

COMMERCIAL DRIVER APPLICATION

Company _____
Address _____
City _____ State _____ Zip _____

APPLICANT INFORMATION

DATE _____ Position applying for: Contractor Driver Contractor's Driver
NAME _____
PHONE () _____ EMERGENCY PHONE () _____
AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ 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? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

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

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As the employer, you must also ask the employee 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, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. (see Section 40.25(b)(5) and (e))

Driver's Name (Printed): _____

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must respond to the following questions.

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

I certify that the information provided on this document is true and correct.

Driver's Signature: _____ Date: _____

Witnessed by:

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between;"> First M.I. Last Social Security Number </div> Hereby authorize: _____ <div style="display: flex; justify-content: flex-end; margin-right: 100px;"> Date of Birth </div> Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____. <div style="text-align: center;">(employment application date)</div> To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____	
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. Prospective employer's fax number: _____ Prospective employer's email address: _____ _____ <div style="display: flex; justify-content: space-between;"> Applicant's Signature Date </div> This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. 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 <input type="checkbox"/> here if there is no accident register data for this driver.																									
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%;">Date</th> <th style="width:20%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:15%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> 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: _____			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. 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 <input type="checkbox"/> NO <input type="checkbox"/> 6. 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 <input type="checkbox"/> NO <input type="checkbox"/> <p>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 on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare 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 of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide 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 (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

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 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in 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

DRIVER'S SIGNATURE

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE

Motor Vehicle Driver's

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. 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.
- 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.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

HOURS OF SERVICE RECORD FOR FIRSTTIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____
FIRST MIDDLE LAST

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
TOTAL	_____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
Hour/Date Hour/Date

Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 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

Actions taken with driver:

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

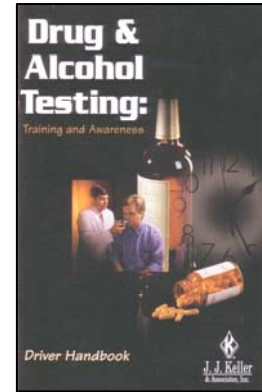
TITLE

DATE OF REVIEW

DRIVER'S RECEIPT

I acknowledge receipt of Keller's *Drug & Alcohol Testing: Training and Awareness Driver Handbook* containing the following awareness topics.

- Introduction
- Abbreviations
- Definitions
- Who is Covered by the Drug and Alcohol Regulations?
- What is a Safety-sensitive Function?
- What are the Alcohol and Drug Prohibitions?
- What Tests are Required and When Will I Be Tested?
 - Pre-employment
 - Post-accident
 - Random
 - Reasonable Suspicion
 - Return-to-duty and Follow-up
- What Happens if I Refuse to Be Tested?
- How is Drug and Alcohol Testing Performed?
- What are the Consequences of Violating the Drug and Alcohol Prohibitions?
- Where Can I go for Help?
 - Self-admission of Alcohol and Drug Use
- What are the Effects of Drugs and Alcohol on the Body?



ATTENTION DRIVER

DO NOT SIGN this receipt until you receive the Keller's "*Drug & Alcohol Testing: Training and Awareness Driver Handbook*"

_____ *Driver's Signature* _____ *Date*

_____ *Company*

_____ *Facilitator's Signature* _____ *Date*

_____ *Company*

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's training file.

Cell Phone Ban Policy

POLICY ACCORDING TO THE FMCSA EFFECTIVE JANUARY 3, 2012.

This Ruling prohibits Commercial Motor Vehicles Drivers from reaching for, holding or dialing a Cell phone while operating a CMV. The new Rule effects anyone who drives a CMV or drives a Vehicle with a GVWR of 10,000 or more.

Drivers who violate this restriction will face federal civil penalties of up to \$2,750 for each offense And disqualification from operating a CMV for multiple offenses. Additionally, states will suspend a Driver's CDL after two or more violations.

Motor carriers that allow their Drivers to use hand held cell phone while driving could face a maximum penalty of \$11,000.

I _____ am aware of the above cell phone ruling and I will abide by it.

Driver signature

Date

Witness Signature

Date

DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES

The undersigned hereby authorizes

Shea's Lawn Services, LLC

Name of Employer

or its insurance agency

United Heartland Insurance Agencies

Name of Agency

or its assigns, to obtain copies of consumer reports, including a Motor Vehicle Report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

DATED _____ SIGNED _____

Print Name

Driver's License Number

Date of Birth

State

OFFICE USE ONLY:

Insurance Company: _____