

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (print)

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Home Phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

### 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 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 \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	
SIGNATURE OF INTERVIEWING OFFICER _____	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4  
(CITY, STATE)

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)

**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: \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

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

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

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 \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	STATE	ZIP	FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY			SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# PREVIOUS EMPLOYEE SAFETY HISTORY

Pursuant to a request for Previous Safety Performance History, Dated \_\_\_\_\_, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: \_\_\_\_\_

## TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: \_\_\_\_\_  DOT Regulated Driver  
 Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Non-DOT Regulated Driver  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

## PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

## PROSPECTIVE EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ THIS FORM WAS (check appropriate box)  
 Attention: \_\_\_\_\_  Mailed, Date: \_\_\_\_\_  
 Street: \_\_\_\_\_  Faxed, Date: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  Emailed, Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  Relayed by Phone, Date: \_\_\_\_\_  
 Name of Person Contacted: \_\_\_\_\_

## SAFETY PERFORMANCE HISTORY

There is no safety performance history to report  
 Driver operated a:  Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_  
 Driver did not operate a motor vehicle.  
 Reason for leaving employ:  Discharged  Resignation  Lay Off  Military Duty

### ACCIDENTS:

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

No accident register data for this driver.  
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information §(391.23(d)(2)(ii)).

### DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321 (b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years:	Yes	No
1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).	<input type="checkbox"/>	<input type="checkbox"/>
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.	<input type="checkbox"/>	<input type="checkbox"/>
3. This person tested positive or adulterated or substituted a test specimen for controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.	<input type="checkbox"/>	<input type="checkbox"/>
5. This person committed other violations of Subpart B of Part 382, or Part 40.	<input type="checkbox"/>	<input type="checkbox"/>
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.

Any other remarks: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PREVIOUS EMPLOYER'S RECORD - KEEP A RECORD OF EACH REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**

# CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 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 transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 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. POSSESS 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 residence and return the additional license 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 the state.

**2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 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 carrier, and 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 the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**DRIVER'S CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Carrier Official (printed)

Carrier Signature \_\_\_\_\_ Title \_\_\_\_\_

Carrier \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j).**

**PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**Applicant/Driver to answer items listed below.**

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return -to-duty process required by Part 40 Subpart O.

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Date \_\_\_\_\_ Name (printed) \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Witness \_\_\_\_\_

Record keeping requirements: If "Yes" to either question -5 year retention.  
If "No" to either question-discard after employment terminates.



## RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER

CARRIER NAME: \_\_\_\_\_  
CARRIER ADDRESS: \_\_\_\_\_  
CARRIER CITY/STATE: \_\_\_\_\_  
CARRIER PHONE: \_\_\_\_\_

**THIS FORM SHOULD BE KEPT IN AN APPLICANT'S FILE TO DOCUMENT COMPLIANCE WITH REQUEST  
FOR INFORMATION FROM PREVIOUS EMPLOYER**

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER  
AS REQUIRED BY 49 CFR 391.23

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION  
AS REQUIRED BY 49 CFR 391.23 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.  
INFORMATION MAY INCLUDE ALL EMPLOYMENT INFORMATION CONCERNING MY EMPLOYMENT, INCLUDING  
WRITTEN AND ORAL ASSESSMENTS OF MY WORK PERFORMANCE, FITNESS AND ABILITY.  
YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.  
I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION.

First Name	Last Name
Address	
City	State / Zip
SSN	CDL Number

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

# DRUG AND ALCOHOL TESTING RESULTS REQUEST - RELEASE FORM

## DRUG AND ALCOHOL TESTING RESULTS REQUEST

MAIL TO FORMER EMPLOYER:

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I, \_\_\_\_\_, do hereby authorize  
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413  
in order to obtain the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alcohol concentration or greater;
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

# RECORD OF ROAD TEST

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
 License No. \_\_\_\_\_ State \_\_\_\_\_ Equipment Driven: Truck \_\_\_\_\_ Tractor \_\_\_\_\_ Trailer \_\_\_\_\_

Checked From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.  
 Explain unsatisfactory items under Remarks

**PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT**

- Checks general condition approaching unit \_\_\_\_\_
- Looks for leakage of coolants, fuel, lubricants \_\_\_\_\_
- Checks under hood - oil, water, general condition of engine compartment, steering \_\_\_\_\_
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers \_\_\_\_\_
- Tests brake action, tractor protection valve, and parking (hand) brake \_\_\_\_\_
- Checks horn, windshield wipers, mirrors, emergency equipment: reflectors, flares, fuses, tire chains (if necessary), fire extinguisher \_\_\_\_\_
- Checks instruments for normal readings \_\_\_\_\_
- Checks dashboard warning lights for proper functioning \_\_\_\_\_
- Cleans windshield, windows, mirrors, lights, reflectors \_\_\_\_\_
- Reviews and signs previous report \_\_\_\_\_

**PART 2 - COUPLING AND UNCOUPLING**

- Lines up units \_\_\_\_\_
- Connects glad hands to trailer to apply trailer brakes before coupling \_\_\_\_\_
- Connects glad hands and light line properly \_\_\_\_\_
- Couples without difficulty \_\_\_\_\_
- Raises landing gear fully after coupling \_\_\_\_\_
- Visually checks king pin assembly to be certain of proper coupling \_\_\_\_\_
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer \_\_\_\_\_
- Assure that surface will support trailer before uncoupling \_\_\_\_\_

**PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS**

- A. ENGINE**
- Places transmission in neutral before starting engine \_\_\_\_\_
  - Starts engine without difficulty \_\_\_\_\_
  - Allows proper warm-up \_\_\_\_\_
  - Understands gauges on instrument panel \_\_\_\_\_
  - Maintains proper engine speed (rpm) while driving \_\_\_\_\_
  - Does not abuse motor \_\_\_\_\_

**B. CLUTCH AND TRANSMISSION**

- Starts loaded unit smoothly \_\_\_\_\_
- Uses clutch properly \_\_\_\_\_
- Times gearshifts properly \_\_\_\_\_
- Shifts gears smoothly \_\_\_\_\_
- Uses proper gear sequence \_\_\_\_\_

**C. BRAKES**

- Knows proper use of tractor protection valve \_\_\_\_\_
- Understands low air warning \_\_\_\_\_
- Tests service brakes \_\_\_\_\_
- Builds full air pressure before moving \_\_\_\_\_

**D. STEERING**

- Controls steering wheel \_\_\_\_\_
- Good driving posture and good grip on wheel \_\_\_\_\_

**E. LIGHTS**

- Knows lighting regulations \_\_\_\_\_
- Uses proper headlight beam \_\_\_\_\_
- Dim lights when meeting or following other traffic \_\_\_\_\_
- Adjusts speed to range of headlights \_\_\_\_\_
- Proper use of auxiliary lights \_\_\_\_\_

**PART 4 - BACKING AND PARKING**

**A. BACKING**

- Gets out and checks before backing \_\_\_\_\_
- Looks back as well as uses mirror \_\_\_\_\_
- Gets out and rechecks conditions on long back \_\_\_\_\_
- Avoids backing from blind side \_\_\_\_\_
- Signals when backing \_\_\_\_\_
- Controls speed and direction properly while backing \_\_\_\_\_

**B. PARKING (City)**

- Does not hit nearby vehicles or stationary objects \_\_\_\_\_
- Parks proper distance from curb \_\_\_\_\_
- Sets parking brake, puts in gear, chocks wheels, shuts off motor \_\_\_\_\_
- Checks traffic conditions and signals when pulling out from parked position \_\_\_\_\_
- Parks in legal and safe location \_\_\_\_\_

**C. PARKING (Road)**

- Parks off pavement \_\_\_\_\_
- Avoids parking on soft shoulder \_\_\_\_\_
- Uses emergency warning signals when required \_\_\_\_\_
- Secures unit properly \_\_\_\_\_

**PART 5 - SLOWING AND STOPPING**

- Uses gears properly ascending \_\_\_\_\_
- Gears down properly descending \_\_\_\_\_
- Stops and restarts without rolling back \_\_\_\_\_
- Tests brakes before descending grades \_\_\_\_\_
- Uses brakes properly on grades \_\_\_\_\_
- Uses mirrors to check traffic to rear \_\_\_\_\_
- Signals following traffic \_\_\_\_\_
- Avoids sudden stops \_\_\_\_\_
- Stops smoothly without excessive fanning \_\_\_\_\_
- Stops before crossing sidewalk when coming out of driveway or alley \_\_\_\_\_
- Stops clear of pedestrian crosswalks \_\_\_\_\_

**PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING**

**A. TURNING**

- Signals intention to turn well in advance \_\_\_\_\_
- Gets into proper lane well in advance of turn \_\_\_\_\_
- Checks traffic conditions and turns only when intersection is clear \_\_\_\_\_
- Restricts traffic from passing on right when preparing to complete right hand turn \_\_\_\_\_
- Completes turn promptly and safely and does not impede other traffic \_\_\_\_\_

**B. TRAFFIC SIGNS AND SIGNALS**

- Approaches signal prepared to stop if necessary \_\_\_\_\_
- Obeys traffic signal \_\_\_\_\_
- Uses good judgment on yellow light \_\_\_\_\_
- Starts smoothly on green \_\_\_\_\_
- Notices and heeds traffic signs \_\_\_\_\_
- Obeys "Stop" signs \_\_\_\_\_

**C. INTERSECTIONS**

- Adjusts speed to permit stopping if necessary \_\_\_\_\_
- Checks for cross traffic regardless of traffic controls \_\_\_\_\_
- Yields right-of-way for safety \_\_\_\_\_

**D. GRADE CROSSINGS**

- Adjusts speed to conditions \_\_\_\_\_
- Makes safe stop, if required \_\_\_\_\_
- Selects proper gear and does not shift gears while crossing \_\_\_\_\_
- Knows and understands federal and state rules governing grade crossing \_\_\_\_\_

**E. PASSING**

- Passes with sufficient clear space ahead \_\_\_\_\_
- Does not pass in unsafe location: hill, curve, intersection \_\_\_\_\_
- Signals change of lanes \_\_\_\_\_
- Warns driver being passed \_\_\_\_\_
- Pulls out and back with certainty \_\_\_\_\_
- Does not tailgate \_\_\_\_\_
- Does not block traffic with slow pass \_\_\_\_\_
- Allows enough room when returning to right lane \_\_\_\_\_

**F. SPEED**

- Speed consistent with basic ability \_\_\_\_\_
- Adjusts speed properly to road, weather, traffic conditions, legal limits \_\_\_\_\_
- Slows down for rough roads \_\_\_\_\_
- Slows down in advance of curves, intersections, etc. \_\_\_\_\_
- Maintains consistent speed \_\_\_\_\_

**G. COURTESY AND SAFETY**

- Uses defensive driving techniques \_\_\_\_\_
- Yields right-of-way for safety \_\_\_\_\_
- Goes ahead when given right-of-way by others \_\_\_\_\_
- Does not crowd other drivers or force way through traffic \_\_\_\_\_
- Allows faster traffic to pass \_\_\_\_\_
- Keeps right and in own lane \_\_\_\_\_
- Uses horn only when necessary \_\_\_\_\_
- Generally courteous and uses proper conduct \_\_\_\_\_

**PART 7 - MISCELLANEOUS**

**A. GENERAL DRIVING ABILITY AND HABITS**

- Consistently alert and attentive \_\_\_\_\_
- Adjusts driving to meet changing conditions \_\_\_\_\_
- Performs routing functions without taking eyes from road \_\_\_\_\_
- Checks instruments regularly while driving \_\_\_\_\_
- Willing to take instructions and suggestions \_\_\_\_\_
- Adequate self-confidence in driving \_\_\_\_\_
- Is not easily angered \_\_\_\_\_
- Positive attitude \_\_\_\_\_
- Good personal appearance, manner, cleanliness \_\_\_\_\_
- Good physical stamina \_\_\_\_\_

**B. HANDLING OF FREIGHT**

- Checks freight properly \_\_\_\_\_
- Handles and loads freight properly \_\_\_\_\_
- Handles bills properly \_\_\_\_\_
- Breaks down load as required \_\_\_\_\_

**C. RULES AND REGULATIONS**

- Knowledge of company rules \_\_\_\_\_
- Knowledge of regulations: federal, state, local \_\_\_\_\_
- Knowledge of special truck routes \_\_\_\_\_

**D. USE OF SPECIAL EQUIPMENT (Specify)**

\_\_\_\_\_

\_\_\_\_\_

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_

Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_

Other \_\_\_\_\_ (Specify) \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

13F  
(REV. 10/97)

**CERTIFICATION OF ROAD TEST**

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ If Passenger Carrier, Type of Bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ 19 \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_