

Driver Qualification File Checklist

[49 CFR 391](#) explains the minimum requirements for commercial motor vehicle drivers. Motor carriers are required to maintain a [qualification file](#) for each of their drivers. The following checklist will help you ensure that each driver qualification file is complete.

✓		Form/Inquiry/Note to Include	Must Retain Document For
	Ongoing Updates	Inquiry To State Agencies for Driving Record – Annual — 49 CFR 391.25 (a) and (c) Motor carriers must contact State agencies annually for an updated copy of each driver's MVR.	3 years from date of execution
		Review of Driving Record – Annual — 49 CFR 391.25 (c) (2) At least once every 12 months, the carrier must collect a current motor vehicle record (MVR) from the State issuing a driver's license, and review the MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified pursuant to 49 CFR 391.15. A note including the name of the person who performed this review and the date must be retained in the file with the MVR.	3 years from date of execution
		Driver's Certification of Violations – Annual — 49 CFR 391.27 At least once every 12 months, drivers must submit a list of all convicted violations of motor vehicle traffic laws and ordinances during the previous 12 months. Carrier must review this and compare it with the driver's annual MVR. Note: Drivers who have provided information required by 49 CFR 383.31 need not repeat information in this annual list of violations.	3 years from date of execution
		Medical Examination Report and Medical Examiner's Certificate — 49 CFR 391.43 All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.	3 years from date of execution
		Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners — Non-CDL drivers: 49 CFR 391.51(b)(9)(i) ; CDL drivers: 49 CFR 391.51(b)(9)(ii) A note must be included in the driver's qualification file to verify that the medical examiner is listed on the National Registry of Certified Medical Examiners .	3 years from date of execution
	Initial DQ File Documents	Driver's Application for Employment — 49 CFR 391.21 A driver must not drive a CMV unless an application for employment is completed and signed.	Life of employment + 3 years after termination
		Driver's Road Test Certificate or Equivalent* — 49 CFR 391.31(e) A person must not drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.	Life of employment + 3 years after termination
		Inquiry to Previous Employers: Safety Performance History Records Request — 49 CFR 391.23(a)(1)and(b) Carriers must investigate the driver's employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.	Life of employment + 3 years after termination

✓	Form/Inquiry/Note to Include	Must Retain Document For
	Safety Performance History Records: Driver Correction or Rebuttal (if applicable) — 49 CFR 391.23(j)(2) and 49 CFR 391.23(j)(3) Carriers must maintain a record of both the request for a driver's safety performance history and any related documentation, for example if a driver documents that information in the history is inaccurate.	Life of employment + 3 years after termination
	Inquiry To State Agencies for 3-Year Driving Record — 49 CFR 391.23(a)(1)and(b) Carriers must contact State agencies for the driver's MVR for the past three years. Request must be made within 30 days of hire. MVR must be kept in the driver's personnel file, and updated annually. See "Review of Driving Record" entry above.	Life of employment + 3 years after termination
	Pre-Employment Drug and Alcohol Documents — 49 CFR 40.25(j) ; 49 CFR 382.301 ; 49 CFR 391.23(e) Before performing safety-sensitive functions, such as operating a CMV, the driver must undergo testing for controlled substances. However, if a driver meets certain exceptions, listed in 382.301(b), the employer is not required to submit the driver to testing; if exercising one of these exceptions, the employer must retain in the driver qualification file specific information, outlined in 382.301(c). In addition, as part of the investigation and inquiries employers are required to conduct for each driver they employ, as outlined in 391.23, employers must request information about previous drug and alcohol program violations from all previous DOT-regulated employers that employed the driver within the last three years in a position that required DOT drug and alcohol testing. This information supplements queries conducted in the Drug and Alcohol Clearinghouse, as required per 382.701, to cover the required three years. Any documentation collected from previous employers through these inquires must be retained in the driver qualification file. Clearinghouse query results do not need to be retained in the driver qualification file, as they are retained by FMCSA in the Clearinghouse.	See Controlled Substances and Alcohol chapter for recordkeeping requirements.
	The following additional documents are only required for certain types of drivers, or in specific situations.	
	Longer Combination Vehicle (LCV) Driver Training Certificate — 49 CFR 380.401 A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.	Life of employment + 3 years after termination
	Longer Combination Vehicle (LCV) Certificate of Grandfathering — 49 CFR 380.111	Life of employment + 3 years after termination
	Multiple-Employer Drivers — 49 CFR 391.63	Life of employment + 3 years after termination
	Skill Performance Evaluation Certificate — 49 CFR 391.49	3 years from date of execution

Initial DQ File Documents

DRIVER PROFILE

DRIVER NAME: _____

ADDRESS: _____

PHONE #: _____

CDL#: _____ **EXP:** _____

SS#: _____

DATE OF HIRE: _____

EMAIL: _____

EMPLOYER'S RECEIPT

I acknowledge receipt of the pamphlet titled Alcohol & Controlled Substance Compliance covering employee awareness topics.

