYPE OF VEHICLE OPERATED</b>
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

(Today's Date)

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving                       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

\_\_\_\_\_

Reviewed by (Printed Name): \_\_\_\_\_ Date \_\_\_\_\_

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

# CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate 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 some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 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 violate 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 state must be in writing.

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

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Notes:

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# ***DRIVING MOMENTUM, INC.***

P.O. Box 73681  
Houston, Texas 77273

## **DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I have the right to make a request of DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

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 being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Social Security Number of Applicant*

# ***DRIVING MOMENTUM, INC.***

P.O. Box 73681  
Houston, Texas 77273

## **PRE-EMPLOYMENT URINALYSIS NOTIFICATION**

The Federal Motor Carrier safety regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this Company.

### **391.103 Pre-employment testing requirements.**

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.**
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.**
- c) Prior to collection of a urine sample under Sec. 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.**

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this Company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and Positive results will be reported to the Company.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH      DAY      YEAR

WITNESSED BY:

\_\_\_\_\_  
COMPANY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
MONTH      DAY      YEAR

***Driving Momentum Inc.®***  
P. O. Box 73681, Houston, Texas 77273-3681  
PHONE: 281.893.0097 FAX: 281.605.1384

**REQUEST FOR INFORMATION**

Name and address of previous employer:

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

Dear Sir or Madam:

The individual named below has made application with this company for a position as a truck driver operating under the safety regulations noted below. This individual states he/she was employed by you as a truck driver from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy and timely response.

Sincerely,

I hereby authorize you to release the following information to Driving Momentum, Inc. for the purposes of investigation as required by 49 CFR Sections 40, 382 and 391 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Printed Name of Witness*

X \_\_\_\_\_  
*Signature of Applicant*

X \_\_\_\_\_  
*Printed Name of Applicant*

X \_\_\_\_\_  
*Social Security Number*

**Applicant's Name:** \_\_\_\_\_

**S. S. No.:** \_\_\_\_\_

1. Are employment dates correct? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, from \_\_\_\_\_ to \_\_\_\_\_
2. Did he/she drive tractor trailers for you? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Check All That Apply)  
Tanker \_\_\_ Doubles \_\_\_ Straight Truck \_\_\_ Curtain Side \_\_\_ Van \_\_\_ Permit \_\_\_  
Flatbed \_\_\_ Container \_\_\_ Strapping \_\_\_ Chaining \_\_\_ Haz-Mat \_\_\_ Other \_\_\_  
If other please list. \_\_\_\_\_
3. If yes, was he/she a safe and efficient driver? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Reason for leaving your employ: Discharge \_\_\_\_\_ Resignation \_\_\_\_\_  
Layoff \_\_\_\_\_ Medical \_\_\_\_\_
5. Was his/her general conduct satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_
6. Would you rehire him/her? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review \_\_\_\_\_  
Comments: \_\_\_\_\_
7. Did he/she test positive for a Non-DOT drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

***The federal safety regulations noted on the previous page in the release require that the following additional questions be answered if he/she was a truck driver covered by those regulations while in your employ:(Part 382,405,382.413,391.89,40.37, and 40.81(1) of 49 CFR FMCSR)***

***Following information covers the previous three years from date of request.***

1. Did he/she test positive for a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did he/she refuse to be tested for controlled substance or alcohol tests required by the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did he/she have an alcohol test with a concentration result of 0.04 or greater or refuse to be tested in the three years preceding the date of the request? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Any violations of DOT drug/alcohol regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Any reported violations from previous employers to you? Yes \_\_\_\_\_ No \_\_\_\_\_
6. If you answered yes to any of the above questions, please note questions number and date. \_\_\_\_\_

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### ACCIDENT RECORD

Was he/she involved in one or more accidents/incidents in a commercial motor vehicle in the preceding three years as recorded in accident register Yes \_\_\_\_\_ No \_\_\_\_\_  
**DOT Recordable** or **Non DOT Recordable** (Please circle one)  
Please list the dates of accident(s) with a note about DOT recordable as well as preventable or non preventable with accident type.

Date of Accident: \_\_\_\_\_ City or Town, State: \_\_\_\_\_

Number of Injuries: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_

Was there a Hazmat Spill: YES \_\_\_\_\_ NO \_\_\_\_\_

Notes: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

COMPANY: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name / Title*



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 475-5987

<b>HireRight Customer:</b>	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***Driving Momentum Inc.®***

**P. O. Box 73681, Houston, Texas 77273-3681**

**281.893.0097 800.259.0097 FAX 281.605.1384**

**Providing D.O.T. Driver Leasing Services**

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse 49 CFR Part 382

I, \_\_\_\_\_, hereby provide consent to Driving Momentum Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violations about me exists in the Clearinghouse. This driver consent is for multiple limited queries for the duration of your employment.

I understand that if the limited query conducted by Driving Momentum Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Driving Momentum without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Driving Momentum Inc. to conduct a limited query of the Clearinghouse, Driving Momentum Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CDL Number

\_\_\_\_\_  
State



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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\_\_\_\_\_

Print Name of CDL HolderPhone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of CDL HolderSocial Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_

Print Motor Carrier's NamePhone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver  <b>X</b>	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.**