DRIVER APPLICATION FORM

COMPANY NAME	Location: Region	n/District/Branch		
COMPANY ADDRESS				
Street		City	State	Zip
	TO BE READ AND SIGNED BY	PPLICANT		
In the event of employment, I understand that false or mis abide by all rules and regulations of the Company.	sleading information given in my application o	r interview(s) may result in di	ischarge, I understand, als	o, that I am required to
"I understand that information I provide regarding current performance history as required by 49 CFR 391,23(d) and	and/or previous employers may be used, and (e). I understand that I have the right to:	those employer(s) will be cor	ntacted, for the purpose of	investigating my safety
 Review information provided by current/previous em 				
 Have errors in the information corrected by previous 				
 Have a rebuttal statement attached to the alleged er 	roneous information, if the previous employer	s) and I cannot agree on the	accuracy of the informatio	n,"
Simulations.		Doto		
Signature		Date		
NAME				
NAME Last () -	First	1	Midd	le
Social Security Number ADDRESS	Phone Number	Date of Birth	Н	ire Date
Street	City	State Zip	Num	ber of Years
PAST 3 YEARRESIDENCY Street	City	State Zip	Num	ber of Years
Street	Cíty	State Zip	Num	ber of Years
CURRENT OR LAST EMPLOYER: Name Street Address	City		State	Zip
Position Held	Fro	m	То	(month/year)
Reasons for Leaving				
Were you subject to the Federal Motor Carrie Was your job designated as a safety-sensitiv 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS	e function in any DOT-regulated mo	de subject to the drug		
SECOND LAST EMPLOYER: Name				
Street Address	City		State	_ Zip
Position Held	Fro	m	To	
Reasons for Leaving		(month/year)		(month/year)
Were you subject to the Federal Motor Carrie Was your job designated as a safety-sensitiv 49 CFR Part 40? ☐ Yes ☐ No	er Safety Regulations** while emplore function in any DOT-regulated mo	de subject to the drug		
*ACCOUNT FOR PERIOD BETWEEN JOBS	The state of the s			
THIRD LAST EMPLOYER: Name			Phone Number (_)
Street Address	City		State	_ ZIP
Position Held	Fro	(month/year)	1.0	(month/year)
Were you subject to the Federal Motor Carrie Was your job designated as a safety-sensitiv 49 CFR Part 40? ☐ Yes ☐ No	er Safety Regulations** while emplo re function in any DOT-regulated mo	yed? □ Yes □ No de subject to the drug	and alcohol testing I	
*ACCOUNT FOR PERIOD BETWEEN JOBS	6 - Include dates (month/year) and r	eason		

^{*}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.

PLEASE COMPLETE REVERSE SIDE

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 (Circle all that apply)	DATES FROM TO		APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat		_ .	
Tractor & Semi-Trailer	Van, R⊖efer, Tank, Flat		-	
Tractor – Two Trailers	Van, Reefer, Tank, Flat		OR	
Tractor – Three Trailers	Van, Roefer, Tank, Flat		_	
(Greater than Motorcoach – School Bus 8 passengers)	N/A			and the second s
(Greater than Motorcoach - School Bus 15 passengers)	N/A		_	
Other:	Van, Reefer, Tank, Flat, N/A			
	Accident History If no accidents within the last	ory (3 years) st 3 years – check here		
	TURE OF ACCIDENT -on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER O INJURIES	
			II .	YES NO
	PACE AND RESTRICTION OF THE PACE AND ADDRESS OF THE PA			DYES DNO
No. (Management of the Control of th				DYES DNO
<u>T</u> If no traffic	raffic Convictions and convictions and/or forfeiture	Forfeitures (3 years) es in the last 3 years – chec	k here \square	
	/IOLATION atlons involving parking only)	STATE OF VIOLATION	(Forfeited b	PENALTY ond, collateral and/or points)
	License Inf	formation	-	
Section 383.21 FMCSR states "No driver's license". I certify that I do not	person who operates a con	nmercial motor vehicle sha	Il at any time	e have more than one
The state of the s	have more than one motor	vehicle license, the informa	tion for which	is listed below.
State	have more than one motor		tion for which	S
A. Have you ever been denied a licer If yes, give details	have more than one motor License N nse, permit, or privilege to o	Jumber perate a motor vehicle?	Expiration	Date
A. Have you ever been denied a lice	have more than one motor License N nse, permit, or privilege to op ge ever been suspended or	perate a motor vehicle?	Expiration Yes	Date
A. Have you ever been denied a licel If yes, give details B. Has any license, permit, or privileg	have more than one motor License N nse, permit, or privilege to op ge ever been suspended or	perate a motor vehicle?	Expiration Yes	Date
A. Have you ever been denied a licel If yes, give details B. Has any license, permit, or privileg	have more than one motor License N nse, permit, or privilege to op ge ever been suspended or of Applicant C	number perate a motor vehicle? revoked? Yes No ertification	Expiration Yes	Date

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.

