



# APPLICATION FOR QUALIFICATION

P O Box 399 • Windom, MN 56101 • ph. 507-831-2335 • fax. 507-832-8639

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 the 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".

Date \_\_\_\_\_ Position applying for: Check One:  Contractor  Driver  Contractor's Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

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

*\*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.*

Driver's License No. \_\_\_\_\_ CDL No. \_\_\_\_\_ CDL Exp. \_\_\_\_\_

Physical Exam Expiration Date: \_\_\_\_\_

## Current and Three Years Previous Addresses:

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## Education 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

# Employment History

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 \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials on a quantity requiring placarding.

## Driving Experience

Class of Equipment	From Date	To Date	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
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 the 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. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES  NO
- D. Have you ever been convicted of a felony?..... YES  NO
- If the answer to A, B, C, or D 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 \_\_\_\_\_

How did you hear about Fortune Transportation? \_\_\_\_\_

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**To Be Read and Signed by Applicant**

- *It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*
- *It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*
- *It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*
- *I agree to furnish such additional information and complete such examinations as may be required to complete any application file.*
- *It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*
- *It is agreed and understood that if qualified and hired, I may be on a probationary period during which time 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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**

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**CONFIDENTIAL**  
**FAXED OR MAILED INQUIRY TO PAST EMPLOYER**

**TO:** \_\_\_\_\_  
(Former Employer – Name, City, State) (Date, Time)

I hereby authorize this company to release all records of employment, including assessments 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 the following information to the below mentioned person and/or company.

\_\_\_\_\_  
(Applicant Signature, Date) (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

**FROM:** \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Job Applying For:** \_\_\_\_\_

- Did the applicant work for you as a \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_?  
**YES or NO** If no, please explain: \_\_\_\_\_

- If employed as a driver, please answer the following:  
 Company Driver? \_\_\_\_\_ Owner/operator? \_\_\_\_\_ Other? \_\_\_\_\_  
 Type of Tractor Operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_  
 Other equipment operated: \_\_\_\_\_ Commodities transported: \_\_\_\_\_  
 General area of operation: \_\_\_\_\_

Accidents? **YES or NO** If yes, please give the date and a brief description of each accident: \_\_\_\_\_

Traffic Violations? **YES or NO** If yes, please list all including the date and type of violation: \_\_\_\_\_

License(s) suspended? **YES or NO** If yes, please list the date(s) of suspension: \_\_\_\_\_

Type of Driver license: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Any problems with bonding? **YES or NO** If yes, please explain: \_\_\_\_\_

- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? **YES or NO** If no, please explain: \_\_\_\_\_
- **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): \_\_\_\_\_  
 Rehab completed under direction of SAP/MRO?..... **YES or NO** If yes, please give date(s): \_\_\_\_\_
- Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?) \_\_\_\_\_

Name / Title: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Person Providing the above Information)

Company: \_\_\_\_\_

To: Julie Scott

From: \_\_\_\_\_  
(Company Contact Name)



800-322-5298

\_\_\_\_\_  
(Company Name)

Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Use Fax # 800-267-4093 (Manual Service)

DAC Customer #: \_\_\_\_\_

Use Fax # 800-257-8069 (If Database Retrieval)

DAC Sub-account: \_\_\_\_\_

Reference (35 character maximum) \_\_\_\_\_

**CONSUMER REPORT DISCLOSURE AND DRUG RELEASE**

In connection with my application for employment (including contract for services) with \_\_\_\_\_

I understand that consumer reports which may contain public record information may be requested from DAC Services (DAC), Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. **I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (Company/School) listed below to furnish to DAC on behalf of the Company listed above (Company), the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years: (i) the dates on which I tested positive for drugs and the drugs involved; (ii) the dates on which I tested .04 or greater for alcohol and the test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (v) above, I also authorize that carrier (company/school) to release and furnish: (vi) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

(Attach additional form if needed, additional forms require driver's signature.)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past two years, and every company for which I took a pre-employment drug and/or alcohol test during the past two years.

Print name: \_\_\_\_\_  
(Applicant Name)

Signed: \_\_\_\_\_  
(Applicant Signature Required)

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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



## **DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

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

\_\_\_\_\_  
Date

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFOMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

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

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

# VIOLATION AND REVIEW RECORD

Driver's Name \_\_\_\_\_  
 (Please print or type)

## Certification of Violations

- 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.

<u>Date of</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)

## REVIEW AND EVALUATION OF DRIVER'S RECORD

- In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: \_\_\_\_\_

(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed By: Signature)	(Date)
	(Title)