



- **Check shipping papers to determine the nature of the load.**
- **Drive truck to destination in accordance with federal regulations, normally in periods of up to 11 hours of driving followed by an off-duty period of at least ten consecutive hours.**
- **Apply knowledge of commercial driving and skills in maneuvering vehicle at varying speeds in difficult situations, such as heavy traffic, inclement weather, or in tight loading dock areas.**
- **Ensure that all shipping documentation (e.g., manifest, security seal sheet, bills of lading, shipping orders, or freight bills, etc.) required to move with shipments is available for inspection and that appropriate paperwork accompanies shipment when delivered.**
- **Maintain records required for compliance with state and federal regulations including driver logs, records of fuel purchases, mileage records, and other records required by law.**
- **Perform all duties in accordance with company policies and procedures, and comply with all federal, state, and local regulations for the safe operation of a commercial motor vehicle.**
- **Report all accidents involving driver or company equipment and report highway safety hazards noted en route.**
- **Promptly report any delays due to breakdowns, weather or traffic conditions or other emergencies, or in the event of irregularities relating to pick-up or delivery of cargo.**

## **Accountabilities:**

- **Safe and legal operation of a commercial motor vehicle**
- **Safe and timely transportation of freight from origin to destination.**
- **Proper loading and unloading of freight to assure safety and minimal risk of damage to cargo and danger to people.**
- **Proper handling and accurate completion of all necessary paperwork related to truck operations and freight movements.**
- **Professional representation of the company and the trucking industry through responsible driving.**

## **Job Specifications:**

- **Must possess a valid Commercial Drivers License.**
- **Must have acceptable Motor Vehicle Record.**
- **Must have at least 3 years previous tractor-trailer driving experience.**
- **Must have the ability to read, write, and perform simple math medical calculations with mental ability to handle receipts, read maps, road signs, maintain logs, ect.**
- **Must have good oral communication skills.**
- **Must be able to follow instructions and take directions via two-way radio or by phone.**
- **Must have knowledge of DOT regulations governing safe driving, hours of service, and inspection and maintenance.**
- **Must meet or exceed the medical standards of the U.S. Dept. of Transportation.**
- **Must satisfactorily pass a drug test.**

## **Physical Requirements:**

- **Must be able to sit and remain alert while driving for an aggregate period of up to 11 hours.**
- **Must be able to shift manual transmission and operate foot pedals.**
- **Must be able to perform occasional squatting and crouching to handle and/or position freight.**
- **Must be able to enter and exit the vehicles cab numerous times throughout the day. Cab floor level is generally 36-66 inches above ground level with entry and exit achieved with the assistance of various configurations of steps and handholds; also requires occasional bending, twisting, climbing, squatting, crouching, and balancing.**
- **Must be able to occasionally reach for freight at a waist level and occasionally reach for freight above shoulder height or below waist level.**
- **Must be able to occasionally reach above shoulder level, at waist level, and below waist level for maneuvering and directing the controls to operate, wood and metal, and sometimes on slippery and wet surfaces.**
- **Must be able to hook/unhook various commercial vehicle combinations, manually lower and raise landing gear, operate fifth wheel release lever, open and close cargo doors, climb into and out of vehicles, fuel vehicles, and check engine oil and coolant levels.**

## **Work Environment:**

- **Drivers may spend some of their time out-of-doors, exposed to potentially difficult environmental conditions.**
- **Drivers may be subject to irregular work schedules, temperature and weather extremes, long trips, short notice for assignment of a trip, tight delivery schedules, delays en-route and other stresses and fatigue related to driving a large commercial motor vehicle on crowded streets and highways in all kinds of weather.**
- **While driving, operators are exposed to noise and vibration levels which may be higher than those typically experienced in passenger cars.**

*Statements included in this job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts, or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job or to require that the other or different tasks be performed as circumstances change.*

*Signature* \_\_\_\_\_

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

# COMMERCIAL DRIVER APPLICATION

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: Contractor Driver Contractor's Driver  
NAME \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(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.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

\_\_\_\_\_ 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 (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

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

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

Reason for leaving \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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 \_\_\_\_\_ Company 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

*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

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

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

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

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

# Motor Vehicles 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)

APPLICANT CONSENT AND RELEASE FORM

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

In consideration for my being considered for employment, I, \_\_\_\_\_ ,  
hereby give my consent to and authorize \_\_\_\_\_  
the employer, to perform any testing or medical procedures necessary to determine the presence of  
alcohol or drugs in my body.

I further give my consent to release to \_\_\_\_\_  
or its designated agents, the results of any medical test performed, including any test or medical  
procedures to determine the level or presence of alcohol or drugs.

I realize that my refusal to sign this form constitutes a violation of the employer's stated policy, and  
for that refusal, I will not be considered for, and knowingly waive any possibility of employment.

I understand this consent and release shall be valid for my length of employment and that a copy of  
this consent form shall be valid as an original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

(Suggest you have your attorney look at and approve before using)

# REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_  
 for the purposes of investigation as required by Section 391.23 \_\_\_\_\_ (Prospective Employer)  
 of the Federal Motor Carrier Safety Regulations

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

NAME AND ADDRESS OF  
 PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

- Mailed, Date \_\_\_\_\_
- Faxed, Date \_\_\_\_\_
- Emailed, Date \_\_\_\_\_
- Received by Phone, Date \_\_\_\_\_
- Name of Person Contacted \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:  
 The above named individual has made application to this company for a position as \_\_\_\_\_  
 \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_  
 \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_.  
 Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes  No   
 Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
 If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

### SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles 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.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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: \_\_\_\_\_

**PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**

**PRE-EMPLOYMENT URINALYSIS  
NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 391.103 Pre-Employment Testing Requirements, apply to driver applicants of this company.

**391.103 PRE-EMPLOYMENT TESTING REQUIREMENTS.**

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use pre-qualification condition.

(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) Prior to collection of the urine sample under FMCSR 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and Positive results will be reported to the company.

My written authorization is required for the Urinalysis Tests to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
Applicant's Name

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

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. 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 consenting to 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.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**