

New Driver Inquiries

Fed Ex

Team Drivers
Out Tues - Sat
Home Sun & Mon

1 Year verifiable driving employment
Doubles endorsement
No major traffic violations within 36 months
No excessive speeding – No felony conviction
Drop & Hook – Hub to Hub
.40 cpm split
After 6 months, eligible for quarterly safety bonus
1 year/1week, 2 years/2weeks, 5years/3 weeks vacation
After 90 days, eligible for company insurance

Double "S" Drivers

Solo
Out 5-7 days
Home weekly

3 years verifiable driving employment
No major traffic violations within 36 months
No excessive speed – No felony conviction
.36 cpm, plus fuel bonus
Lumpers paid w/ EFS
99% No touch freight
1 year/1week, 2 years/2weeks, 5years/3 weeks vacation
After 90 days, eligible for company insurance

T-Haul Drivers

Tanker Drivers
Out up to 10 days
Home 2 days

2 years verifiable driving employment
Tanker endorsement
No major traffic violations within 36 months
No excessive speed – No felony conviction
24% of Gross
After 90days - eligible for company insurance
1 year/1week, 2 years/2weeks, 5years/3 weeks vacation
Midwest – West Coast – South East – CA to WI runs available
Food grade & Food grade compatibles

DRIVER APPLICATION

Fmcsr Part 391.21

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Phone (417) 873-9121

Fax (417) 873-9195

Motor Carrier Name:
Motor Carrier Address:

391.21 (d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph 391.21 (b)(10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391.23. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. All required disclosures are contained in this document and can also be found by reviewing the Federal Motor Carrier Safety Regulations(fmcsr) at www.fmcsa.dot.gov

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	

Residence Past 3 Years			
Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			

Experience and Qualifications
MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE AND PLACE IN DRIVER FILE.
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE				
Equipment Class	Type of Equipment Van,Flat,Tank,etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Home Phone _____

Cell Phone _____

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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 revoked? Yes No

If yes, Explain in Detail:

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? Yes No

Driver Pre-Employment Verification of Testing Results

In the past 2 years have you:	Yes	No
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		

If you answer "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.

Name of SAP: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date(s) Visited: _____

SIGNED: _____ **DATE:** _____

EMPLOYMENT RECORD 391.21(b10) 391.23(d) (e)	
All jobs for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving: _____	
Were you subject to the FMCSRs while employed by that previous employer? Yes No	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving: _____	
Were you subject to the FMCSRs while employed by that previous employer? Yes No	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving: _____	
Were you subject to the FMCSRs while employed by that previous employer? Yes No	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving: _____	
Were you subject to the FMCSRs while employed by that previous employer? Yes No	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving: _____	
Were you subject to the FMCSRs while employed by that previous employer? Yes No	

Last Employer: _____ Position held: _____ From: _____ To _____ Address: _____ City: _____ ST: _____ Telephone #: _____ Reason For Leaving: _____ Were you subject to the FMCSRs while employed by that previous employer? Yes No
Last Employer: _____ Position held: _____ From: _____ To _____ Address: _____ City: _____ ST: _____ Telephone #: _____ Reason For Leaving: _____ Were you subject to the FMCSRs while employed by that previous employer? Yes No

391.23(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(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 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.

Visit www.fmcsa.dot.gov to review the regulations.

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

X _____
Applicant's Signature

X _____
DATE

Your Company Name:		
Street Address:	City:	State:
Telephone#:	Fax#:	
Email Address:		

Driver Applicant Name:	Social Security No.
I hereby authorize and request (Prior Employer Company Name and Address, Telephone & Fax number)	
<p>to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 and Section 40.25(b) to the above named company. You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulation require that this information be released as part of Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information.</p> <p>391.23f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.</p> <p>(g) After October 29, 2004, previous employers must:</p> <p>(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.</p> <p>(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.</p> <p>(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.</p> <p>(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.</p>	

X **Driver Signature:** _____ X **Date:** _____

Witnessed by: _____

NOTE: Failure to furnish information as required by 49 CFR 382.413 & 40.25 will result in the above named individual being removed from any CDL driving position.

You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

The above applicant state that he/she worked for you. Employment dates from _____ to _____

1. Type of equipment driven Straight truck Tractor semi-trailer Bus Trailer used. Van Flatbed Refrigerated Cargo Tank Triples Doubles

2. Was the applicant safe and efficient? Yes No
Remarks:

3. Did the applicant have any accidents? Yes No

Date	Location City, ST	Towed	Injury	Fatal

4. Reason for leaving your employ. Discharged Laid off Resigned Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Required information from Section 382.413 and 40.259b)

Controlled Substance and Alcohol Testing Information

1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? ()Yes ()No

2. Has the above named individual had a controlled substance test with a positive result while in your employ? ()Yes ()No

3. Has the above individual refused a controlled substance test or alcohol test while in your employ? ()Yes ()No

4. Other violations of DOT Agency Drug and Alcohol testing regulations? ()Yes ()No ()Attached ()Not Attached

5. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? ()Yes ()No ()Attached ()Not Attached

Signed by: _____ Date: _____

By Prior Employer Official Title: _____

With Reference to question number 5, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name: _____

Street Address: _____

City: _____ State: _____

Phone#: _____

Mailed On: _____	Faxed On: _____
Verified by Phone Talked to: _____	
Signature: _____	Date: _____

Waiver of Costs for Pre-employment Drug Screens

Applicant, due to the rising costs of pre-employment drug screens and DOT Physicals, not to mention the time and effort taken to qualify each new applicant; has prompted us to implement the following policy:

Any applicant that has undergone a pre-employment drug screen as required by DOT; and the results of that test returns a positive result for a controlled substance and/or alcohol; will be responsible for any and all costs associated with UDS testing and DOT Physical testing, as these types of results renders the applicant ineligible for hire.

Applicant

Date

Witness

Date