

DRIVER'S QUALIFICATION FILE



Carrier Information			
Prospective Employer		Main Phone	
Street Address		Fax Number	
City, State, ZIP		Email Address	
Name of Supervisor Handling DQ Files			
USDOT Number			
Driver/Applicant Information			
Driver Name		Application Date	
Current Street Address		Date of Hire	
City, State, ZIP		# of Years at Current Address	
Telephone Number		Email Address	
Date of Birth		SSN	
CDL/DL Number		License State	
License Class		Endorsement(s)	
License Expiration		Restrictions	
# of Years holding CDL			
In the last 3 years have you been licensed in another state? If yes, please provide license number and state.			



DRIVER'S APPLICATION FOR EMPLOYMENT



Altitude Energy LLC
26400 I-76 Frontage Road
Keenesburg, CO 80643

In 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 (Print Name) _____, authorize you to make such investigations and inquiries to 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 current/previous employers;
- Have errors in the information corrected by 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 on the accuracy of the information."

APPLICANT'S SIGNATURE

DATE

DRIVER APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

Address _____ Number of Years? _____
(STREET) (CITY) (STATE & ZIP CODE)

Date of Birth _____ Social Security NO. _____

Telephone Number _____ E-Mail Address _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

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(STREET) CITY (STATE & ZIP CODE) # YEARS _____

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(ATTACH SHEET IF MORE SPACE IS NEEDED)

Can you provide proof of age? _____ Do you have the legal right to work in the US _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

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.	CLASS	ENDORSEMENT(S)	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

If the answer to either A. or B. is yes, explain details _____

Number of years you’ve held a Commercial Drivers License (CDL)? Enter N/A if None _____

If less than one years can you provide training certificate for Entry Level Driver Training? _____

List states operated in for the past five years: _____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES / APPROX TIME FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES
PICKUP & TRAILERS			
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & TWO TRAILERS			

EXPERIENCE AND QUALIFICATION - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

List any courses and training which may help you as a driver for this company.

List special equipment or technical materials you can work with (other than those already shown)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) Write None if none

DATES	NATURE OF ACCIDENT (head-on, rear-end, rollover, etc.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) Write None if none

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____

Name of School

Street Address, City, State ZIP

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.

APPLICANT'S SIGNATURE

Date

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

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 required).

Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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Permission to Release Driver Records to Another Person

To purchase a record other than your own, you must declare your intended use of that record, and you must have the signature of the person in interest authorizing you to inspect the record. If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. (§42-1-206 and §24-72-204, C.R.S.)(Driver Privacy Protection Act 18 USC 2721)

DRIVER INFORMATION		
<input type="checkbox"/> Motor Vehicle Records may be used for purposes of Driver Qualification Files, Accident Report, Annual Reviews, Follow Up Investigations, or for any other purpose to satisfy the Federal Motor Carrier Safety Regulations.		
I, (Please Print Name of Driver)		
hereby authorize the release of personal information contained in records maintained by the state agency for where I am licensed or where I have held a drivers license, to:		
Last Name	First Name	Company Name
Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206(1)(b)(I)).		
DRIVER		
Drivers Date of Birth	Drivers License Number	
Signature	Date	
Person Receiving Record		
Released Record to: Last Name	First Name	
Drive's License Number	State of Issue	
Company Name (If Applicable)		
Mailing Address		
City	State	Zip Code
Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.		
Signature of Requester	Date	

ANNUAL CERTIFICATION OF VIOLATIONS AND REVIEW OF DRIVING RECORD

DRIVER NAME	LICENSE NUMBER	STATE

ANNUAL CERTIFICATE OF VIOLATIONS

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.

Violations are as listed below
 I have had no violations

Date of Conviction	Offense	Location	CMV/Non-CMV Violation

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:	Drivers Signature:

Reviewed By:	Title:

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months. I find that this driver:

- Meets minimum requirements for safe driving
 Is disqualified to drive pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewer Signature:	Date: