DRIVER QUALIFICATION FILE CHECKLIST

- Driver's Application For Employment (49 CFR 391.21)
- Inquiry To Previous Employers 3 Years (49 CFR 391.23(A) (2) & (C))
- Inquiry To State Agencies 3 Years (49 CFR 391.23(A) (1) & (B))

Inquiry To State Agencies – Annual (49 CFR 391.25(A) & (C))

- Annual Review Of Driving Record (49 CFR 391.25)
- Annual Driver's Certification Of Violations (49 CFR 391.27)
- Driver's Road Test Certificate or Equivalent* (49 CFR 391.31)
- Medical Examiner's Certificate* (49 CFR 391.43)
- Multiple-Employer Drivers (49 CFR 391.63)
 - *NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING

APPLICATION FOR EMPLOYMENT

COMPANY	STREET ADDRESS			
CITY, STATE AND ZIP CODE				
NAME				
NAME(FIRST)	(MIDDLE)	(Maiden Name, if any)	(LAST)	
ADDRESS			HOW LONG?	
(STREET)	(CITY)	(STATE & ZIP CODE)		
DATE OF BIRTH	SOCIAL SECURITY NO		HIRE DATE	
TELEPHONE NUMBER	E-N	AIL ADDRESS		
	PREVIOUS THREE YEAR	S RESIDENCY		
			# YEARS	
(STREET)	(CITY)	(STATE & ZIP CODE)		
	- 10		# YEARS	
(STREET)	(CITY)	(STATE & ZIP CODE)		
			# YEARS	
(STREET)	(CITY)	(STATE & ZIP CODE)		

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES 🗆 NO 🗆	
				YES 🗆 NO 🗆	
				YES 🗆 NO 🗖	

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)		
(ATTACH SHEET IF MORE SPACE IS NEEDED)					

2.

VEC

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO
If yes, explain		
B. Has any license, permit or privilege ever been suspended or revoked?	YES	NO

