

# Application for Qualification

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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." 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 (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

\*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.

**Mo/Yr** **Mo/Yr** **Present or Last Employer:**  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**Mo/Yr** **Mo/Yr** **Present or Last Employer:**  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street)    (City)    (State/Zip)
Reason For Leaving _____		Phone # ( _____ ) _____

## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: \_\_\_\_\_  
 \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for past three years *(attach sheet if more space is needed)*

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

### Traffic Convictions and Forfeitures for the last three years *(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

If the answers to A, B, or C is "YES", give details \_\_\_\_\_  
 \_\_\_\_\_

## Personal References

List three persons for references, 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)

This form is courtesy of:

