

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company \_\_\_\_\_

Address \_\_\_\_\_

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

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**APPLICANT TO COMPLETE**

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street CityState Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.Previous  
AddressesStreet City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? ☐ YES ☐ NO**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				



# **EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

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.

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



## DRIVER STATEMENT OF ON-DUTY HOURS AND LOG USAGE (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

To help determine if an electronic logging device (ELD) is required under section 395.8(a)(1), the driver must indicate how often he/she needed to use logs in the past 30 consecutive days.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) \_\_\_\_\_

ID No. \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

Were you required to use a record of duty status (driver's log) on 8 or more days within the past 30 *consecutive* days? ☐ Yes ☐ No

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year  
Time

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

## DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 395.2 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, motor carrier, and performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer?

☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness:

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

\_\_\_\_\_  
Date

## Motor Vehicle 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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I 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.)



# CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: \_\_\_\_\_ ID NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance and safety performance history information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Driver's Application for Employment (691)	_____	_____	_____	_____
2. Request for Check of Driving Record (732 or 506540) (List state agencies written to)	_____	_____	_____	_____
3. Medical Examiner's Certificate (26521 or 47379) NOTE: 26521 cannot be used after April 20, 2016	_____	_____	_____	_____
4. Medical Examiner National Registry Verification (27033 or 27034)	_____	_____	_____	_____
5. Record and Certification of Road Test (13-F)	_____	_____	_____	_____
*6. Certification of Compliance with Driver License Requirements (1617)	_____	_____	_____	_____
7. Driver's Statement of On-Duty Hours (3687 or 3688) (retain for 6 months with hours-of-service documents)	_____	_____	_____	_____
8. Entry-Level Driver Training Certificate (664-FS-A2) (if using an Entry-Level Driver)	_____	_____	_____	_____
9. Longer Combination Vehicles Driver Certification (if using the driver to operate Longer Combination Vehicles)	_____	_____	_____	_____
*10. Employment Eligibility Verification I-9 (30129) OTHER DOCUMENTS	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

## ALCOHOL AND CONTROLLED SUBSTANCES TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Pre-employment test - controlled substances (Employer copy of Chain of Custody Form and Test Result)	_____	_____	_____	_____
2. Certificate of receipt - company drug and alcohol policy (6793)	_____	_____	_____	_____
3. Previous Pre-Employment Employee Alcohol and Drug Test Statement (6801 or 6802) OTHER DOCUMENTS	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

## SAFETY PERFORMANCE HISTORY

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Safety Performance History Records Request (9620 or 9652)	_____	_____	_____	_____
2. OTHER DOCUMENTS	_____	_____	_____	_____

\*Not required by DOT. May be retained in personnel file.

**Motor Carrier's**  
**MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION**

**MOTOR CARRIER INSTRUCTIONS:** For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

**§391.23 Investigation and inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

**§391.51 General requirements for driver qualification files. (b)(9)(i)** For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

**RETENTION:** This form is to be kept in the driver's qualification file for 3 years.

**MOTOR CARRIER VERIFICATION:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____	Driver's Identification Number: _____ (e.g., driver's license, employee ID)
-------------------------	--

Expiration Date of Medical Certificate: \_\_\_\_\_

Medical Examiner's Name: \_\_\_\_\_

National Registry Number: \_\_\_\_\_

NRCME Certification Date: \_\_\_\_\_

Motor Carrier: \_\_\_\_\_

Location: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Motor Carrier Representative Signature



# REQUEST FOR CHECK OF DRIVING RECORD

**NOTE:** This form may only be used in states that do not require a specific form.

**CAUTION:** When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to \_\_\_\_\_ (Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

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

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box – ☐ None.)**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

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

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving      ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

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

Signature	Date
Printed Name	Title

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



# RECORD OF ROAD TEST

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_ Equipment Driven: Truck \_\_\_\_\_ Tractor \_\_\_\_\_ Trailer \_\_\_\_\_  
Checked From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.  
Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

## PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit \_\_\_\_\_  
Looks for leakage of coolants, fuel, lubricants \_\_\_\_\_  
Checks under hood – oil, water, general condition  
of engine compartment, steering \_\_\_\_\_  
Checks around unit – tires, lights, trailer hookup,  
brake and light lines, body, doors, horn,  
windshield wipers \_\_\_\_\_  
Tests brake action, tractor protection valve, and  
parking (hand) brake \_\_\_\_\_  
Checks horn, windshield wipers, mirrors, emergency  
equipment; reflectors, flares, fuses, tire chains  
(if necessary), fire extinguisher \_\_\_\_\_  
Checks instruments for normal readings \_\_\_\_\_  
Checks dashboard warning lights for proper functioning \_\_\_\_\_  
Cleans windshield, windows, mirrors, lights, reflectors \_\_\_\_\_  
Reviews and signs previous report \_\_\_\_\_

## PART 2 - COUPLING AND UNCOUPLING

Lines up units \_\_\_\_\_  
Connects glad hands to trailer to apply trailer  
brakes before coupling \_\_\_\_\_  
Connects glad hands and light line properly \_\_\_\_\_  
Couples without difficulty \_\_\_\_\_  
Raises landing gear fully after coupling \_\_\_\_\_  
Visually checks king pin assembly to be certain  
of proper coupling \_\_\_\_\_  
Checks coupling by applying hand valve or  
tractor-protection valve (trailer air supply  
valve) and gently applying pressure by  
trying to pull away from trailer \_\_\_\_\_  
Assure that surface will support trailer before  
uncoupling \_\_\_\_\_

## PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

### A. ENGINE

Places transmission in neutral before starting engine \_\_\_\_\_  
Starts engine without difficulty \_\_\_\_\_  
Allows proper warm-up \_\_\_\_\_  
Understands gauges on instrument panel \_\_\_\_\_  
Maintains proper engine speed (rpm) while driving \_\_\_\_\_  
Does not abuse motor \_\_\_\_\_

### B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly \_\_\_\_\_  
Uses clutch properly \_\_\_\_\_  
Times gearshifts properly \_\_\_\_\_  
Shifts gears smoothly \_\_\_\_\_  
Uses proper gear sequence \_\_\_\_\_

### C. BRAKES

Knows proper use of tractor protection valve \_\_\_\_\_  
Understands low air warning \_\_\_\_\_  
Tests service brakes \_\_\_\_\_  
Builds full air pressure before moving \_\_\_\_\_

### D. STEERING

Controls steering wheel \_\_\_\_\_  
Good driving posture and good grip on wheel \_\_\_\_\_

### E. LIGHTS

Knows lighting regulations \_\_\_\_\_  
Uses proper headlight beam \_\_\_\_\_  
Dim lights when meeting or following other traffic \_\_\_\_\_  
Adjusts speed to range of headlights \_\_\_\_\_  
Proper use of auxiliary lights \_\_\_\_\_

## PART 4 - BACKING AND PARKING

### A. BACKING

Gets out and checks before backing \_\_\_\_\_  
Looks back as well as uses mirror \_\_\_\_\_  
Gets out and rechecks conditions on long back \_\_\_\_\_  
Avoids backing from blind side \_\_\_\_\_  
Signals when backing \_\_\_\_\_  
Controls speed and direction properly while backing \_\_\_\_\_

### B. PARKING (City)

Does not hit nearby vehicles or stationary objects \_\_\_\_\_  
Parks proper distance from curb \_\_\_\_\_  
Sets parking brake, puts in gear, chocks wheels,  
shuts off motor \_\_\_\_\_  
Checks traffic conditions and signals when  
pulling out from parked position \_\_\_\_\_  
Parks in legal and safe location \_\_\_\_\_

### C. PARKING (Road)

Parks off pavement \_\_\_\_\_  
Avoids parking on soft shoulder \_\_\_\_\_  
Uses emergency warning signals when required \_\_\_\_\_  
Secures unit properly \_\_\_\_\_

## PART 5 - SLOWING AND STOPPING

Uses gears properly ascending \_\_\_\_\_  
 Gears down properly descending \_\_\_\_\_  
 Stops and restarts without rolling back \_\_\_\_\_  
 Tests brakes before descending grades \_\_\_\_\_  
 Uses brakes properly on grades \_\_\_\_\_  
 Uses mirrors to check traffic to rear \_\_\_\_\_  
 Signals following traffic \_\_\_\_\_  
 Avoids sudden stops \_\_\_\_\_  
 Stops smoothly without excessive fanning \_\_\_\_\_  
 Stops before crossing sidewalk when coming out of driveway or alley \_\_\_\_\_  
 Stops clear of pedestrian crosswalks \_\_\_\_\_

## PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

### A. TURNING

Signals intention to turn well in advance \_\_\_\_\_  
 Gets into proper lane well in advance of turn \_\_\_\_\_  
 Checks traffic conditions and turns only when intersection is clear \_\_\_\_\_  
 Restricts traffic from passing on right when preparing to complete right hand turn \_\_\_\_\_  
 Completes turn promptly and safely and does not impede other traffic \_\_\_\_\_

### B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary \_\_\_\_\_  
 Obeys traffic signal \_\_\_\_\_  
 Uses good judgment on yellow light \_\_\_\_\_  
 Starts smoothly on green \_\_\_\_\_  
 Notices and heeds traffic signs \_\_\_\_\_  
 Obeys "Stop" signs \_\_\_\_\_

### C. INTERSECTIONS

Adjusts speed to permit stopping if necessary \_\_\_\_\_  
 Checks for cross traffic regardless of traffic controls \_\_\_\_\_  
 Yields right-of-way for safety \_\_\_\_\_

### D. GRADE CROSSINGS

Adjusts speed to conditions \_\_\_\_\_  
 Makes safe stop, if required \_\_\_\_\_  
 Selects proper gear and does not shift gears while crossing \_\_\_\_\_  
 Knows and understands federal and state rules governing grade crossing \_\_\_\_\_

### E. PASSING

Passes with sufficient clear space ahead \_\_\_\_\_  
 Does not pass in unsafe location: hill, curve, intersection \_\_\_\_\_  
 Signals change of lanes \_\_\_\_\_  
 Warns driver being passed \_\_\_\_\_  
 Pulls out and back with certainty \_\_\_\_\_  
 Does not tailgate \_\_\_\_\_  
 Does not block traffic with slow pass \_\_\_\_\_  
 Allows enough room when returning to right lane \_\_\_\_\_

## F. SPEED

Speed consistent with basic ability \_\_\_\_\_  
 Adjusts speed properly to road, weather, traffic conditions, legal limits \_\_\_\_\_  
 Slows down for rough roads \_\_\_\_\_  
 Slows down in advance of curves, intersections, etc. \_\_\_\_\_  
 Maintains consistent speed \_\_\_\_\_

## G. COURTESY AND SAFETY

Uses defensive driving techniques \_\_\_\_\_  
 Yields right-of-way for safety \_\_\_\_\_  
 Goes ahead when given right-of-way by others \_\_\_\_\_  
 Does not crowd other drivers or force way through traffic \_\_\_\_\_  
 Allows faster traffic to pass \_\_\_\_\_  
 Keeps right and in own lane \_\_\_\_\_  
 Uses horn only when necessary \_\_\_\_\_  
 Generally courteous and uses proper conduct \_\_\_\_\_

## PART 7 - MISCELLANEOUS

### A. GENERAL DRIVING ABILITY AND HABITS

Consistently alert and attentive \_\_\_\_\_  
 Adjusts driving to meet changing conditions \_\_\_\_\_  
 Performs routine functions without taking eyes from road \_\_\_\_\_  
 Checks instruments regularly while driving \_\_\_\_\_  
 Willing to take instructions and suggestions \_\_\_\_\_  
 Adequate self-confidence in driving \_\_\_\_\_  
 Is not easily angered \_\_\_\_\_  
 Positive attitude \_\_\_\_\_  
 Good personal appearance, manner, cleanliness \_\_\_\_\_  
 Good physical stamina \_\_\_\_\_

### B. HANDLING OF FREIGHT

Checks freight properly \_\_\_\_\_  
 Handles and loads freight properly \_\_\_\_\_  
 Handles bills properly \_\_\_\_\_  
 Breaks down load as required \_\_\_\_\_

### C. RULES AND REGULATIONS

Knowledge of company rules \_\_\_\_\_  
 Knowledge of regulations: federal, state, local \_\_\_\_\_  
 Knowledge of special truck routes \_\_\_\_\_

### D. USE OF SPECIAL EQUIPMENT (Specify)

\_\_\_\_\_

REMARKS:

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

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

Signature of Examiner

13F 652  
(Rev. 5/02)

## CERTIFICATION OF ROAD TEST

**Instructions to Carrier:** If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ 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 \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_