



**COMMERCIAL DRIVER APPLICATION**

**APPLICANT INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Cell PHONE (    ) \_\_\_\_\_

EMERGENCY PHONE(    ) \_\_\_\_\_ Relation To Applicant \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

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

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

**List all unexpired licenses and / or permits**

State	Number	Expiration Date

**List all motor vehicle accidents you were involved in the last three years**

Date	City/ State	Nature of Accident	Fatalities	Injuries

**List all Violations (other than parking) for which you convicted or forfeited during the last three years**

Date	City/ State	Charge	Penalty



**EMPLOYMENT RECORD**

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

**LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**SECOND LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**THIRD LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_



**SAFETY PERFORMANCE HISTORY INVESTIGATION**

Have the employee complete the top portion of this form for each Safety Sensitive Position he/ she worked in the past three years

**TO BE COMPLETED BY THE APPLICANT:**

As the applicant, my signature authorize you, as my previous employer, to release the requested information to my prospective employer Cross Lines INC,

Applicants Name: \_\_\_\_\_ Applicants SS Number: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_

Previous Employer Phone: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY THE PREVIOUS EMPLOYER**

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (888) 363-6646.

**VERIFICATION OF EMPLOYMENT**

Applicant was employed with this company from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Position required a Commercial Drivers License? \_\_\_\_\_

**Accident Information**

No Accidents information to report

Date of Accident: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_

City or Town, State: \_\_\_\_\_ Release of Hazardous materials?  Yes  No

Additional Information about the Accident:

\_\_\_\_\_

Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to you internal policies.



**PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION**

- Individual was not in a safe- sensitive position subject to the part 40 regulations while in our employment
- No prohibited drug and/ or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct during the previous three years, answer the questions below. During the previous three year did the driver:

- Have an alcohol test result with an alcohol concentration of 4.0 or higher? Yes No
- Have a verified positive drug test result? Yes No
- Have a violation of any of the other drug and/or alcohol testing prohibitions? Yes No
- Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? Yes No

If yes to any of the above, did the driver:

- Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? Yes No
- Successfully complete the return to duty program while in your employment? Yes No
- Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

**PREVIOUS EMPLOYER CONTACT INFORMATION**

Part 391.23 requires a previous employer who is regulated by the DOT to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Company Official Releasing this Information: \_\_\_\_\_

Fax: \_\_\_\_\_

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



**RECORD OF FAILURE TO OBTAIN REQUIRED SAFETY INFORMATION**

Use this form to document your good faith efforts to obtain Safety Performance history information.

If you cannot obtain the required Safety Performance History information, for any reason, you must document the reason. Keep this information in the driver's Safety Performance History folder. You should report to the Federal Motor Carrier Safety Administration (FMCSA) the failure of any previous employer to respond to your inquiry. FMCSA's Safety Violation Hotline is 1-888-368-7238. Forward the bottom copy of this form to United States Department of Transportation, Federal Motor Carrier Safety Administration, 400 7th Street, S.W., Washington D.C. 20590. FMCSA's general information line is 1-800-832-5660.

**Driver- Applicant has no safety performance history to report**

If a driver has no previous DOT-regulated experience, the regulations require that you keep documentation on file to verify this as the reason you were not able to obtain the required Safety Performance History information from the driver's previous employer(s).

\_\_\_\_\_  
Name of Driver- Applicant

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

Driver-Applicant has indicated on his/her employment application that he/ she was not employed by a DOT-regulated employer during the preceding three years. For this reason Safety Performance History information was not obtained or filed regarding the driver-applicant.

\_\_\_\_\_  
Company Official

**Previous Employer did not respond**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date sent to FMCSA: \_\_\_\_\_

Individual who sent form to FMCSA: \_\_\_\_\_

Signature of individual who contacted FMCSA: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Other Actions Taken: \_\_\_\_\_



## **APPLICANT REQUEST TO REVIEW SAFETY INFORMATION**

Have the driver-applicant complete this form when requesting the information provided by his/ her previous employer (s).

