

Driver Qualification File Checklist

Driver Name: _____ DOB: _____

Date of Hire: _____ Position: _____

License Type: CDL class "A"

Documents should be arranged in the order listed below.

1. Driver Application for Employment _____
2. Annual Review and Violation Record w/ MVR _____
3. Previous Employment Verification (3 Years) _____
4. Copy of valid Class "A" CDL _____
5. Copy of Medical Examiners Certificate
Must maintain 3 years in file where applicable _____
6. Drivers Statement of On-Duty Hours _____
7. Pre-Employment Drug Screen Results _____
8. FMCSA PSP Consent Form _____
9. Notification of Driver's Rights Statement _____
10. Clearing House Consent Form _____
11. Road Test _____
12. Social Security _____

DH Transportation Inc.

3996 Church St-Conley-GA 30288

888-256-0077

Reviewed by: _____

Verified complete by: _____

Application for Employment

DH Transportation Inc. 888-256-0077
TAX ID #45-0891032 877-903-9289 FAX
City, State, Zip Code 3996 Church St - Conley, Georgia 30288

Name _____ Date _____
Phone: () _____
Emergency Phone: () _____

First Middle Last

*Current Address _____
Street City State Zip Code
*If at the above residence less than three years, List below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for: Driver Temporary _____ Part Time _____ Full time X

Who referred you? _____ Rate of pay expected: %

Have you worked for this company before? _____ Dates From: _____ To: _____
Month/Year Month/Year

Where? _____ Rate of pay _____ Position: _____

Reason for Leaving: _____

Names of any relatives employed by this company: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended: _____
Name Address

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Have you ever worked for this company under another name? _____

If so under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position Date of Birth: _____

The U.S. Department of Transportation requires that driver applicants state their date of birth § 391.21 (b)

Social Security No. _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION (CONT'D) answer the question in this section only if applying for driver position.

Licenses	State	License No.	Type	Expiration Date

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. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

If you answered "yes" to A. B. C. attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who awards were presented by? _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear – End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21 (b) (10), (11)

Start with last or current position, including military experience and work back. (Attach a separate sheet of paper if necessary)

Current or Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone () _____

Position Held: _____ from _____ to _____ Salary _____
Month/Year Month/Year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone () _____

Position Held: _____ from _____ to _____ Salary _____
Month/Year Month/Year

Reasoning for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone () _____

Position Held: _____ from _____ to _____ Salary _____
Month/Year Month/Year

Reasoning for leaving: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agent's may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of physical examination and drug test.

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 investigative Consumer Report. Inducing 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 employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules of policies of the employer.

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**

_____ **Applicants Signature**

FOR OFFICE USE- DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant hired? _____ yes _____ No

Date of birth _____ (month/day/year)

NOTIFICATION OF DRIVERS RIGHTS

In accordance with Part 391.21 of the Federal Motor Carrier Safety Regulations, the purpose of this form is to inform you that the information provided in the Application for Employment may be used to contact your previous employers for the purpose of investigating your safety performance history as required by the Federal Motor Carrier Safety Regulations.

You have the following rights regarding the investigative information provided by your previous employers:

1. You have the right to review the information provided.
2. You have the right to have errors in the information provided by the previous employer corrected by the previous employer.
3. You have the right to a rebuttal statement attached to the alleged erroneous information in the event that agreement cannot be reached regarding the alleged erroneous information.

Driver Signature

Date

PREVIOUS EMPLOYMENT REQUEST & SAFETY PERFORMANCE HISTORY REPORT

Please Email: safetydhtrans@att.net
 Return to: Safety Department- 877-903-9289 (Fax)

Dear Sir/ Madam:

The below named individual has made an application to us, **DH Transportation**, for the position of **Truck Driver**. Please complete this form and return to the above address via fax. We appreciate your time in completing the information requested below. Your cooperation is completely confidential.

TO: _____

Applicants Signature

1. Employed from _____ to: _____
2. Position Held _____
3. Did he/she drive a motor vehicle for you? Yes No
4. Straight Truck Tractor Trailer Bus Other
5. Was he/she a safe driver? Yes No
6. Reason for leaving your employ: Discharged Resignation
 Lay off Military other (Please specify) _____
7. Was his/her general conduct satisfactory? Yes No
8. There is no Safety performance history to report
9. Person did not operate a motor vehicle for the company
10. No accident registers data for this person
11. Enclosed is other accident information pursuant to the employer's records
12. Would driver be eligible for rehire Yes No With review

Applicant's Social Security Number
**CONFIDENTIAL REPORT OF
 PERSONAL REFERENCE**

Characteristics	Excellent	Good	Fair	Poor
Disposition	_____	_____	_____	_____
Initiative Resourcefulness	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____

ACCIDENTS: Location _____ Date of Accident: _____ No. of Injuries _____ No. of Fatalities _____ Hazmat Material Spill _____

CONTROLLED SUBSTANCE & ALCOHOL INQUIRY

IF the above applicant was employed as a driver with your company, the department of transportation regulations 382.405 (f) and (h) require that you provide the following information:

This person was employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40(if NO, skip this section).

	Yes	No
This person had a blood alcohol test result with a breath alcohol concentration of 0.04 or greater?	Yes	No
This person tested positive, adulterated, or substituted a test specimen for a controlled substance test?	Yes	No
This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol Or controlled substance test?	Yes	No
This person committed other violations of Subpart B of Part 382, or Part 40.	Yes	No
This person violated a DOT drug and alcohol regulation and completes a SAP-prescribed rehabilitation program in our employ, including return to duty and follow-up testing. If yes, documentation is enclosed	Yes	No
This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but Subsequently had an alcohol test of 0.04 or greater, a verified positive drug test, or refused to be tested.	Yes	No

In providing this information, any drug or alcohol information obtained from previous employers under Part 40.25 or other applicable DOT regulations is included. APPLICANT CONSENT & RELEASE: I _____ do hereby

authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if the employed was a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my former employer from any and all liability of any type as a result of providing the above information.

Applicant Signature and Date

Person Providing Information and Date

CERTIFICATION OF VIOLATION & ANNUAL REVIEW

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 parking violations) of which the driver has been convicted, or which he has forfeited bond or collateral during the preceding 12 months.

DRIVER REQUIREMENTS: Each driver shall furnish a list of violations as required by the motor carrier. If the driver has not been convicted of, or forfeited bond or collateral for any violations, which must be listed, he/she shall so certify.

I certify that the following is a true and complete list of traffic violations required to be listed (other than parking violations) for which I have been convicted, forfeited bond or collateral during the **last 12 months**.

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY & STATE)	DRIVERS LICENSE #	STATE	EXPIRATION DATE
DATE	OFFENSE	LOCATION (STATE)	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on any violations (other than parking) as required to be listed during the past 12 months.

DRIVER'S COMPANY NAME OR TERMINAL LOCATION: _____

Date of Certification

Drivers Signature

DH TRANSPORTATION INC.
Carrier Name

3996 Church St, Conley – GA 30288
MOTOR CARRIER ADDRESS

REVIEWED BY SIGNATURE

TITLE

**DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)**

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____
 Social Security Number _____
 Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____
 Type of License _____ Issuing State _____

DAY	1 YESTERDAY	2	3	4	5	6	7
DATE							
HOURS WORKED							TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
 _____ P.M. On _____ Day _____ Month _____ Year

 Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes _____ No _____

At this time do you intend to work for another employer while still employed by this company? _____

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I began working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

 Driver's Signature Date

Witness: _____
Company Representative

Date

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY
USE BY ALL ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the

previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print): _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.
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