

Hawk Energy, LLC.
2085 W HWY 40 Roosevelt,
UT 84066 435-722-4046

Position Applying For: _____ Date of Application: _____

Name: _____ Social Security No.: _____
Last First Middle

Current Address: _____
Street City

_____ Phone: _____ Birth Date: _____
State Zip Code

Emergency Contact Name: _____ Phone Number: _____

Previous
Addresses: _____ Dates: From _____
(3 Years) *Street City State & Zip Code* To _____

_____ Dates: From _____
Street City State & Zip Code To _____

_____ Dates: From _____
Street City State & Zip Code To _____

Use backside of sheet for additional addresses

Driver's License information: List all licenses held within the previous 3 years

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?

YES ☐ NO ☐ If yes, give state of issuance and explanation of the circumstances _____

Use backside of sheet if additional space is needed

Driving Experience

Types of Equipment (Truck, tractor/trailer, tank, etc.)	Dates		Approx. mileage driven (total)
	To	From	

DRIVER QUALIFICATION FILE CHECKLIST

Every motor carrier must have a driver qualification (DQ) file for each regularly employed driver. The file must include the following:

- A. ____ Driver's Application for Employment (49 CFR 391.21). A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
- B. ____ Inquiry to Previous Employers -3- year (49 CFR 391.23(a)(2) & (c), and 391.53). This investigation must be made within 30 days of the date that his/her employment begins. Investigations shall include information concerning out-of-service violations, misuse of controlled substance or alcohol and accident history.
- C. ____ Inquiry to State Agencies - 3 years (49 CFR 391.23(a) (1) & (b) - (new hire MVR). The drivers driving record (MVR) for the preceding three years.
- D. ____ Driver's Road Examination and Certificate or copy of valid CDL (49 CFR 391.31). A copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.
- E. ____ Medical Examiner's Certificate (49CFR 391.43). A non CDL driver must be issued a Medical Examiner's Certificate, which must be carried at all times and be renewed every two years or as required by the medical examiner.
- F. ____ A CDLIS (MVR) must be obtained by the motor carrier each time the driver gets a new medical or renews their medical certificate. The report must be obtained within 15 days of the driver submitting the medical certificate to the State.
- G. ____ CDL drivers are required to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners (NRCME). The carrier is required to place a note in the driver's qualification file verifying that the medical examiner is listed on the registry as required by 391.23(m).
- H. ____ Annual MVR and Review of Driving Record (49 CFR 391.25) **and** Annual Driver's List of Violations and Certification (49 CFR 391.27). At least once every 12 months a motor carrier must obtain and review the driving record of each driver.

Additional required documentation, which **may** be maintained in the DQ file:

List all traffic violations convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer:	Period of Employment		Supervisor:
Address:	From: To:		
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From: To:		
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From: To:		Telephone:
City, State, ZIP			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer:	Period of Employment		Supervisor:
Address:	From: To:		Telephone:
City, State, ZIP			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

(Use additional sheet if needed)

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(i).

As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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's Signature

Date Signed

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, _____</p> <p style="text-align: center;">FIRST M.I. LAST SOCIAL SECURITY NUMBER</p> <p>Do hereby authorize my:</p> <p>Previous Employer: _____ Phone: _____</p> <p>Address: _____ Fax: _____</p> <p>City, State, Zip: _____ E-mail: _____</p> <p>To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:</p> <p>Perspective Employer: _____ Phone: _____</p> <p>Address: _____ Fax: _____</p> <p>City, State, Zip: _____ E-mail: _____</p> <p>In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.</p> <p>_____</p> <p style="text-align: center;">APPLICANT'S SIGNATURE DATE</p>	
Previous Employer Driver Inquiry	
PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
<p>1. The applicant named above was employed by us from (m/y) _____ to (m/y) _____</p> <p>2. What kind(s) of work did the applicant do? _____</p> <p>3. Did the applicant drive a motor vehicle for your? Straight Truck Tractor Semi-trailer Bus Passenger Vehicle Other _____</p> <p>4. Was the applicant a safe and efficient driver? _____</p> <p>5. Was the applicant involved in any accidents? If so, include dates (d/m/y) , and brief explanation: _____</p> <p>6. Was the driver ever placed out-of-service for hours of service violations? Yes No Explanation: _____</p> <p>7. Did the applicant misuse alcohol or use a controlled substance? _____</p> <p>8. Was the applicant's general conduct satisfactory? _____</p> <p>9. Reason for leaving your employ: Discharged Laid Off Resigned _____</p> <p>10. Remarks: _____</p> <p>_____</p>	
<p>Print Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p>	
<p>The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.</p>	

Request for MVR

The requester listed above requests access to driver records(s), including personal information as defined in 18 U.S.C. §2721-2724", concerning the following person.

DRIVER INFORMATION

Please Print All Information Clearly

Name: _____
Last First MI DOB: _____
Driver License Number: _____ State: _____ SS#: _____
Address: _____
Street City, State Zip

DRIVER'S APPROVAL FOR OBTAINING MVR

I, the undersigned, to whom the Motorist Pertains and am the subject of the record I grant permission for the above requester to receive a copy of their driver license record (MVR) from the Driver License Division.

Driver's Signature

Dan

Out of Town Work

Are you willing to go out of town for work?

☐

Yes

☐

No

☐

Yes, but stay in State

☐

Yes. Willing to go out of State

☐

Other:
