DRIVER QUALIFICATION FILE CHECKLIST

- Driver’s Application For Employment
  (49 CFR 391.21)

- Inquiry To Previous Employers – 3 Years
  (49 CFR 391.23(A) (2) & (C))

- Inquiry To State Agencies – 3 Years
  (49 CFR 391.23(A) (1) & (B))

  Inquiry To State Agencies – Annual
  (49 CFR 391.25(A) & (C))

- Annual Review Of Driving Record
  (49 CFR 391.25)

- Annual Driver’s Certification Of Violations
  (49 CFR 391.27)

- Driver’s Road Test Certificate or Equivalent*
  (49 CFR 391.31)

- Medical Examiner’s Certificate*
  (49 CFR 391.43)

- Multiple-Employer Drivers
  (49 CFR 391.63)

*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
APPLICATION FOR EMPLOYMENT

COMPANY __________________________________ STREET ADDRESS ____________________________________
CITY, STATE AND ZIP CODE _________________________________________________________________________

NAME ___________________________________________ (FIRST) __________________ (MIDDLE) __________________ (Maiden Name, if any) __________________ (LAST) __________________
ADDRESS ___________________________________________ (STREET) __________ (CITY) __________ (STATE & ZIP CODE) __________ HOW LONG? _________

DATE OF BIRTH ___________________ SOCIAL SECURITY NO. ___________________ HIRE DATE __________
TELEPHONE NUMBER _______________________________ E-MAIL ADDRESS _______________________________

PREVIOUS THREE YEARS RESIDENCY
__________________________________________________________________________________ # YEARS ______
(STREET) ___________________________________________ (CITY) ___________________________________________ (STATE & ZIP CODE) __________
__________________________________________________________________________________ # YEARS ______
(STREET) ___________________________________________ (CITY) ___________________________________________ (STATE & ZIP CODE) __________
__________________________________________________________________________________ # YEARS ______
(STREET) ___________________________________________ (CITY) ___________________________________________ (STATE & ZIP CODE) __________

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE NO.</th>
<th>TYPE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

DRIVING EXPERIENCE

<table>
<thead>
<tr>
<th>CLASS OF EQUIPMENT</th>
<th>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</th>
<th>DATES FROM</th>
<th>DATES TO</th>
<th>APPROX. NO. OF MILES (TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT TRUCK</td>
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<td>TRACTOR AND SEMI-TRAILER</td>
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<tr>
<td>TRACTOR - TWO TRAILERS</td>
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<tr>
<td>OTHER</td>
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</tr>
</tbody>
</table>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

<table>
<thead>
<tr>
<th>DATES</th>
<th>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</th>
<th>NUMBER Fatalities</th>
<th>NUMBER Injuries</th>
<th>CHEMICAL SPILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>YES ☐ NO ☐</td>
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<td>YES ☐ NO ☐</td>
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<td></td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

<table>
<thead>
<tr>
<th>DATE CONVICTED (month/year)</th>
<th>VIOLATION</th>
<th>STATE OF VIOLATION LOCATION</th>
<th>PENALTY (forfeited bond, collateral and/or points)</th>
</tr>
</thead>
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(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
   If yes, explain ________________________________________________________________
B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
   If yes, explain ________________________________________________________________
Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

<table>
<thead>
<tr>
<th>LAST EMPLOYER: NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>EMAIL</th>
<th>FROM</th>
<th>TO</th>
<th>SALARY</th>
<th>REASONS FOR LEAVING</th>
<th>POSITION</th>
</tr>
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</table>

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes [ ] No [ ]

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [ ] No [ ]

SECOND LAST EMPLOYER: NAME

ADDRESS

PHONE

EMAIL

FROM | TO | SALARY

REASONS FOR LEAVING | POSITION

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes [ ] No [ ]

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [ ] No [ ]

THIRD LAST EMPLOYER: NAME

ADDRESS

PHONE

EMAIL

FROM | TO | SALARY

REASONS FOR LEAVING | POSITION

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes [ ] No [ ]

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [ ] No [ ]

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

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.

“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.”

DATE

APPLICANT’S SIGNATURE

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.

DATE

APPLICANT’S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.
INQUIRY TO PREVIOUS EMPLOYERS
SAFETY PERFORMANCE HISTORIES RECORDS REQUEST

PART 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 3 of this document concerning my Alcohol and Controlled
Substances Testing records within the previous 3 years from ________________________________
(employment application date)
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 fax number:  ___________________________________
Prospective employer’s email address:  _________________________________
___________________________________________________________
Applicant’s Signature         Date
This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us.  Yes □  No □
Employed as ___________________________________ from (m/y) ______________________ to (m/y) ______________________
1. Did he/she drive motor vehicle for you?  Yes  No    If yes, what type?  Straight Truck □  Tractor-Semitrailer □
Bus □ Cargo Tank □ Doubles/Triples □ Other (Specify)  ________________________________________________
2. Reason for leaving your employ:  Discharged □  Resignation □ Lay Off □ Military Duty □
If there is no safety performance history to report, check here □, sign below and return.
ACCIDENTS:  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 above, or check □ here if there is no accident register data for
this driver.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th># Injuries</th>
<th># Fatalities</th>
<th>Hazmat Spill</th>
</tr>
</thead>
<tbody>
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Please provide information concerning any other accidents involving the applicant that were reported to government
agencies or insurers or retained under internal company policies:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

