

THE DRIVER IS TO ENTER EVERYTHING ON THE APPLICATION AS DESCRIBED IN THE HIGHLIGHTED AREAS

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date: _____
(Print)

Company _____
Name Address _____

I 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, veteran status, non-job related disability, or any other protected group status..

TO BE READ AND SIGNED BY APPLICANT

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers,
- Have errors in the information corrected by my previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree in the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

Date Applicant Hired _____ Application Denied _____
 Date Employed _____ Classification/Position Driver
 Signature of Interviewing Officer _____

Date Terminated _____
 Dismissed Voluntary Quit Other _____
 Signature of Exit-Interviewing Officer _____

Applicant to Complete – Answer all questions

Name _____
 Last First Middle

Social Security Number _____

Phone _____

Date of Birth ____ / ____ / ____
 (Required for commercial drivers)

Can you provide proof of age? _____

List all addresses of residency for the past 3 years – begin with your Current Address:

Street	City	State	Zip	# of Years at this address
Street	City	State	Zip	# of Years at this address
Street	City	State	Zip	# of Years at this address
Street	City	State	Zip	# of Years at this address
Street	City	State	Zip	# of Years at this address

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

Have you worked for this company before? _____ **If yes, complete the information below:**

Dates: From _____ to _____

Position Worked: _____ Rate of Pay _____

Reason for leaving _____

Is there any reason you may be unable to perform the functions of the job for which you have applied as described in the job description provided? If yes, explain if you wish: _____

EMPLOYMENT HISTORY

Driver applicants operating in interstate commerce must provide the following information on **all employers during the previous 3 years**. Enter the information for your previous employers providing as much detail as possible. Failure to provide adequate or required detail will inhibit the ability to obtain the necessary background information.

CDL holders are required to list additional 7 years previous employer information for a total of 10 years listed on their application. Account for any breaks in employment by indicating any time not working as a result of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period of time indicated as self-employed.

Begin by entering your most recent employer. Enter in reverse order beginning with the most recent. Add another sheet of paper if necessary.

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving _____				
Were you subject to FMCSR's while employed? 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 _____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving _____				
Were you subject to FMCSR's while employed? 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 _____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving _____				
Were you subject to FMCSR's while employed? 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 _____				

Employer			Dates Employed	
Employer Name	_____		From	To
Employer Address	_____			
City	State	Zip		
Contact Person	_____	Position	_____	
Phone Number	_____	Salary	_____	
Reason For Leaving _____				
Were you subject to FMCSR's while employed? 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 _____				

ACCIDENT REGISTER	DATES	DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL RELEASE
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND/OR FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE – WRITE THE WORD “NONE”

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE	YES	NO	CIRCLE TYPE OF EQUIPMENT	TO	FROM	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS			MORE THAN 8 PASSENGERS			
MOTORCOACH - SCHOOL BUS			MORE THAN 16 PASSENGERS			
OTHER (Describe:)						

LIST ALL STATES OPERATED IN THE PAST FIVE YEARS: _____

LIST ANY SPECIAL DRIVER RELATED COURSES OR TRAINING: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

LIST ANY SPECIAL EQUIPMENT EXPERIENCE _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	
LAST SCHOOL ATTENDED													STATE				

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.

Signature: _____

Date: _____

YOU MUST OBTAIN A COPY OF YOUR CURRENT MOTOR VEHICLE RECORD

THIS IS A CRITICAL VIOLATION IF NOT IN PLACE

EACH STATE MAINTAINS THEIR OWN RELEASE FORMS AND/OR PROCESS TO OBTAIN A DRIVER'S MOTOR VEHICLE RECORD

CONTACT YOUR STATE DEPARTMENT OF PUBLIC SAFETY FOR INSTRUCTIONS ON HOW TO OBTAIN YOUR MVR (MOTOR VEHICLE REPORT)

NOTE: SOME STATES CHARGE A FEE FOR A COPY OF THE MVR

IF YOU ARE A CDL DRIVER, YOUR CDL MUST BE MERGED WITH YOUR MEDICAL CARD

- ▶ FMCSA INTENDS FOR EVERY STATE TO BE PREPARED TO ENFORCE EFFECTIVE JANUARY 31, 2015.
- ▶ IT IS THE DRIVER'S RESPONSIBILITY TO MAKE SURE THE MERGER IS ACCOMPLISHED.
- ▶ IT IS THE MOTOR CARRIER'S RESPONSIBILITY TO MAKE SURE THEY HAVE VERIFIED THE DRIVER PERFORMED THIS TASK
- ▶ YOUR STATE MAY ALREADY BE ENFORCING THIS REQUIREMENT.
- ▶ BOTH DRIVER AND MOTOR CARRIER MAINTAIN Responsibility

Federal Motor Carrier Safety Regulations require all Commercial Driver License holders to certify with the **State's Driver License Agency in one of the four categories below prior to the issuance or renewal of a CDL.**

- ▶ Those certifying in non-excepted interstate or intrastate commerce (Category A or C) must also ensure their medical documentation is on file with the state issuing agency and that it remains current.
- ▶ Failure to present valid medical documentation, when required, will result in the denial of the issuance or renewal of the CDL. Failure to maintain current medical documentation on file may result in CDL disqualification.
 - a. **Non-excepted Interstate** - I operate or expect to operate in interstate commerce and am required to maintain federal medical certification. (Medical Card Required)
 - b. **Excepted Interstate** - I operate or expect to operate in interstate commerce, but engage exclusively in operations that qualify me for exception from the requirement to maintain federal medical certification.
 - c. **Non-excepted Intrastate** - I operate or expect to operate only in intrastate commerce and am required to meet state of Florida medical certification requirements. (Medical Card Required)
 - d. **Excepted Intrastate** - I operate or expect to operate only in intrastate commerce, but engage exclusively in operations that qualify me for exception from medical certification requirements.

CDL holders can no longer claim exemption from medical certification requirements because they are not currently operating in non-excepted interstate or intrastate commerce. If not specifically included in category B or D above, they must maintain their medical certification or downgrade to a non-commercial license.

Note: If you self-certify in a category exempt from medical certification requirements (Category B or D) and later change to a non-exempt type of operation (Category A or C), you must recertify in the appropriate category and provide proof of valid medical certification to avoid potential enforcement actions.

The driver completes this form verifying he/she maintains only 1 license

Motor Vehicle Driver's CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 385 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 transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weight 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. **POSSESSES 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 residency 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, 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 employer and state must be in writing.

The following license is the only one I will 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: _____

Driver Statement of On-Duty Hours

- ▶ This serves as your previous 7 day logs for newly hired drivers.
- ▶ Hours of Service applies to all employment, not just the time spent driving a commercial motor vehicle.
- ▶ This serves as a tool to show how many hours a driver has remaining for the week. It needs to be completed entirely including dates and hours even if they are zeros.

Drivers Statement of On-Duty Hours For Newly Hired Drivers

Federal Motor Carrier Safety Regulations – § 395.8 (j) (2) – Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Note: Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

Please Print

Driver Name _____ Social Security No. _____

Driver's License: State _____ Number _____ Class _____

Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	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 _____ AM PM on _____
(Time) (Day) (Month) (Year)

Driver's Signature

Date

Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9) – On duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On duty time shall include:

- (8) Performing any other work in the capacity, employ or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier.

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. Yes _____ No _____

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

Driver's Signature

Date

Witness: _____
Company Representative

Date

Drivers are required to complete this form and disclose any previous drug and/or alcohol "Positive" test results or any Refusal to test.

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 the return-to-duty process (see paragraphs (b) (5) and (e) of this section).

Prospective Driver Printed Name: _____

Prospective Driver SS or ID Number: _____

The Prospective employee is required by Sec. 40.25 (j) to 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**

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

Prospective Driver Signature: _____ Date: _____

Motor Carrier Representative
Witness Signature: _____ Date: _____

Record Retention

If **"yes"** was the response to question 1, you must retain this document and related documents for 5 years.

If **"no"** was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination. DQ Files are maintained throughout the driver's service and for a full 2 year period following the driver's termination date

Driver personnel are required to complete the Fair Credit Reporting Form indicating they understand the background check that will be performed in preparing their Driver Qualification File.

FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer GTL INTERMODAL may request for lawful purposes, background
Company Name

Information about me from a consumer reporting agency in connection with my employment and/or insurance application as applicable. These background reports may be obtained at any time after receipt of this authorization and, if hired or engaged by the company, throughout my employment or contract period.

The types of information that may be obtained include, but are not limited to: social security number verification; address history; criminal records and history; public court records; driving records; accident history; prior drug and alcohol history; worker's compensation claims; educational history verification (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, reasons for termination, etc.); professional and/or personal reference checks; professional licensing and certification checks; drug/alcohol testing results, drug/alcohol history in violations of law and/or company policy; other information bearing my character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private, public record sources, appropriate government agencies, educational institutions, former employers, and other information sources.

I know I may request more information about the nature and scope of any investigative consumer reports by contacting the Company. My signature below certifies my receipt of my summary of rights under the Fair Credit Reporting Act.

Driver Signature

Date

REFERENCES:

Federal Motor Carrier Safety Regulations: Sections 382.413, 391.23, and 391.25

Fair Credit Reporting Act: Sections 604 (b) (A) and 607, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>				
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town		State ▼
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][]	E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

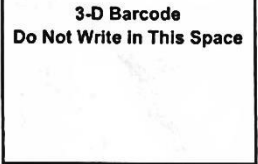
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date (mm/dd/yyyy):		
Last Name (Family Name)	First Name (Given Name)		
Address (Street Number and Name)	City or Town	State ▼	Zip Code

Employer Completes Next Page

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

OBTAINING YOUR 3 – YEAR BACKGROUND HISTORY REQUIREMENT

You are required to obtain the following from all previous employers within the past 3 years:

- ▶ Employment Verification (verification you were employed there and the dates you were employed)
- ▶ Safety Performance History (Accidents)
- ▶ Drug/Alcohol History (Whether you were subject to DOT Drug/Alcohol Testing and if so, were there any issues or positive drug screens)

The enclosed form is your original to forward to your previous employers to obtain this information

- ▶ **Make additional copies** – 1 for each previous employer for the past 3 years as each previous employer must complete the form and return it to you after completion
- ▶ The driver completes and signs the top portion only which provides authorization to the previous employers to release the required information
- ▶ Once returned the completed forms are placed in the back section of your Driver Qualification File

What happens if a previous employer does not return the request for background form?

FMCSA requires you make a **“Good Faith Effort”** to obtain the required background information.

You must **document each attempt and make a minimum of 3 attempts over a 30 day period** before you can indicate a **“Good Faith Effort”**

Make sure you have evidence of your efforts (dated fax receipts, copies of e-mails, etc.). Without evidence it is difficult, if not impossible to prove a **“Good Faith Effort”**

NOTE: Some employers charge a fee for providing background information. You will be required to pay the fee in order to obtain the needed information.

In some instances you may be required to become a member of a provider and pay the membership fee in addition to the fee for the background