DRIVER APPLICATION

Company Name: 357 Transport Inc.
Company Address: 4124 Hwy 50
Whitewater Co 81527 970-765-6790

Applicant Name:	SSAN::
Current Address: City: St. Zip: How Long? yrs. mos.	Date of Birth:

Residence Past 3 Years

Address: City:	St.	Zip	How Long?	yrs.	mos.
Address: City:	St.	Zip	How Long?	yrs.	mos.
Address: City:	St.	Zip	How Long?	yrs.	mos.

Experience and Qualifications as a Driver

State	License #	Expiration Date	Type/Class (CDL A)	Endorsements

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank)	DATES From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

Date	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked?	☐ Yes ☐ No
If yes attach statement giving details.	

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.
Do you consent to such Testing? ☐ Yes ☐ No

EMPLOYMENT RECORD
All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ______
Position held: ______ [ ] CDL? From: ______ To ______
Address: ______ City: ______ ST: ____
Telephone #: ______ FAX: ______
Reason For Leaving: ______ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

______ ______
Applicant's Signature DATE

DRIVER APPLICATION ADDENDUM

RESIDENCE

Address:	St.	Zip	How Long?	yrs.	mos.
City:					
Address:	St.	Zip	How Long?	yrs.	mos.
City:					
Address:	St.	Zip	How Long?	yrs.	mos.
City:					

EMPLOYMENT

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Last Employer: ____ [ ] CDL? From: ____ To ____
Position held: ____ City: ____ ST: ____
Address: ____ FAX: ____
Telephone #: ____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No
Reason For Leaving:

Previous Employer Inquiry

Prospective Employer: _____

Address: _____

Contact Representative: _____ **Title:** _____

Phone #: _____ **Fax#:** _____ **Email:** _____

Drivers Name:

Prior Employer: _____

Address: _____

Contact Representative: _____ **Title:** _____

Phone #: _____ **Fax#:** _____ **Email:**

I hereby release any and all information about my employment records as required by 49 CFR Part 391.23 to the above-named company. You are released from any and all liability that may result from releasing such information.

Signed:	**SSN:**
Witness:	**Date:**

Please complete the following information as it pertains to the driver listed above.

1. **Please indicate when the driver worked for your company and the nature of their employment.**
   Employed From: _____ **(mo/yr) To:** _____ **(mo/yr) CMV Driver: ☐ CDL Driver: ☐ Duties:**

2. Date	Did the applicant have any accidents while employed with you? [ ] Yes [ ] No Time	Location City State	# Injured	# Killed	Vehicle Towed	Driver Cited	HazMat Spill

As per Part 391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

Type of equipment driven [ ]Straight truck [ ]Tractor semi-trailer [ ]Bus
Trailer used. [ ]Van [ ]Flatbed [ ]Refrigerated [ ]Cargo Tank [ ]Triples [ ]Doubles

Was the applicant safe and efficient? [ ] Yes [ ] No
Remarks:
What kind of work did the applicant perform?
Remarks:
Was the applicant's general conduct satisfactory?
Remarks:

Reason for leaving your employ. [ ] Discharged [ ] Laid off [ ] Resigned [ ] Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Comments:

Mailed On:	Faxed On:
Verified by Phone On:	
Signature:	Date:

DR 2559 (03/10/21)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section, Room 164
PO Box 173345
Denver CO 80217-3345
colorado.gov/revenue

Search Fee $9.00 **Certified fee (additional) $1.00**
☐ Certified Record

Permission to Release Driver Records to Self or Another Person

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
Pursuant to §42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

☐ 7 Year Driver Record ☐ Full Driver Record ☐ Commercial Driver Record ☐ Other: _____

If you are requesting a copy of a confidential crash (counter) report (Pursuant to §42-4-1610, C.R.S.), fill out the following.

Confirmation Number	Date of Crash

I (Please Print Last Name)	First Name	
hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:		
Last Name	First Name	☐ Check if to self

Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I)).

Driver

Driver's Date of Birth	Driver's License Number	
Signature		Date
Signature of Parent or Guardian if Driver is a Minor		Date

Person Receiving Record

Release Records to: Last Name	First Name	
Driver's License Number		State
Company (if applicable)		
Mailing Address		
City	State	ZIP Code

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.

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 Requestor	Date

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, Driver's Name _____

, hereby provide consent to Carrier _____

to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple limited queries for the duration of employment.

I understand that if the limited query conducted by Carrier indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Carrier without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Carrier to conduct a limited query of the Clearinghouse, Carrier must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____

Driver signature Date

DR 2904 (04/09/12)
COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER CO 80261

CDL SELF CERTIFICATION FORM & ATTACHED MEDICAL

Federal Regulation 49 CFR 383.71 requires all CDL holders to have a DOT medical and self certification of commercial driving on file with their State Driver License Administration (SDLA). Colorado statute and rule (42-2-235 and rule 8 CCR 1507-1) requires that ALL Colorado CDL holders be medically qualified to drive a CMV by the means of a valid DOT medical or medical waiver.

Please complete this form. Incomplete or illegible forms will be rejected.

Individual's Name	Date of Birth	Colorado Driver's License Number

Signature	Date

This completed form can be faxed to 303-205-5709 Attn: CDL Unit or mailed to:

Colorado Department of Revenue
ATTN: CDL Unit Room 154
1881 Pierce St.
Lakewood CO 80214

Please mark the applicable box:

☐ A. **Non-excepted Interstate** - A person must certify that he or she operates or expects to operate in interstate commerce, is both subject to and meets the qualification requirements under 49 CFR part 391 and is required to obtain a medical examiners certificate

☐ B. **Excepted Interstate** - A person must certify that he or she operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3.

☐ C. **Non Excepted Intrastate** – A person must certify that he or she operates only in intrastate commerce and therefore is subject to State driver qualification requirements.

☐ D. **Excepted Intrastate** – A person must certify that he or she operates in intrastate commerce but engages exclusively in transportation or operations excepted from all or parts of the State Driver qualification requirements.

PLEASE ATTACH A COPY OF THE DOT MEDICAL CERTIFICATE HERE BEFORE SENDING TO THE CDL UNIT/DMV

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 h istory 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016