B. Has any license, permit or privilege ever been suspended or revoked? If yes, explain ____

EMPLOYMENT RECORD ACH SHEET IF MORE SPACE IS NEED

Applicants that desire to drive in intrastate/inters		CE IS NEEDED)			
three years. You must give the same informatio the initial three years (total of ten years employn	Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).				
Must list the complete mai	iling address: street numb	per and name, ci	ty, state and zip code.		
LAST EMPLOYER: NAME			·····		
ADDRESS		PHONE			
POSITION HELD	FROM	TO	SALARY		
REASONS FOR LEAVING		2008-00-00-00-00-00-00-00-00-00-00-00-00-			
ANY GAPS IN EMPLOYMENT AND/OR U AND REASON.		E EXPLAINED.	INCLUDE DATES (MONTH/YEA	\R)	
Were you subject to the Federal Motor Carrier S	afety Regulations (FMCSRs)	while employed by	the previous employer? Yes□ N	o 🗆	
Was the previous job position designated as a s substances testing requirements as required by	afety sensitive function in any 49 CFR Part 40?	DOT regulated mo		o 🗆	
SECOND LAST EMPLOYER: NAME					
ADDRESS		PHONE			
POSITION HELD	FROM	TO	SALARY		
REASONS FOR LEAVING					
ANY GAPS IN EMPLOYMENT AND/OR U AND REASON			INCLUDE DATES (MONTH/YEA	AR)	
Were you subject to the Federal Motor Carrier S	afety Regulations (FMCSRs)	while employed by	the previous employer? Yes \Box N	0 🗆	
Was the previous job position designated as a s substances testing requirements as required by	afety sensitive function in any 49 CFR Part 40?	DOT regulated mo		lo□	
THIRD LAST EMPLOYER: NAME					
ADDRESS		PHONE			
ADDRESS POSITION HELD					
	FROM	то	SALARY		
POSITION HELD	FROM NEMPLOYMENT MUST E	E EXPLAINED.	SALARY		
POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR U	NEMPLOYMENT MUST E	E EXPLAINED.	SALARY		
POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR U AND REASON	NEMPLOYMENT MUST E	BE EXPLAINED.	INCLUDE DATES (MONTH/YE/	AR)	
POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR U AND REASON Were you subject to the Federal Motor Carrier S Was the previous job position designated as a s substances testing requirements as required by	NEMPLOYMENT MUST E	E EXPLAINED.	INCLUDE DATES (MONTH/YE/	AR) ∘ □	
POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR U AND REASON Were you subject to the Federal Motor Carrier S Was the previous job position designated as a s substances testing requirements as required by	FROM NEMPLOYMENT MUST E afety Regulations (FMCSRs) afety sensitive function in any 49 CFR Part 40? BE READ AND SIGNED E and inquiries to my persona ing at an employment decis of employment has been ex	TO E EXPLAINED. while employed by DOT regulated mo BY APPLICANT I, employment, fir ion. (Generally, i tended.) I hereby	SALARY	AR)	
POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR U AND REASON Were you subject to the Federal Motor Carrier S Was the previous job position designated as a s substances testing requirements as required by TO I authorize you to make sure investigations a related matters as may be necessary in arriv be made only if and after a conditional offer care providers and other persons from all lia	FROM NEMPLOYMENT MUST E safety Regulations (FMCSRs) afety sensitive function in any 49 CFR Part 40? BE READ AND SIGNED E and inquiries to my persona ing at an employment decis of employment has been ex bility in responding to inqui	TO E EXPLAINED. while employed by DOT regulated mo BY APPLICANT I, employment, fir ion. (Generally, i tended.) I hereby ries and releasing given in my applica	SALARY	AR)	
POSITION HELD	NEMPLOYMENT MUST E safety Regulations (FMCSRs) afety sensitive function in any 49 CFR Part 40? BE READ AND SIGNED E and inquiries to my persona ing at an employment decis of employment has been ex bility in responding to inqui alse or misleading information d to abide by all rules and reg g current and/or previous employers; previous employers; previous employers and for t	TO	SALARY	AR)	
POSITION HELD	NEMPLOYMENT MUST E safety Regulations (FMCSRs) afety sensitive function in any 49 CFR Part 40? BE READ AND SIGNED E and inquiries to my persona ing at an employment decis of employment has been ex bility in responding to inqui alse or misleading information d to abide by all rules and reg g current and/or previous employers; previous employers; previous employers and for t	TO	SALARY	AR)	
POSITION HELD	NEMPLOYMENT MUST E safety Regulations (FMCSRs) afety sensitive function in any 49 CFR Part 40? BE READ AND SIGNED E and inquiries to my persona ing at an employment decis of employment has been ex bility in responding to inqui alse or misleading information d to abide by all rules and reg g current and/or previous employers; previous employers; previous employers and for t	TO BE EXPLAINED. while employed by DOT regulated mo BY APPLICANT I, employment, fir ion. (Generally, i tended.) I hereby ries and releasing given in my applica- ulations of the Com oloyers may be use equired by 49 CFF hose previous emp , if the previous emp	SALARY	AR)	

DATE APPLICANT'S SIGNATURE Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BI	E COMPLETE	D BY PROSPECT	IVE EMPLOYEE	
I, (Print Name)	F 1				
Hereby authorize:	First	M.I.	Last	Soc	ial Security Number
Thereby authorizes					Date of Birth
Previous Employe	er:			Email: _	
Street:				Telephone:	
City, State, Zip:				Fax No.:	
To release and fo	rward the information rec ng records within the pre	www.aatad huraat	ion 2 of this desume.		lashal and Controllad
			(employme	nt application date)	
To:	Prospective Employer:				
	Attention:			Telephone:	
	Street:				
	City, State, Zip:				
In compliance with confidentiality, su	h §40.25(g) and 391.23(l ch as fax, email, or letter				n form that ensures
	oyer's fax number:				
Prospective emplo	oyer's email address:				
	Applicantia	Cignoture	en en ser en		Data
TILL 1	Applicant's	-			Date
I his information is	s being requested in corr	pliance with §4	0.25(g) and 391.23.		
PART 2:	TO	BE COMPLET	ED BY PREVIOU	S EMPLOYER	and the second second second
		ACCID	ENT HISTORY		
The applicant nan	ned above was employed	d by us. Yes 🗆	No 🗆		
Employed as		from (m/y)		to (m/y)	
1. Did he/she dri	ve motor vehicle for you' nk □ Doubles/Triples □	? Yes 🗆 No 🛛	☐ If yes, what type?	Straight Truck	
2. Reason for lea If there is no safe	aving your employ: Disc ty performance history to	harged □ Res report, check h	signation □ Lay Off here □, sign below ar	Military Duty E nd return.	
ACCIDENTS: Co applicant in the 3 this driver.	mplete the following for years prior to the applica	any accidents ir ation date shown	ncluded on your accion above, or check 🗖	dent register (§390 here if there is no a	.15(b)) that involved the accident register data for
Date	Locatio	on	# Injuries	# Fatalities	Hazmat Spill
1					
2.					
Please provide inf agencies or insure	formation concerning any ers or retained under inte	y other accident ernal company p	s involving the applic policies:	cant that were repo	rted to government
Any other remarks	5:				
		Cignoture			
		0			
		1 itie:		Date:	

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER				
DRUG AND ALCO				
If driver was not subject to Department of Transportation testing check here	g requirements while employed by this employer, please toto, complete bottom of Part 3,			
Driver was subject to Department of Transportation testing requ	uirements from to			
 Has this person had an alcohol test with the result of 0.04 YES □ NO □ 				
 Has this person tested positive or adulterated or substitu YES □ NO □ 	ted a test specimen for controlled substances?			
 Has this person refused to submit to a post-accident, ran controlled substance test? YES □ NO □ 	dom, reasonable suspicion, or follow-up alcohol or			
4. Has this person committed other violations of Subpart B YES □ NO □	of Part 382, or Part 40?			
 If this person has violated a DOT drug and alcohol regula rehabilitation program in your employ, including return-to documentation back with this form. YES NO 	ation, did this person complete a SAP-prescribed -duty and follow-up tests? If yes, please send			
 For a driver who successfully completed a SAP's rehabilidriver subsequently have an alcohol test result of 0.04 or YES INDI 	itation referral and remained in your employ, did this greater, a verified positive drug test, or refuse to be tested?			
In answering these questions, include any required DOT drug of employers in the previous 3 years prior to the application date s				
Name:				
Company:				
Street:				
City, State, Zip:				
Part 3 Completed by (Signature):	Date:			
PART 4a: TO BE COMPLETED I	BY PROSPECTIVE EMPLOYER			
This form was (check one)	Mailed Emailed Other			
Ву:	Date:			
PART 4b: TO BE COMPLETED I	BY PROSPECTIVE EMPLOYER			
Complete below when information is obtained.				
Information received from:				
Recorded by:	_ Method: 🗆 Fax 🗆 Mail 🗆 Email 🗆 Telephone			
Date:				
INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST				
PAGE 1 PART 1: Prospective Employee	PAGE 2 PART 3: Previous Employer			
 Complete the information required in this section Sign and date Submit to the Prospective Employer 	 Complete the information required in this section Sign and date Return to Prospective Employer 			
PAGE 2 PART 4a: Prospective Employer	PAGE 2 PART 4b: Prospective Employer			
Complete the informationSend to Previous Employer	Record receipt of the informationRetain the form			
 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 ٠

5.

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers 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-business-days deadline will begin when the prospective 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 his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLIC	CANT	
то:	Prospective Employer:		_
	Street/P.O. Box:		_
FROM:	Driver/Applicant: Social Se Street:	-	_
	City, State, Zip: 7		_
preceding three y	is written request to obtain copies of my Department of Transport ears. I understand, for records requested from a prospective emp sted records within thirty (30) days of the records being made ava s.	nployer, that I must arrange to pick up or	
This information s	hould be: sent to me at the above address. l will arrange to pick up.		
Driver/Applicant S	ignature:	///////	_
PART 2:	COMPLETED BY THE PROSPECTIVE EN		義正
The information n prospective emplo	hust be provided to the applicant within five (5) business days of re- over has not yet received the requested information form the previous the requested application form the previous the previous the requested application form the previous the requested application form the previous the previous the requested application form the previous t	receiving the written request. If the vious employer(s), then the five-busines	is-

days deadline will begin when the prospective employer rece	ives the requeste	d safety performan	ice hist	tory infor	mation.	
Information supplied to:						
Name:						
Street:						
City, State, Zip:						
Comments:						
By:		Delease Date:		,	1	
Signature/person providing information	Telephone #	_ Release Date: _	Μ	_/D	/Y	
Signature/person providing information	Telephone #		Μ	D	Y	