	TO DE COME	LETER BY BROOKS	TIVE ENDLOYEE
SECTION 1:	TO BE COMP	LETED BY PROSPEC	TIVE EMPLOYEE
I, (Print Name)			
1, (1 1) (1 1)	First, M.I., Last		Social Security Number
		hereby authorize:	Date of Birth
Previous Employer:			Email:
Street:			Telephone:
City, State, Zip:	and the second s	7.77	Fax No.:
to release and forward records within the prev	dance Organia (man)	section 4 of this document cond	perning my Alcohol and Controlled Substances Testing
To:	taute of em	Sioyment application)	
Prospective Employer			
Attention:		Telephone: _	
Street:			
City, State, Zip:			
	0.25(g) and 391.23(h), release	of this information must be made	de in a written form that ensures confidentiality, such as
Prospective employer'	s confidential fax number:	W 1 / Swann and	The state of the s
Prospective employer	s confidential ernail address: _		
	Applicant's S	ignature	Date
SECTION 2:	TO BE COM	IPLETED BY PREVIOU	US EMPLOYER
		EMPLOYMENT VERIFICAT	TION
		or used by us. Yes 🗆 No 🏻	
Employed as (job tit	(e)	from (m/y)	to (m/y)
	notor vehicle for you? Yes □ ubles/Triples □ Other (Spe		Straight Truck Tractor-Semitrailer Bus D
Completed by:			
Company:		A SA	
Street:		1	
			Telephone;
-	The state of the s		Date:
Signature: _	0	ections 3 and 4 on SIDE 2	
	Complete S	ections 3 and 4 on SiDE 2	before returning.

SIDE 2	Employee Name:	Date:
SECTION 3:	TO BE COMPLETED BY PR	
	ACCIDENT HIS	STORY
Check here if there is included on your accident	s no acciclent register cata for this driver and tregister (§390.15(b)) that involved the applica	d skip to Section 4. Complete the following for any accidents nt in the 3 years prior to the application date shown on SIDE 1.
Date 1	Location	No. of Injuries No. of Fatalities Hazmat Spill
3		
		vehicle accidents involving the applicant that were reported
to government agencies	or insurers or retained under internal compa	any policies:
(AAX)		
Maria de la companya		
SECTION 4:	TO BE COMPLETED BY PR	EVIOUS EMPLOYER
	DRUG AND ALCOHO	OL HISTORY
		rements under 49 CFR Part 40 while employed by you.
1	OT testing requirements fromto	
in answering these question prior to the application date	ns, include any required DOT drug or alcohol tes shown on SIDE 1.	sting information you obtained from other employers in the 3 years
Within the past 3 years from	m the application date shown on SIDE 1:	YES NO
1. Has this person violated a	any of the drug and/or alcohol prohibitions under 49	CFR Part 40 or Subpart B of Part 382, including:
A controlled substance A refusal to submit to Alcohol use while per Alcohol use after an a	result of 0.04 or higher alcohol concentration. ses test result of positive, adulterated, or substitute a random, post-accident, reasonable-suspicion, forming or within 4 hours before performing safet accident, in violation of §382.303. Is use while on duty, except as allowed under §38	or follow-up controlled substances or alcohol test. ty-sensitive functions.
2. If this person violated a I	DOT drug and/or alcohol prohibition, did he/she face Abuse Professional (SAP)? If rehabilitation wa	ail to begin or complete a rehabilitation program
3. If this person successfull subsequently have an al	ly completed a SAP's rehabilitation referral and recohol test result of 0.04 or greater, a verified pos	emained in your employ, did he/she itive drug test, or refusal to be tested?
SECTION 5a:	TO BE COMPLETED BY PRO	SPECTIVE EMPLOYER
This form was (check one)	Faxed to previous employer Mail	ed Emailed Other
Bv:		Date;
Subsequent attempts to co	ntact previous employer (§391.23(c)(1)):	
SECTION 5b:	TO BE COMPLETED BY PRO	SPECTIVE EMPLOYER
		SPECITIVE EINIPEOTER
Complete below when infor	rmation is obtained.	
		· · · · · · · · · · · · · · · · · · ·

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

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 violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

