



DRIVER APPLICATION FORM

1265 N ¼ Road
 Loma, Colorado 81524
 Office: (970) 858-9750
 Fax: (970) 858-7339

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 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."

Signature _____ Date _____

NAME _____

Last	First	Middle
_____	_____	_____

Social Security Number _____ (_____) _____ Phone Number _____ Date of Birth _____ Hire Date _____

ADDRESS _____

Street _____	City _____	State _____	Zip _____	Number of Years _____
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PAST 3 YEAR RESIDENCY _____

Street _____	City _____	State _____	Zip _____	Number of Years _____
Street _____	City _____	State _____	Zip _____	Number of Years _____

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____		_____

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE <small>(month/year)</small>	NATURE OF ACCIDENT <small>(head-on, rear-end, upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED <small>(month/year)</small>	VIOLATION <small>(Other than violations involving parking only)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
_____	_____	_____	_____
_____	_____	_____	_____

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 Number _____ Expiration Date

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

If yes, give details _____

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

If yes, give details _____

Applicant Certification

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

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

TENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	
City, State, Zip:	_____	Telephone: _____
		Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____		
(date of employment application)		
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 confidential fax number:	_____	
Prospective employer's confidential email address:	_____	
	Applicant's Signature	_____
		Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a 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) _____		
Completed by:	_____	
Company:	_____	
Street:	_____	
City, State, Zip:	_____	Telephone: _____
Signature:	_____	Date: _____
Complete Sections 3 and 4 on SIDE 2 before returning.		

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver and skip to Section 4. 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 on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | YES | NO | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____
First, M.I., Last	_____	Social Security Number
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____		
(date of employment application)		
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 confidential fax number:	_____	
Prospective employer's confidential email address:	_____	
Applicant's Signature		_____
		Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a 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) _____		
Completed by:	_____	
Company:	_____	
Street:	_____	
City, State, Zip:	_____	Telephone: _____
Signature:	_____	Date: _____
Complete Sections 3 and 4 on SIDE 2 before returning.		

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver and skip to Section 4. 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 on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | YES | NO | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	
City, State, Zip:	_____	Telephone: _____
		Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.		
(date of employment application)		
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 confidential fax number:	_____	
Prospective employer's confidential email address:	_____	
	Applicant's Signature	_____
		Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a 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) _____		
Completed by:	_____	
Company:	_____	
Street:	_____	
City, State, Zip:	_____	Telephone: _____
Signature:	_____	Date: _____
Complete Sections 3 and 4 on SIDE 2 before returning.		

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver and skip to Section 4. 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 on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 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 Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

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 Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