Any other remarks:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

_________________________________________________________________________________________________

Signature:  ______________________________________ ______________
Title:  ______________________________  Date:  ____________________
PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _______________ to _______________, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _______________ to _______________.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
   YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
   YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
   YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 3 2, or Part 40?  
   YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?  If yes, please send documentation back with this form.  
   YES ☐ NO ☐
   . For a driver who successfully completed a SAP’s rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  
   YES ☐ NO ☐

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

Name: ___________________________________________________________________________________________
Company: _______________________________________________________________________________________
Street: ___________________________________________________________________________________________
City, State, Zip: ____________________________________________________  Telephone: _____________________
Part 3 Completed by (Signature): ___________________________________________ Date: _____________________

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other __________________
By: __________________________________________________________________  Date: ______________________

PART 5: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: __________________________________________________________________________
Recorded by: _______________________________________   Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone
Date: _____________________________________________       Other  ____ _________________________________

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee  
   • Complete the information required in this section  
   • Sign and date  
   • Submit to the Prospective Employer

PAGE 1 PART 2: Prospective Employer  
   • Complete the information  
   • Send to Previous Employer

PAGE 2 PART 3: Previous Employer  
   • Complete the information required in this section  
   • Sign and date  
   • Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 4: Previous Employer  
   • Complete the information required in this section  
   • Sign and date  
   • Return to Prospective Employer

PAGE 2 PART 5: Prospective Employer  
   • Record receipt of the information  
   • Retain the form
Dear __________________,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator’s license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator’s license or permit during those 3 years.

Therefore, please certify to us what the individual’s driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

____________________________________
Signature of individual making inquiry

________________________________________
(printed) Name of person making inquiry

________________________________________
Title of person making inquiry

________________________________________
Motor Carrier Name

________________________________________
Street Address

City

State

Zip
Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.2 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 the Hazardous Materials Regulations. I considered the driver’s accident record and any evidence that he/she 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 the safety of the public. Having done the above, I found that

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.1

Date of Review Motor Carrier’s Name

Reviewed by Signature and title

Date of Review Motor Carrier’s Name

Reviewed by Signature and title

Date of Review Motor Carrier’s Name

Reviewed by Signature and title

Review by Signature and title
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense</th>
<th>Location</th>
<th>Type of Vehicle Operated</th>
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</table>

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)

(Motor Carrier’s Name)  (Motor Carrier’s Address)

(Reviewed by Signature)  (Title)
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)
**MEDICAL EXAMINERS CERTIFICATE**

I certify that I have examined ________________________________ in accordance with the Federal Motor Carrier Safety regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- [ ] wearing corrective lenses
- [ ] wearing hearing aid
- [ ] accompanied by a waiver/exemption
- [ ] driving within an exempt intracity zone (49 CFR 391.62)
- [ ] accompanied by a Skill Performance Evaluation Certificate (SPE)
- [ ] qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly and is on file in my office.

<table>
<thead>
<tr>
<th>SIGNATURE OF MEDICAL EXAMINER</th>
<th>TELEPHONE</th>
<th>DATE</th>
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</table>

<table>
<thead>
<tr>
<th>MEDICAL EXAMINERS NAME (PRINT)</th>
<th>MD</th>
<th>DO</th>
<th>Other Practitioner</th>
</tr>
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<thead>
<tr>
<th>MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE</th>
<th>NATIONAL REGISTRY NO.</th>
</tr>
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<tr>
<th>SIGNATURE OF DRIVER</th>
<th>INTRASTATE ONLY</th>
<th>CDL</th>
<th>DRIVER LICENSE NO.</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] YES</td>
<td>[ ] YES</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF DRIVER</th>
<th>FOR MEDICAL EXAMINATION ONLY</th>
</tr>
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<tbody>
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<td></td>
<td>[ ] YES</td>
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</table>

| MEDICAL CERTIFICATION EXPIRATION DATE | |
|--------------------------------------| |

**SAMPLE**
MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

(1) Require the person to furnish an application for employment (391.21);
(2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
(3) Perform annual review of the person's driving record (391.25); or
(4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name

Social Security Number

Driver’s License Number

Type of License ___________________________ State ________________________

In addition to the above information, copies of the following must be obtained,

☐ Medical Examiner’s Certificate
☐ Road Test (or equivalent)
☐ Certificate of Road Test
☐ Controlled Substances Test