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(j)(3)		suant to paragraph (i) of this section must send
	the rebuttal to the previous employer with instructions to inc performance history.	clude the rebuttal in that driver's safety
§391.23(j)(4)	After October 29, 2004, within five business days of receivir	ng a rebuttal from a driver, the previous employer
	must:	
	(i) Forward a copy of the rebuttal to the prospective motor(ii) Append the rebuttal to the driver's information in the ca	
	the response for any subsequent investigating prospec	tive employers for the duration of the three-year
L	data retention requirements.	
PART 1:	COMPLETED BY THE DRIV	ER/APPLICANT
TO:		
	Previous Employer:	
	Street/P.O. Box:	
	City, State, Zip:	
	Telephone: Fa	ax:
FROM:		
	Driver/Applicant:	
	Street:	Social Security #
	City, State, Zip:	
	-	
	ted this rebuttal to my previous employer requesting that it be ubsequent prospective employers.	e attached to my Safety Performance History and
provided to st	absequent prospective employers.	
Reason for th	e rebuttal (attach documents as necessary):	
	this rebuttal be sent to the attached list of motor carriers.	
Driver/Applica	ant Signature:	Date:///
		M D Y
PART 2:	COMPLETED BY THE PREV	IOUS EMPLOYER
Received by:	:	
Signature:		Date: / /

COPY 1 PREVIOUS EMPLOYER

М

D

Y

CORRECTION REQUEST

OF

ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

- §391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- **§391.23(j)(2)** After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	COMPLETED B	Y THE DRIVER/APPLICANT			
то:	Prospective Employer:				
	City, State, Zip:	Telephone #			
FROM:	Driver/Applicant:				
	Social Security/I.D. #				
	Street:				
		Telephone #			
I request correct	ion of erroneous information in my Safe	ty Performance History. Please forward to the following			
prospective emp	loyer: Company Name:				
	Attention:				
	Street:				
	City, State, Zip:				
Explanation of d	esired correction (attach documents as	necessary)			
Driver/Applicant	Signature:	Date://			
M D Y Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer.					
PART 2:	COMPLETED BY	THE PREVIOUS EMPLOYER			
 Disposition of the requested information: Information was corrected and forwarded to the prospective motor carrier employer. The driver was notified on/ that the previous employer does not agree to correct the data. Return copy 3 to the driver. 					
Information ser	nt to: Company Name:				
	Attention:				
	Street:				
	City, State, Zip:				
Comments:					
Ву:		Release Date:///			
<u> </u>	re/person providing information				
PART 3: COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER					
The corrected information was received on// Location:					
	-				
Received by:					
	Signature	Title			

U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD 391.23

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

Dear _____,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street Address

City

Zip

9.

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 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

Motor Carrier's Name

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 VIOLATORS 391.27

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
			an and a summary of the second s

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)	(Driver's Signature)
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Title)

II.

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

	cer tificA tion of roAD test	
Driver's Name_		
Social Security	Number	
Operator's or C	hauffeur's License Number	
State		
Type of Power V	Unit	
	(s)	
	rier, type of bus	
	, 20, consisting of approximately miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.	
	(Signature of Examiner)	



EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

PATIENT NAME:	SSN: DATE OF BIRTH: DATE OF INJURY: BILLING Bill company for services Employee to pay at time of service Bill Workers' Compensation Carrier Carrier: Policy #: Phone #:
Non-Regulated	
PHYSICAL EXAMINATIONS Job Title: DOT Preplacement DOT Recertification Physical Exam Asbestos Respirator Hazmat Other Audiogram TEST TYPE Preplacement Annual Exit	SUBSTANCE ABUSE TESTING Regulated Non-Regulated Urine Collection Only Rapid Test eScreen Hair Collection Breath Alcohol TEST TYPE Preplacement Random Reasonable Suspicion Post Accident Periodic Follow-up Return to Duty
Authorized By:	Title: Date:

13.