The state of the s				
and the second s	COMPLETED BY	DRIVER - CERTIFIC	ATION OF VIOLA	TIONS
NAME OF DRIVER: (PRINT)		ID NUMBE	R	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND ST	ATE)	DRIVER'S	JCENSE NUMBER	STATE EXPIRATION DATE
	ch I have been convicted		eral during the past 1	
If no violations are liste	d above, I certify that I h	ave not been convicted o	r forfeited bond or co	llateral on account of any violation
(other than those I have	provided under Part 389) required to be listed du	ring the past 12 mont	hs.
Date	Driv	er's Signature		
COMPL	ETED BY MOTOR (ARRIER - ANNUAL	REVIEW OF DR	IVING RECORD
	CTIONS: Review the Certification omplete the information reques		d other information describ	ped in Section 391.25 of the Federal Motor
I have hereby reviewed (check one):	I the driving record of th	e above named driver ir	accordance with Se	ection 391.25 and find that he/she
☐ Meets minimum re	quirements for safe drivir	g 🔲 Is disqual	 fied to drive a motor \	vehicle pursuant to Section 391.15
Does not adequate	ely meet satisfactory safe	driving performance		
Action taken with driver	:			
Reviewed by: Signature			Date	
Printed Nar	ne	A. S. C.	Title	
Motor Carrier Name		Motor Carrier Address		

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

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:(print)	ID Number:
The p	rospective employee is required by Sec. 40.25(j) to	respond to the following questions.
1)	Have you tested positive, or refused to test, on ar administered by an employer to which you applie sensitive transportation work covered by DOT as during the past two years?	ed for, but did not obtain, safety-
	Check one: Yes No	
2)	If you answered yes, can you provide/obtain prod DOT return-to-duty requirements?	f that you've successfully completed the
	Check one: Yes No	
I certify that the	information provided on this document is true an	d correct.
Prospective Emp	oloyee Signature:	Date:
	Witnessed By:(signature)	Date:

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name	1	Phone Number /	1
Street AddressPosition Held	From	То	
Reasons for Leaving		(month/year)	(month/year)
Were you subject to the Federal Motor Carrier Safety F		nployed?	
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Ye₃ ☐ No	in any DOT-regulated	I mode subject to the drug and	
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m			
FIFTH LAST EMPLOYER: Name		Phone Number (
Street Address	City	State	Zip
Position Held	Froin	(month/year)	(month/year)
neasons for Leaving			
Were you subject to the Federal Motor Carrier Safety F Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No	in any DOT-regulated	mode subject to the drug an	-
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m			
SIXTH LAST EMPLOYER: Name	04	Phone Number (7:
Street Address	Erom	State	ZIP
Position Held		(month/year)	(month/year)
Reasons for Leaving			The second secon
Were you subject to the Federal Motor Carrier Safety F Was your job designated as a safety-sensit ve function	Regulations** while em	ployed? LI Yes LI No	d alcohol tasting
requirements of 49 CFR Part 40?	in any DOT-regulated	i mode subject to the drug an	a aconor testing
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m	ionth/year) and reasor)	
SEVENTH LAST EMPLOYER: Name			
Street Address	City	State	Zip
Position Held	From		(month/your)
Reasons for Leaving		(monunyear)	(monuty out)
Were you subject to the Federal Motor Carrier Safety F	Regulations** while am	Indexed T Voc T No	
,	regulations write en	ipioyed? Li res Li No	
Was your job designated as a safety-sensitive function	in any DOT-regulated	I mode subject to the drug an	d alcohol testing
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No	in any DOT-regulated	I mode subject to the drug an	9
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m	in any DOT-regulated nonth/year) and reasor	mode subject to the drug an	
Was your job designated as a safety-sensitive function requirements of 49 CFR Parl 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m EIGHTH LAST EMPLOYER: Name	in any DOT-regulated nonth/year) and reason	n mode subject to the drug an Phone Number (.)
Was your job designated as a safety-sensitive function requirements of 49 CFR Parl 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m EIGHTH LAST EMPLOYER: Name	in any DOT-regulated nonth/year) and reason	n mode subject to the drug an Phone Number (.)
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m EIGHTH LAST EMPLOYER: Name Street Address Position Held	in any DOT-regulated nonth/year) and reason	n mode subject to the drug an Phone Number (.)
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40?	in any DOT-regulated nonth/year) and reason City From	n Phone Number (State To (month/year)	.)
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m EIGHTH LAST EMPLOYER: Name Street Address Position Held Reasons for Leaving Were you subject to the Federal Motor Carrier Safety F	onth/year) and reasor City From	I mode subject to the drug and mode subject t	Zip(month/year)
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40? ☐ Yes ☐ No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (m EIGHTH LAST EMPLOYER: Name	onth/year) and reasor City From Regulations** while em	mode subject to the drug and mode subject to	Zip (month/year) d alcohol testing
Was your job designated as a safety-sensitive function requirements of 49 CFR Part 40?	cin any DOT-regulated nonth/year) and reason City From Regulations** while em in any DOT-regulated nonth/year) and reason	mode subject to the drug and mode subject to	
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