

# DRIVER QUALIFICATION FILE

## CHECKLIST

1. \_\_\_\_\_ DRIVER APPLICATION FOR EMPLOYMENT 391.21
2. \_\_\_\_\_ INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS) 391.23(a)(2) & (c)
3. \_\_\_\_\_ INQUIRY TO STATE AGENCIES 391.23(a)(1) & (b)
4. \_\_\_\_\_ MEDICAL EXAMINER'S CERTIFICATE\*  
(MEDICAL WAIVER, IF ISSUED) 391.43
5. \_\_\_\_\_ DRIVER'S ROAD TEST 391.31
6. \_\_\_\_\_ CERTIFICATION OF ROAD TEST\* 391.31
7. \_\_\_\_\_ ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS 391.27
8. \_\_\_\_\_ ANNUAL REVIEW OF DRIVING RECORD 391.25
9. \_\_\_\_\_ CHECKLIST FOR MULTIPLE EMPLOYER 391.51(d)

\*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.

Moving of America, Inc.  
1000 Main Avenue  
Clifton, NJ 07011  
(201) 862-8000

**COMMERCIAL DRIVER APPLICATION**

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

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

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If your above address is less than 3 years continue listing them below to cover the previous 3 year period:**

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

**Driver's License Information: all licenses held, last 3 years:**

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Experience:**

_____	to	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	to	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	to	_____
Type of vehicle driven	Dates	Approximate mileage driven

**All Accidents, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes     No    If yes; state of issuance; explanation: \_\_\_\_\_

**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

.....

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

Use backside of sheet for additional employers

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**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees 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 anytime, 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 (5) business day deadlines 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 their request to review the records.

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**Certification**

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

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

\_\_\_\_\_  
 Date Signed

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**TO BE COMPLETED BY THE EMPLOYER:**

**Application received by:**

**Application reviewed for completeness by:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

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**SIGNIFICANT DATES:**

**Date of Hire:** \_\_\_\_\_

**Time & Date of Pre-Employment CST:** \_\_\_\_\_

**Time & Date of Pre-Employment CST Results Received:** \_\_\_\_\_

**Date First Used in Safety Sensitive Position:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

Moving of America, Inc.  
1000 Main Avenue  
Clifton, NJ 07011  
(201) 862-8000

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

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

**49 CFR 40.25(j)**

<b>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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?</b>	<b>YES</b>	<b>NO</b>
<b>If YES — Have you successfully completed the return-to-duty process?</b>	<b>YES</b>	<b>NO</b>
<b>If YES — <u>Documentation MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b>		

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

\_\_\_\_\_  
Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

**TO:** (enter former employer's name) **DATE:** (enter date)  
Former Employer's Name  
(enter mailing address)  
Mailing Address  
(enter city / state / zip)  
City / State / Zip  
(enter telephone #) (enter fax number)  
Telephone # Fax Number

I, (enter name), hereby authorize (enter name) to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**Applicant's Signature & Date** \_\_\_\_\_

**Witness's Signature & Date** \_\_\_\_\_

**REQUEST FROM:**

Company: (enter company name)  
 Address/City/State/Zip: (enter address / city / state / zip)  
 Telephone Number: (enter telephone number) Fax Number: (enter fax number)  
 Contact Person & Title (enter contact person & title)

NAME OF APPLICANT: (enter name of applicant) SSN (enter SS number)

JOB APPLYING FOR: (enter job applying for)

**INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS**

- Did applicant work for you as a \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ YES or NO IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following: Company Driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_  
 Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_  
 Commodities transported: \_\_\_\_\_ Area of operations: \_\_\_\_\_
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: \_\_\_\_\_
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS**

- Alcohol tests with a result of 0.04 or greater? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): \_\_\_\_\_
- Refusals to be tested? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Was rehabilitation completed as required? ..... YES or NO If yes, please give date(s): \_\_\_\_\_

**Person providing the above information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Date: \_\_\_\_\_

Moving of America, Inc.  
1000 Main Avenue  
Clifton, NJ 07011  
(201) 862-8000

(enter drivers name) \_\_\_\_\_

Driver's Name

(enter driver's operators lic. no.)

Driver's Operators Lic. No.

(enter driver's social sec. no.) \_\_\_\_\_

Driver's Social Sec. No.

Dear (enter name) \_\_\_\_\_

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_

(name of person making inquiry) \_\_\_\_\_

(printed) name of person making inquiry

(title of person making inquiry) \_\_\_\_\_

Title of person making inquiry

(motor carrier name) \_\_\_\_\_

Motor Carrier Name

(street) \_\_\_\_\_

Street

(city) \_\_\_\_\_

City

(state) \_\_\_\_\_

State

(zip) \_\_\_\_\_

Zip

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner	Telephone	Date
Medical Examiner's Name (Print)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
Medical Examiner's License or Certificate No. / Issuing State		
Signature of Driver	Driver's License No.	State
Address of Driver		
Medical Certificate Expiration Date		

## DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

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

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

### Rating of Performance

- \_\_\_\_\_ The pre-trip inspection (as required by 49 CFR 392.7).
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing and parking the vehicle.
- \_\_\_\_\_ Other, explain: \_\_\_\_\_

Type of equipment used in giving the test: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

**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))

**CERTIFICATION OF ROAD TEST**

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 \_\_\_\_\_, 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)

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

\_\_\_\_\_  
(Organization and Address of Examiner)

## ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

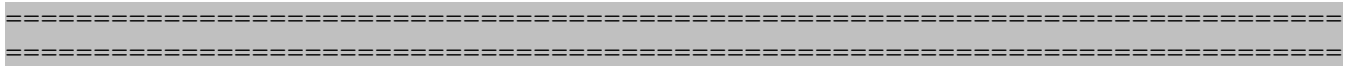
In accordance with 49 CFR 391.27, I \_\_\_\_\_ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	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 required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

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



## ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

\_\_\_\_\_  
(Motor Carrier's Name)

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

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed By: Signature)

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