Who is Covered by the Alcohol & Drug Rule

What is a Safety Sensitive Function

What are Alcohol & Drug Prohibitions

What Tests and When Tests are Required

*Pre-Employment

*Post Accident

*Random

*Reasonable Suspicion

*Return-to-Duty and Follow-Up

What Happens if I Refuse to be Tested

How is Alcohol Testing Accomplished

How is Drug Testing Accomplished

What are the Consequences of Violating the

Alcohol or Drug Prohibitions

Where can I go for Help

What are the Effects of Alcohol and Drugs on the Body

Employee's Signature

Date

COMPANY

Supervisor's Signature

Date

*****THIS RECEIPT SHALL BE READ AND SIGNED BY THE
EMPLOYEE. A RESPONSIBLE COMPANY SUPERVISOR SHALL
COUNTERSIGN THE RECEIPT AND PLACE IT IN THE
EMPLOYEE'S PERSONNEL FILE.*****

COMPANY RULES FOR DRIVERS

- DRIVER CAN NOT TAKE ANY ONE OTHER THEN HIS OR HER SELF IN THE COMPANY TRUCK.
- ANY DAMAGE DONE TO TRUCK, TRAILER OR LOAD DO TO DRIVER FALSE, IT WILL BE DRIVER RESPONSIBLTY AND WILL BE TAKEN OUT OF DRIVER PAY.
- DRIVER IS RESPONSIBLE FOR ALL OF HIS OR HER ACTIONS.
- DRIVER CAN NOT HAVE ANY PASANAGER OR FAMILY WITH HIM OR HER, WHILE IN COMPANY TRUCK.
- IF DRIVER GETS INTO ACCIDENT WHILE HE IS DRIVING COMPANY TRUCK, IT IS DRIVER RESPONSIBELTY TO NOTIFY THE COMPANY WITH DETAIL OF THE ACCIDENT.
- IF ANY PROBLEMS WITH EQUIPTMENT, DRIVER NEED TO CALL COMPANY AND GET PERMISSION TO FIX PROBLEM.
- ALL FUEL MONEY IS FOR FUEL PURPOSES ONLY. DRIVER CAN'T USE THAT MONEY FOR PERSONAL NEEDS.
- ANY COM CK OR T-CK THAT IS ISSUED TO DRIVER WILL BE DRIVERS RESPONSIBELTY.
- DRIVER NEEDS TO TURN IN ALL PAPERWORK WITH ALL EXPENCE LIST.
- DRIVER NEEDS TO KEEP ALL FUEL RECEIPTS. ANY MISSING FUEL RECEIPTS WILL BE TAKEN OUT OF DRIVER PAY.
- IF DRIVER GET COUGHT WITH ANY DRUGS OR OTHER ITEMS THAT HE OR SHE SHOULD NOT HAVE IN THE TRUCK, DRIVER IS SOLEY RESPONSIBLE FOR HIS OR HER ACTIONS.
- DRIVER MUST COUNT ALL PRODUCTS BEING LOADED IN THE TRUCK. ANY SHORTAGE IN THE LOAD IS ALL DRIVER RESPONSIBLTY.

ALL DRIVERS MUST FOLLOW ALL THESE RULES, BY SIGNING THIS STATEMENT DRIVER UNDERSTAND AND WILL FOLLOW ALL COMPANY RULES. IF THESE RULES ARE NOT FOLLOWED, DRIVER IS SOLEY RESPONSIBLE FOR HIS ACTION.

I _____ UNDERSTAND ALL OF THESE RULES,
AND I WILL FOLLOW THEM.

