

# DRIVER QUALIFICATION FILE

## CHECKLIST

1. \_\_\_\_\_ DRIVER APPLICATION FOR EMPLOYMENT 391.21
2. \_\_\_\_\_ INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS) 391.23(a)(2) & (c)
3. \_\_\_\_\_ INQUIRY TO STATE AGENCIES 391.23(a)(1) & (b)
4. \_\_\_\_\_ MEDICAL EXAMINER'S CERTIFICATE\*  
(MEDICAL WAIVER, IF ISSUED) 391.43
5. \_\_\_\_\_ DRIVER'S ROAD TEST 391.31
6. \_\_\_\_\_ CERTIFICATION OF ROAD TEST\* 391.31
7. \_\_\_\_\_ ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS 391.27
8. \_\_\_\_\_ ANNUAL REVIEW OF DRIVING RECORD 391.25
9. \_\_\_\_\_ CHECKLIST FOR MULTIPLE EMPLOYER 391.51(d)

\*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.

(enter company name)  
(enter address)  
(enter city, state)  
(enter phone number)

**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 _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

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

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

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: \_\_\_\_\_  
\_\_\_\_\_

.....  
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: \_\_\_\_\_  
\_\_\_\_\_

.....  
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: \_\_\_\_\_  
\_\_\_\_\_

.....  
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: \_\_\_\_\_  
\_\_\_\_\_

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:

Application reviewed for completeness by:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 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: \_\_\_\_\_

\_\_\_\_\_  
 (enter company name)  
 \_\_\_\_\_  
 (enter address)  
 \_\_\_\_\_  
 (enter city, state)  
 \_\_\_\_\_  
 (enter phone number)

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES	NO	
If YES — Have you successfully completed the return-to-duty process?	YES	NO	
If YES — Documentation <b><u>MUST BE PROVIDED</u></b> before any safety-sensitive transportation function is performed.			

\_\_\_\_\_  
Applicant's Signature Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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: (enter former employer's name) DATE: (enter date)  
Former Employer's Name  
(enter mailing address)  
Mailing Address  
(enter city / state / zip)  
City / State / Zip  
(enter telephone #) (enter fax number)  
Telephone # Fax Number

I, (enter name), hereby authorize (enter name) 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: (enter company name)  
 Address/City/State/Zip: (enter address / city / state / zip)  
 Telephone Number: (enter telephone number) Fax Number: (enter fax number)  
 Contact Person & Title (enter contact person & title)

NAME OF APPLICANT: (enter name of applicant) SSN (enter SS number)  
 JOB APPLYING FOR: (enter 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? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): \_\_\_\_\_
- Refusals to be tested? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Was rehabilitation completed as required? ..... YES or NO If yes, please give date(s): \_\_\_\_\_

**Person providing the above information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Date: \_\_\_\_\_