

APPLICATION FOR QUALIFICATION

F V MARTIN TRUCKING

Phone: 541-826-6014

Office Use Only:

Applicant Hired?

YES () NO ()

Date Employed:

[Empty box for date]

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

INSTRUCTIONS TO APPLICANT: Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". Also please write legible! This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check One: Contractor [] Driver []

Name _____ (First) (Middle) (Last)

Phone Number () _____ Area Code Emergency Phone Number () _____ Area Code

*Age _____ Date of Birth _____ Social Security Number - -

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

EDUCATION AND EMPLOYMENT HISTORY

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

Give a Complete Record of all employment for the past THREE years, including any unemployment or self-employment, and all commercial driving experience for the past TEN years. Begin with most recent job.

Present or Last Employer:

From _____ To _____ Company Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # () _____ (Area Code)

Supervisor's Name: _____

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
(Area Code)

Explain any gaps in employment: _____

DRIVING EXPERIENCE

Class Of Equipment	Dates		Type of Equipment (Van, Tank, Flat, etc.)	Approximate Total Miles
	From	To		
Straight Truck				
Tractor and Semi-trailer				
Tractor –two trailers				
Other				

List all states or foreign countries operated in for the last five years _____

List all special courses/ training completed (Haz. Mat, PTD/DDC etc.) _____

List any Safe Driving Awards of special certificates you hold and from whom: _____

Accident Record for the past three years (attach a sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of People Injured	# of Fatalities

Traffic Convictions and Forfeitures for the last three years (All convictions, other than parking violations)

Date	Location	Charge	Penalty

Driver's License (List each driver's license held in the past three years)

State	License #	Type	Endorsements	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 ()
- C. Have you ever been convicted of a felony? YES () NO ()
- D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? YES () NO ()

If the answer to A, B, C or D is "YES", give details: _____

PERSONAL REFERENCES

List three persons for reference, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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's Signature

Date

REMARKS (FOR OFFICE USE ONLY)

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____ / ____ / ____ to ____ / ____ / ____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.