DRIVER SIGNATURE

DATE



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE OF EMPLOYEE

X

I, _____, of _____

AUTHORIZED REPRESENTATIVE

COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

ACE HAULING SERVICE INC

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

MVRcheck.com PSP BACKGROUND REPORT RELEASE

IMPORTANT DISCLOSURE

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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

DRIVER EMPLOYMENT APPLICATION

ACE HAULING SVC INC, 12220 DAVID PLACE, CARLSBAD, CA 92008, 760-434-5740
ACEHAULING2000@GMAIL.COM, An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N	DETAILS
High School				<input type="checkbox"/> <input type="checkbox"/>	
College				<input type="checkbox"/> <input type="checkbox"/>	
Other				<input type="checkbox"/> <input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____ First M.I. Last Social Security Number _____</p> <p>Hereby authorize: _____ Date of Birth _____</p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____. (employment application date)</p> <p>To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____</p> <p>Prospective employer's email address: _____</p> <p>_____ Applicant's Signature Date</p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
<p style="text-align: center;">ACCIDENT HISTORY</p> <p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/></p> <p>If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p>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 <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Date</th><th style="width: 25%;">Location</th><th style="width: 15%;"># Injuries</th><th style="width: 15%;"># Fatalities</th><th style="width: 30%;">Hazmat Spill</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____ _____ _____ Any other remarks: _____ _____ _____ _____ Signature: _____ Title: _____ Date: _____</p>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form
--	---

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers 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 any time, 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-business-days deadline 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 his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
<p>I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.</p> <p>This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.</p> <p>Driver/Applicant Signature: _____ Date: ____ / ____ / ____ M D Y</p>	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
<p>The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.</p>	
<p>Information supplied to:</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Comments: _____</p> <p>_____</p>	
<p>By: _____ Release Date: _____ / _____ / _____</p> <p style="text-align: center;">Signature/person providing information Telephone # M D Y</p>	

COPY 1 PROSPECTIVE EMPLOYER

**DRIVER PROFICIENCY (CAC 13, 1229) and
AUTHORIZED VEHICLES (CAC 12, 1234 (b))**

_____ has demonstrated to me _____

Driver's Name Name & Title

That he/she can safely operate the below named vehicles/equipment as was trained for the following:

- | | |
|---|--|
| <input type="checkbox"/> Straight truck | <input type="checkbox"/> Informed on who to report safety concerns to |
| <input type="checkbox"/> Tractor & trailer combination | <input type="checkbox"/> Trained on how to secure a load, Tie down procedure |
| <input type="checkbox"/> Doubles/triples | <input type="checkbox"/> Trained on spotting an improperly loaded vehicle |
| <input type="checkbox"/> Tank vehicle | <input type="checkbox"/> Trained on safe use of mirrors & blind spots |
| <input type="checkbox"/> Vehicles less than 10,000 pounds GVWR | <input type="checkbox"/> Standard shift transmission |
| <input type="checkbox"/> Vehicles 10,000 pounds to 26,000 pounds GVWR | <input type="checkbox"/> Automatic transmission only |
| <input type="checkbox"/> Vehicles 26,001 pounds and more GVWR | <input type="checkbox"/> Air brakes endorsement |
| <input type="checkbox"/> Properly hook up a trailer | <input type="checkbox"/> Hazardous materials endorsement |
| <input type="checkbox"/> Safely operate a dump vehicle | |
| <input type="checkbox"/> Trained to perform a walk around inspection | |
| <input type="checkbox"/> Special equipment (specify) _____ | |

Internal Instructions:

Dispatch Dept: All new hires must be directed to the Equipment Manager, with this form, for completion of the Driver Proficiency Process

Equipment Dept: Process completed copy of this form to Payroll for recordkeeping

ACE HAULING INC

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

ESCONDIDO CA

CA

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 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

Actions taken with driver:

ACE HAULING SVC INC

2220 DAVID PLACE, CARLSBAD, CA 92008

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

SAFETY MANAGER

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE OF REVIEW

This form is an example only. Certificates may look different, but should contain similar information.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. ([49 CFR 391.31](#)(e)(f)(g))

Driver's Name

Social Security Number

Operator's or Chauffeur's
License Number

State

Type of Power Unit

Type of Trailer(s)

If passenger carrier, type of bus

This is to certify that the above-named driver was given a road test under my supervision on _____ 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.

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

BUSINESS NAME AND ADDRESS OF ORGANIZATION

HOURS OF SERVICE RECORD FOR FIRSTTIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____
FIRST MIDDLE LAST

DAY	TOTAL TIME ON DUTY
1	<u>0</u>
2	<u>0</u>
3	<u>0</u>
4	<u>0</u>
5	<u>0</u>
6	<u>0</u>
7	<u>0</u>
TOTAL	<u>0</u>

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
Hour/Date Hour/Date

Signature: _____ Date: _____

This form is an example only. Questionnaires may look different, but should include, at minimum, the two questions below.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Applicant Name _____

Yes

No

☐☐

Within the last two (2) years, 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, safety-sensitive transportation work?

☐☐

If yes, have you successfully completed the return-to-duty process?

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer 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 other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

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 investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____
Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* driver applicants only						

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION