

# Driver Application

INDY SPECIALIZED TRANSPORT INC.

Mailing Address: PO Box 893, Plainfield IN 46168

Physical Address: 2435 Kentucky Ave., Indianapolis, IN 46221

317-244-7060

(Answer all questions-please print)

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, or non-job related disability.

Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
Last First MI

(1) Phone No. \_\_\_\_\_ (2) Cell No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ How Long \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ How Long \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you worked for this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Who referred you? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes or No \_\_\_\_\_ Reason \_\_\_\_\_

Most Recent Work Experience:

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
**From:** Mo \_\_\_\_\_ Yr \_\_\_\_\_ **To:** Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**Accident Record for Past 3 Years of More (attach sheet if more space is needed) if none write none**

Dates	Nature of Accident Head-On, Rear-End, Upset, Etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions & 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**

Driver	State	License Number	Type	Expiration Date
License				

- 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. Are you required by a court order, in any state, to pay Child Support or Alimony? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either A or B is yes, attach statement giving details.

**Driving Experience if None, Write None**

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approx. no. of miles (total)
		From	To	
Straight truck				
Tractor & semi-trailer				
Tractor- two trailers				
Motor coach-school bus				
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

Show any trucking, transportation or other experience that may help in your work for this company  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)  
\_\_\_\_\_

Do you have any outstanding warrants? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature \_\_\_\_\_

Pursuant to 40.25(j), have you ever tested positive or refused an alcohol or controlled substance test in the past 3 years for previous employers or companies you have applied with for employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did the prior company refer you to a Substance Abuse Professional for evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you follow-up with their recommendations? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of the Substance Abuse Professional \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

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

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)(e). I understand I have the right to: review information provided by previous employers, have errors in the information corrected by previous employers, and for those employers to re-send corrected information to prospective employers, and have a rebuttal statement attached to the alleged erroneous information if there is non-agreement concerning the information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 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 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) First, M.I., Last Social Security Number

hereby authorize:

Date of Birth

Previous Employer: Email:

Street: Telephone:

City, State, Zip: Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)

To: Prospective Employer:

Attention: Telephone:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

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 he/she 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: Telephone:

Signature: Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

**SECTION 3:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

Check here  if there is **no** accident register data for this driver and skip to Section 4. 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 4:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

Check here  and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

**YES NO**

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:  YES  NO
  - An alcohol test with a result of 0.04 or higher alcohol concentration.
  - A controlled substances test result of positive, adulterated, or substituted.
  - A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
  - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
  - Alcohol use after an accident, in violation of §382.303.
  - Controlled substances use while on duty, except as allowed under §382.213.
- If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here .  YES  NO  N/A
- If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?  YES  NO  N/A

**SECTION 5a:**

**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 5b:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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*

# Motor Vehicle Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** 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 licenses 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 that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 motor 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 \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

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

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

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)



PO Box 62267  
Cincinnati, Oh 45262  
p 800.543.7775  
f 513.777.7782  
www.brandsinsurance.com

**\*\* REQUEST FOR DRIVING RECORD \*\***

I, \_\_\_\_\_ request that Brands  
*print name (exactly as it appears on license)*

Insurance order a copy of my driving record so that I can be  
considered for employment by \_\_\_\_\_

*trucking company*

I authorize Brands Insurance to request a copy of my driving  
record from the state of \_\_\_\_\_.

I further authorize Brands Insurance to forward a copy of my driving abstract to  
the insurance company that underwrites the coverage for my potential employer.

\_\_\_\_\_  
*Driver License Number*

\_\_\_\_\_  
*Years of experience*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of Driver*

\_\_\_\_\_  
*Date*

**PLEASE FAX MVR REQUESTS TO 513-755-5796  
OR EMAIL TO: [mvr@brandsinsurance.com](mailto:mvr@brandsinsurance.com)**

*‘Transportation Specialists’*

# 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: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.  
P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Time

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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, also performing any compensated work for any nonmotor carrier entity.

(check one)

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 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.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

# STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

RIVER'S NAME \_\_\_\_\_

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. (If no violations, put **NONE** in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE

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.

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

NAME OF MOTOR CARRIER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
REVIEWED BY: SIGNATURE

\_\_\_\_\_  
TITLE

## Certificate of Review

To be certified by a motor carrier supervisor.

I have hereby reviewed the driving record of \_\_\_\_\_  
DRIVER'S NAME

in accordance with §391.25 and find that he/she:

\_\_\_\_\_ Meets minimum requirements for safe driving.

\_\_\_\_\_ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.

## DRIVER'S RIGHT TO DUE PROCESS REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY AND DRUG AND ALCOHOL TESTING VERIFICATION

Under U.S. DOT §391.23 (i) & (j) you have the following rights regarding the investigation information that will be provided.

### RIGHT TO REVIEW

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than 30 days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) days of us making them available, we may consider you have waived your request to review the records.

### RIGHT TO HAVE ERRORS CORRECTED

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

### RIGHT TO REBUTTAL

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in your safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

### TIMING

You have a right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

### REPORTING TO THE FMCSA

You may (but are not required to) report failures of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

On:

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

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