



CDL DRIVER QUALIFICATION CHECKLIST

Every motor carrier must have a qualification file for each regularly employed driver. The file must include the following:

- A. ___ Driver's Application for Employment. A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
- B. ___ Inquiry to Previous Employers -3- year. This investigation must be made within 30 days of the date his/her employment begins. Investigations shall include information concerning out-of-service violations, misuse of controlled substance or alcohol and accident history.
- C. ___ Inquiry to State Agencies – 3 years. The drivers driving record for the preceding three years.
- D. ___ A copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test.
- E. ___ Medical Examiner's Certificate. Driver must be issued a Medical Examiner's Certificate, which must be carried at all times and be renewed every two years.
- F. ___ Annual Review of Driving Record. At least once every 12 months a motor carrier must review the driving record of each driver.
- G. ___ Annual Driver's Certificate of Violations. At least every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.

Additional required documentation, which may be maintained in the DQ file:

- H. ___ Alcohol and Controlled Substance Test Results. These records must be maintained in a secure location with controlled access.
- I. ___ Inquiries for Alcohol and Controlled substances information from previous employers for 3 years. This investigation must be made within 30 days of the date that his/her employment begins.



PO Box 190
 Clearfield, UT 84089
 801-544-5947
 801-416-8061 Fax

CDL APPLICATION FOR EMPLOYMENT

NAME: _____ HIRE DATE _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ # YEARS _____
(Street) (City) (State & Zip Code)

DATE OF BIRTH: _____ SOCIAL SEC. NO. _____ PHONE# _____

PREVIOUS THREE YEARS RESIDENCY

ADDRESS: _____ # YEARS _____
(Street) (City) (State & Zip Code)

ADDRESS: _____ # YEARS _____
(Street) (City) (State & Zip Code)

ADDRESS: _____ # YEARS _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

DRIVERS LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSE				
DRIVERS LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OR EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 B. Has any license, permit or privilege ever been suspended or revoked? YES NO
 C. Have you ever been convicted of a felony? YES NO
 (IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS)

EMPLOYMENT RECORD
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous **3 years**. You must give the same information for all employers you have driven a commercial motor vehicle for the **7 years** prior to the initial 3 years (**total of 10 years employment record**).

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes NO
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

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

_____ **Date** _____ **Applicant's Signature**

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all the statements made by me on this application for employment are true, correct and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for (Company)'s consideration of this application, I give permission to (Company) to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to (Company) to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to (Company) to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with (Company), consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of (Company). I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of (Company) to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate (Company) as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal an/or civil records that relate to my honest, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in (Company)'s background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of (Company), and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either (Company) or myself, except as otherwise provided bylaw. I understand that no manager or representative of (Company) other than the CEO of (Company) has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promise to the contrary will only be relied upon by me if they are in writing and signed by the CEO of (Company).

Applicant's Signature

Date

APLUS

Background Research Release

Authorization and General Release

The undersigned _____ in connection with this application, authorizes all corporations, companies, educational institutions, person, law enforcement agencies, military services and former employees to release information they may have about me to (Company) or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that ma be requested.

Applicant's Signature

(Witness's Name), Witness

Date

The information contained in this box should be provided only after a conditional offer of employment has been extended.

Social Security # _____

Driver's License # _____ Issued in the state of _____

Birth date _____

Telephone _____

PRE-EMPLOYMENT RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER OF ALCOHOL AND CONTROLLED SUBSTANCE TESTING

To: _____ Date: _____

The person identified below is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver's written consent, we request the results of related testing of this individual while in your control. The Federal Regulations mandate that we receive your reply with 14 days from request.

REQUESTED PERSON INFORMATION

NAME: _____ SSN: _____

ADDRESS: _____

CDL Information: _____
Number State Class Endorsements

RELEASE: I hereby authorize release of information to the inquiring named company.

_____ Driver Signature Date
TEST RESULTS: Please provide the results and date of most recent drug/alcohol tests, or indicate that driver was not subject to requirements.

Alcohol (0.04 or higher) Date: _____ Result: Yes _____ No _____

Alcohol Refusals Date: _____

Controlled Substance Date: _____ Result: Neg _____ Pos _____

Controlled Substance Refusals Date: _____

Other violations of Dot Drug & Alcohol testing regulations Yes _____ No _____
Explain _____

Reason not subject to drug/alcohol testing _____

PLEASE RETURN THIS INFORMATION TO: (please mark mail confidential)

MORGAN PAVEMENT MAINTENANCE
ATTN: DEBBIE COWDIN
PO BOX 190
CLEARFIELD, UT 84089
801-544-5947
801-416-8061 FAX
dcowdin@morganpavement.com

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify

E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



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