

# DRIVER APPLICATION

Company Name: \_\_\_\_\_ Location: Region/District/Branch: \_\_\_\_\_

Company Address: \_\_\_\_\_

Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Name: \_\_\_\_\_

Last First Middle

Social Security Number Phone Number Date of Birth Hire Date

Address: \_\_\_\_\_

Street City State Zip # of Years

Past 3 Year \_\_\_\_\_

Residency Street City State Zip # of Years

Street City State Zip # of Years

## Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). \*\*You are required to list the complete mailing address: street number and name, city, state and zip code.\*\*

Current or Last Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed: \_\_\_ Yes \_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: \_\_\_ Yes \_\_\_ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Second or Last Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed: \_\_\_ Yes \_\_\_ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: \_\_\_ Yes \_\_\_ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Third or Last Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reasons for Leaving: \_\_\_\_\_  
 Were you subject to the FMCSRs\*\* while employed: \_\_\_ Yes \_\_\_ No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40: \_\_\_ Yes \_\_\_ No  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

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

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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.

## EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed.

### Driving Experience

If no driving experience in the last 3 years, check here:

Class of Equipment	Type of Equipment	Dates
		From: _____ To: _____
Straight Truck	___ Van ___ Reefer ___ Tank ___ Flat	
Tractor & Semi-Trailer	___ Van ___ Reefer ___ Tank ___ Flat	
Tractor- Two Trailers	___ Van ___ Reefer ___ Tank ___ Flat	
Tractor - Three Trailers	___ Van ___ Reefer ___ Tank ___ Flat	
Motorcoach - School Bus (Greater than 8 passengers)	N/A	
Motorcoach - School Bus (Greater than 15 passengers)	N/A	
Other: _____	___ Van ___ Reefer ___ Tank ___ Flat	

OR

Approximate Number of Miles

**Accident History (3 years)**

If no accidents in the last 3 years, check here:

Date (Month/Year)	Nature of Accident (head-on, rear end, upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No

**Traffic Convictions and Forfeitures (3 Years)**

If no accidents in the last 3 years, check here:

Date Convicted (Month/Year)	Violation (other than violations involving parking only)	State of Violation	Penalty

**License Information**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_

State License Number Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle: \_\_\_\_Yes \_\_\_\_No

If Yes, give details: \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked: \_\_\_\_Yes \_\_\_\_No

If Yes, give details: \_\_\_\_\_

**Applicant Certification**

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

\_\_\_\_\_

Applicant Signature Date

This form and application is made available with the understanding that True Transportation LLC is not engaged in rendering legal, accounting, or other professional services. True Transportation LLC assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

## DRIVER'S LICENSE INFORMATION REQUEST

**\*\*Please provide a clear photocopy of the front and back of an updated license attached to your application\*\***

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

Employee Name: \_\_\_\_\_

**\*\*Please complete the following information exactly as it appears on the driver's license\*\***

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Endorsement: \_\_\_\_\_

Class:  CDL  Non CDL

Utilizing CDL:  Yes  No

Company Representative Signature: \_\_\_\_\_

## Medical Examiner's Certificate - MCSA 5876

**\*\*Send in a copy of current Medical Card\*\***

## Acknowledgment and authorization for background check

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” (i.e. driving records, criminal history, social security verification, and/or education history) and/or “investigative consumer reports” (i.e. employment and/or education verification) by EMPLOYER (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by True Transportation, LLC [www.truetransportationllc.com](http://www.truetransportationllc.com) and/or Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer Name ("Employer"): \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT INVESTIGATION VERIFICATION

Please complete the following fields if:

Driver has been employed with current employer for three (3) years or more. And/Or Driver noted they did not have any previous employment experience working in a DOT regulated position in the preceding three (3) years, other than the current employer.

Driver Name: \_\_\_\_\_

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

Driver's Hire Date: \_\_\_\_\_

Date Driver Began Driving for Current Employer (if different from hire date): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This is to fulfill Section 391.23/40.25 of the Federal Motor Carrier Safety Regulations relating to investigating into previous employment.

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) them within the last 3 years in a position that involved the operation of a commercial motor vehicle. In accordance with 49 CFR §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 and 3 (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 4a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 4b and retain.

### Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax No.: \_\_\_\_\_

To release the information in a written form that ensures confidentiality, such as fax, email, or letter, to: PROSPECTIVE EMPLOYER:  
True Transportation LLC.

Attention: DOT Verifications Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

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

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Employment Verification**

The applicant named above was or is employed or used by us: \_\_\_Yes \_\_\_No

Employed as (job title) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did they drive a motor vehicle for you? \_\_\_Yes \_\_\_No If yes, what type? Straight Truck  Tractor-Semitrailer   
Bus  Cargo Tank  Doubles/Triples  Other (specify) \_\_\_\_\_

Completed by: \_\_\_\_\_

Company: \_\_\_\_\_

Street \_\_\_\_\_

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

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

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Accident History**

Check here  if there is no accident register data for this driver. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

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

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

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

**Section 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

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

By: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Section 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone  Other \_\_\_\_\_

Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

- COMPLETE SECTION 1 ONLY if the driver's CDL license was issued prior to 2/7/2022, and the motor carrier will be providing the entry level driver training to the driver.
- COMPLETE SECTION 2 ONLY if the driver has been a CDL driver for more than 1 year, and you are attesting that they have gained sufficient experience.
- COMPLETE SECTION 3 ONLY if the driver's original CDL license issue date is on or after 2/7/2022, they have successfully completed the current entry level training requirement.

### Section 1: ENTRY-LEVEL DRIVER TRAINING CERTIFICATE

I certify that \_\_\_\_\_ has completed training requirements set forth in the Federal  
(Driver Name)

Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503.

\_\_\_\_\_  
(Training provider)

\_\_\_\_\_  
(Person attesting that the driver received required training - Printed)

\_\_\_\_\_  
(Mailing address)

\_\_\_\_\_  
(Mailing address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Date of certificate issuance)

### Section 2: ENTRY-LEVEL DRIVER TRAINING VERIFICATION

I verify that \_\_\_\_\_ has been a CDL driver for more than 1 year and has gained sufficient  
(Driver Name)

experience in the areas of: Driver Qualification, Driver Wellness, Hours of Service, Whistleblower Protection AND meets the training requirements set forth in the Federal Motor Carrier Safety Regulations Part 49 CFR 380.503.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: ORIGINAL CDL OR ENDOSREMENT ISSUED ON OR AFTER 2/7/2022

I verify that \_\_\_\_\_ was originally issued a commercial driver's license or endorsement on  
(Driver Name)

or after 2/7/2022, indicating the successful completion of entry level driver training requirements set forth in the Federal Motor Carrier Safety Regulations Part 49 CFR 380.503.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ANNUAL REVIEW OF DRIVING RECORD

Name of Driver: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Motor Carrier: \_\_\_\_\_  
(Name and Address)

**INSTRUCTIONS TO CARRIER:** At least once every 12 months, obtain the motor vehicle record (MVR) of each driver, covering at least the preceding 12 months, from each driver’s licensing authority where the driver held a commercial motor vehicle operator’s license or permit during that time period. Review the MVR in accordance with 49 CFR §391.25, as outlined below, and complete the Certificate of Review. The purpose of the review is to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to §391.15 or (for CDL holders) §383.51. When reviewing the MVR, consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations. Also consider the driver’s accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. Motor carriers must give great weight to violations — such as speeding, reckless driving, or operating while under the influence of alcohol or drugs — that indicate that the driver has exhibited a disregard for public safety.

### CERTIFICATE OF REVIEW

I hereby certify that I have reviewed the driving record of the above-named driver in accordance with 49 CFR §391.25 and find that

- Meets minimum qualifications for safe driving
- Does not meet minimum qualifications for safe driving
- Is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51

Notes/actions taken: \_\_\_\_\_

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

Reviewed by:		
	Signature	Date
	Printed Name	Title

MAINTAIN THIS DOCUMENT IN THE DRIVER’S QUALIFICATION FILE FOR THREE YEARS FROM REVIEW DATE (see 49 CFR §391.51)

## 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 prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By (Signature): \_\_\_\_\_

Date: \_\_\_\_\_