



200 Horvath Road
 Murphy N.C. 28906
 828-419-6248

CDL DRIVER'S APPLICATION

Date of Application: ___/___/___

Name: _____

Social Security Number: _____

Address: _____

Phone Number (_____) _____ Date of Birth ___/___/___

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Employment History

(Attach a Separate Sheet if More Space is needed)

List Employment for Last 10 Years

Last Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____

Second Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____

Third Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____

Fourth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____

Fifth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____

Sixth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____
e-mail address _____ Fax _____



200 Horvath Road
Murphy N.C. 28906
828-419-6248

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?
Yes ___ *No* ___
- B. Do you have a pending charge or past conviction for driving while intoxicated?
Yes ___ *No* ___
- C. Do you have a pending charge or past conviction for possession of a controlled substance?
Yes ___ *No* ___
- D. Have you ever been refused auto liability insurance?
Yes ___ *No* ___
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense?
Yes ___ *No* ___

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must 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 three years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past three years?

Yes ___ *No* ___

Rights

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

To Be Read and Signed By Applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 connections 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.

Applicants Signature

Date



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Driver's Rights

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date



200 Horvath Road
 Murphy N.C. 28906
 828-419-6248

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE!!!

To (Previous Employer): _____ **Date** _____

Applicant Name: _____ **SS#** _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. **Please complete the following items and return to us as soon as possible.**

Carrier Representative: _____ Title: DER

Dates of Employment: From _____ To _____ **Position:** _____

Three-Year Accident History (Reference 391.21(b) (7))

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____

Please explain: _____

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? ___ ___

Had an alcohol test result with a breath alcohol concentration of .04 or greater? ___ ___

Refused to submit to an alcohol or drug test? ___ ___

Had any other violations of DOT agency drug and alcohol testing regulations? ___ ___

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional	Telephone	Date Referred
Address	City	State Zip

Signature of person supplying information _____
Title/Date

APPLICANT RELEASE AND CONSENT: I _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

 Applicant Signature / Date

 Witness Signature / Date



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Notice to Drivers: **DOT Required Split Sample Testing**

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing.

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature of Driver

Print Name

Date



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____

	Day	Total Time On Duty
1		_____
2		_____
3		_____
4		_____
5		_____
6		_____
7		_____

Total: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was from:

_____ to _____
Hour/Date **Hour/Date**

Signature _____ **Date** _____



200 Horvath Road
 Murphy N.C. 28906
 828-419-6248

DRIVER'S CERTIFICATION REGARDING OTHER COMPENSATED EMPLOYMENT

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 395.2 paragraphs (8) and (9) OF THE Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and correct. I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity and receive permission if necessary and/or required by company policy.

Driver Signature: _____ Date: _____



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Driver's Receipt

I hereby acknowledge receipt of the "***Drivers Information Packet.***" This package contains a copy of all Company Policies and Department of Transportation Regulation and a copy of the Federal Motor Carrier Safety Regulations Handbook.

Signature

Print Name

Date

Company Policy Manual / Handbook
Federal Motor Carrier Safety Regulations Handbook

*** To be maintained in the Driver Qualification File ***



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Driver's Road Test Examination

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The motor carrier shall give the road test or a person designated by the company. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test

**Rating of
Performance.**

Time Started: _____

_____ **The pre-trip inspection (as required by Sec. 392.7)**

_____ **Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.**

_____ **Placing the equipment in operation.**

_____ **Use of vehicles controls and emergency equipment.**

_____ **Operating the vehicle in traffic and while passing other vehicles.**

_____ **Turning the vehicle.**

_____ **Braking, and slowing the vehicle by means other than braking.**

_____ **Backing, and parking the vehicle.**

_____ **Knowledge and understanding of Load Securement Requirements**

_____ **Other, Explain:** _____

Time Ended: _____ **Miles Traveled:** _____

Type of equipment used in giving the test: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

Date: _____ **20** ___ **Examiners' Signature** _____

**Applicant's
Remarks:**

Applicant's Signature:

**Examiner's
Remarks**

Examiners' Signature:



200 Horvath Road
Murphy N.C. 28906
828-419-6248

Certificate of Driver's Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original copy of the certificate should be placed in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g)).

Certificate of Road Test

Driver's Name: _____
Social Security Number: _____
Operator's License Number: _____
State: _____
Type of Power Unit: _____
Type of Trailer(s): _____
If passenger carrier, type of bus: _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20____, 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

Title

Organization and Address of Examiner



200 Horvath Road
Murphy N.C. 28906
828-419-6248

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), An applicant should understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Print your Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Driver's License State: _____ **License Number:** _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race:** _____

Gender (M or F): _____

Other or Former Names: _____

Signature: _____ **Date:** _____

**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 history 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 Data Qs 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 Data Qs 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: _____

Name (Please Print) _____

Signature: _____

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 12/22/2015



200 Horvath Road
 Murphy N.C. 28906
 828-419-6248

**Driver's Certification of Violations
 Annual Review of Driving Record**

Date Due: _____

Driver's Name	Date of Birth	Social Security #	License State & #
			/
Date of Offense	Offense Type	Location	Type of Vehicle Operated

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name: _____

Driver's Signature: _____

Date of Certification: _____

Annual Review

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that:

_____ the driver meets the minimum requirements for safe driving, or

_____ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review: _____

Reviewed By: _____

Signature & Title