

DRIVER QUALIFICATION FILE

CHECKLIST

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*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

3 Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____ to _____ Approximate mileage driven
Type of vehicle driven Dates

_____ to _____ Approximate mileage driven
Type of vehicle driven Dates

_____ to _____ Approximate mileage driven
Type of vehicle driven Dates

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

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Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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7) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) 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 (5) business day deadlines 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 thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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's Signature Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by: _____ Name _____ Title	Application reviewed for completeness by: _____ Name _____ Title
_____ Date	_____ Date

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CST: _____
 Time & Date of Pre-Employment CST Results Received: _____
 Date First Used in Safety Sensitive Position: _____
 Date of Termination: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ **DATE:** _____

Former Employer's Name _____

Mailing Address _____

City / State / Zip _____

_____ Fax Number _____

_____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: _____ Off Top Logistics _____

Address/City/State/Zip: _____ 11214 N Via Trevisio Way _____

Telephone Number: _____ 559-826-8320 _____ Fax Number: _____

Contact Person & Title _____ Inpreet Singh / President _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____ / ____ / ____ to ____ / ____ / ____ Yes or No IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? Yes or No IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? Yes or No IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? or If yes, please give date(s): _____
- Verified positive controlled substances test results? ... or If yes, please give date(s): _____
- Refusals to be tested? or If yes, please give date(s): _____
- Was rehabilitation completed as required? or If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Driver's Address: _____

City: _____ State: _____ Zip: _____

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

Rating of Performance

- _____ The pre-trip inspection (as required by 49 CFR 392.7).
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's 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.
- _____ Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's signature: _____ Date: _____

Remarks:

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

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 or copy of the certificate shall be retained 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))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur'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)


ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I _____ certify that the following 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.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)


(Driver's Signature)

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence or alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

Off Top Logistics
(Motor Carrier's Name)

(Review Date)

(Motor Carrier's Address)

(Reviewed By: Signature) (Title)