Drivers who wish to review the information provided by their previous DOT-regulated employers must submit a written request to the prospective employer to whom the information was provided. The driver may do this at the time of application or within 30 days of being hired or denied employment. Issues with the information provided by a previous employer must be directed to the previous employer who provided the information and not the prospective employer. Information must be released within five (5) business days of receiving this signed request.

### **Applicant Information**

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

Driver Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

By signing this form I authorize \_\_\_\_\_ to release the confidential safety  
Prospective Employer Name

history information from my previous employer \_\_\_\_\_ to me. I understand  
Previous Employer's Name

that if I do not arrange to pick up or receive the information within thirty (30) days of the prospective employer making it available, the employer may consider me to have waived my right to review such information. I also understand that if I wish to request corrections or rebut the information, I must contact my previous employer who provided the information.

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



## RECEIPT OF DRIVER'S RIGHTS

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights before accepting the driver's application for employment.

### **Driver Review and receipt**

- I acknowledge that \_\_\_\_\_ Employer Name has provided me with written instructions regarding my rights as defined in Part 391.23(i)-(j) of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:  
 ID Right to Review Information - I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections - I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information - I have the right to rebut the information provided by my previous DOT-regulated employer(s).

\_\_\_\_\_  
Driver's Full Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/ Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date



**NOTIFICATION OF CONVICTION FOR A DRIVER VIOLATION**

Have driver complete this form if he/ she is convicted of a violation or loses driving privileges.

If one of your drivers is convicted of a motor vehicle violation, other than a parking violation while driving any type of motor vehicle, the driver must notify you within 30 days of the conviction.

**Conviction of Motor Vehicle Violation**

Document this notification by having the driver complete this form and retain a copy in his/her driver qualification file (Send a duplicate copy to the State or jurisdiction, which issued the driver's license).

**Suspension, Revocation or Cancellation**

If one of your drivers has his or her license suspended, revoked, or canceled by a State or jurisdiction, or is disqualified from operating a commercial motor vehicle for any period, the driver must notify you before the end of the next business day.

**State/ Employer information**

Written notification is required. Driver to complete the following:

Driver's full name: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such

Conviction(S):

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

The violation occurred while the driver was operating:

- A commercial motor vehicle
- A non-commercial motor vehicle

Location of offense: \_\_\_\_\_

Street

Town/City

State

Driver's signature: \_\_\_\_\_ Date of notification: \_\_\_\_\_





## CERTIFICATE OF TRAINING ON THE COL REGULATIONS

Document the driver's training on the COL regulations and penalties.

The Commercial Driver's License, or CDL, regulations define offenses that if committed can cause a driver's license to be suspended, revoked, cancelled or cause the driver to be disqualified from operating a commercial motor vehicle (CMV). These regulations were revised on September 30, 2002 to additionally include offenses committed by a CDL holder while operating a non-commercial motor vehicle. All new employees must be trained in these regulations. All drivers who were trained prior to September 30, 2002 must receive re-training so that they are informed of the most recent changes to the regulations. Have the driver sign this form after he/she has been trained accordingly and retain the signed form in his/her Driver Qualification File.

I have been trained and instructed on the DOT regulations and penalties that I am subject to if convicted of any of the following offenses while operating a commercial or non-commercial motor vehicle (except where noted). Items noted with (\*) only apply to activities conducted while operating a commercial motor vehicle.

- Being under the influence of alcohol as prescribed by State law
- Being under the influence of a controlled substance
- Having an alcohol concentration of 0.04 or greater while operating a CMV\*
- Refusing to take an alcohol test as required by State law
- Leaving the scene of an accident
- Using a vehicle to commit a felony
- Driving with a suspended, cancelled or revoked CDL, or while being disqualified\*
- Causing a fatality with a CMV\*
- Using a vehicle to manufacture, distribute or dispense a controlled substance
- Speeding excessively
- Driving recklessly
- Making improper or erratic lane changes
- Following too closely
- Violating a traffic law (not including a parking ticket) arising in connection with a fatal accident
- Driving a CMV without a CDL \*
- Driving without a CDL on the driver's person\*
- Driving a CMV without the proper class of CDL \*

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Instructor or Driver Supervisor (Print): \_\_\_\_\_

Instructor or Driver Supervisor (Signature): \_\_\_\_\_