

Driver Qualification File Documentation Checklist – CDL Driver Personnel

New / Existing Drivers:

- Driver Application for Employment** (CFR 391.51, 391.21) – Copy of the signed and dated application. Must include:
 - 3 years of residency information
 - 10 years of continuous employment history (If operating a vehicle with a GVWR of 10,001 – 26,000 lbs., only 3 years of employment history is required.)
 - 3 years of violation, loss of operating privileges, and accident information
- Driver Authorization Form** (CFR 391.53) – Document signed by the driver authorizing Motor Carrier to conduct necessary background investigations and obtain historical employment verification, drug and alcohol test information, and accident information from previous employers.
- Responses from Inquiry to Past Employer(s)** (CFR 391.23, 391.53, 382.413)
- Copy of Operator License** – Legible copy of the front and back of driver's current driver's license
- Motor Vehicle Report (MVR)** (CFR 391.51) – *Pre-Hire* initially and *Annually* thereafter
- Record of Road Test & Certification** (CFR 391.51, 391.31) – *New Hires Only*
- On Duty Hours Data Sheet** (CFR 395.8(j)(2)) – *New Hires Only*
- Certification of Compliance with Driver's License Requirements** (CFR 383.33, 391.15(b)(2))
- Driver's Medical Examination Wallet Card** (CFR 391.51, 391.49) – Must retain 3 years of historical data
- Employee Alcohol & Drug Statement** (CFR 40.25(j)) – *CDL drivers only*
- Pre-Employment DOT Drug Test Result / Chain of Custody (COC) Employer Copy** (CFR 382.301)
- Drug & Alcohol Policy Receipt** (383.601(d))
- Federal Motor Carrier Safety Regulations (FMCSR) Handbook Receipt** (390.3(e))
- Certification of Violations & Annual Review of Driving Record** (CFR 381.51, 391.25, 391.27)
- Initial / Recurrent Hazardous Materials (HM) Training Certification**



Application for Employment Addendum

Company Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Applicant Name _____

SSN _____ Phone # _____

Date of Birth _____ Date of Hire _____

Address _____

City _____ State _____ Zip _____

How long at this address? _____ years _____ months

(If less than three (3) years, list all previous addresses in the past three (3) years below. Attach a separate sheet if necessary).

Address _____

City _____ State _____ Zip _____

Driver Experience and Qualification

List ALL Driver Licenses and/or permits held within the last three (3) years. Attach separate sheet if needed.

State	License Number	Class	Endorsement(s)	Expiration Date

1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

2) Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered "Yes" to 1 or 2, attach a statement giving facts and circumstances.

Driver Experience

Class of Equipment	Type of equipment (Van, Tank, Flat)	From Month/Year	To Month/Year	Approximate Number of Miles
Auto (Passenger)				
Straight Truck				
Tractor & Semi-Trailers				
Tractor & Two-Trailers				
Motor Coach-Bus				
Other-Please Specify				



Accident Record

List ALL accidents in the past three (3) years. Attach a separate sheet if needed. If none check box:

Date	Nature of Accident (Head-on, Rear-end, etc.)	Property Damage Yes/No	Personal Injury Yes/No

Traffic Convictions and Forfeitures

List ALL traffic convictions and forfeitures in the past three (3) years (other than parking tickets). Attach a separate sheet if needed. If none check box:

Date	City and State	Charge	Penalty

Employment History

All driver applicants to drive in interstate commerce must provide the following information on ALL past employers during the preceding 3 years: the past employers' name, address, dates of employment (explain all gaps), and the reason for leaving employment.

Applicants to drive a commercial motor vehicle* in interstate or intrastate commerce must provide an additional 7 years of information on those past employers for whom you operated such a vehicle.

*Includes vehicles having a GVWR or GCVWR of 26,001 lbs. or more or designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials of a type or quantity requiring placarding of the vehicle.

Employer Name	_____		
Address	_____		
City	_____	State	_____ Zip _____
	From: _____	Position Held	_____
Dates (Month/Year)	To: _____	Reason for Leaving	_____
Contact Person	_____	Phone #	_____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?		Yes	<input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		Yes	<input type="checkbox"/> No <input type="checkbox"/>



Employer Name _____

Address _____

City _____ State _____ Zip _____

From: _____ Position Held _____

Dates (Month/Year) To: _____ Reason for Leaving _____

Contact Person _____ Phone # _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer Name _____

Address _____

City _____ State _____ Zip _____

From: _____ Position Held _____

Dates (Month/Year) To: _____ Reason for Leaving _____

Contact Person _____ Phone # _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer Name _____

Address _____

City _____ State _____ Zip _____

From: _____ Position Held _____

Dates (Month/Year) To: _____ Reason for Leaving _____

Contact Person _____ Phone # _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Yes No

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.

Applicant's Signature _____ Date _____



Authorization

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization will be accepted with the same authority as the original; and that if employed by the Company this authorization will remain in effect throughout such employment. I further understand that any information requested below regarding my date of birth, race, and/or sex is for the sole purpose of conducting an accurate background check and will not be reviewed, used, or considered in any manner prohibited by state or federal workplace discrimination laws. I authorize the Consumer Reporting Agency to contact me for clarification of any information provided on this form. I am providing the information on this form voluntarily and in support of my application for employment

First Name _____ Middle Name _____ Last Name _____

Other Names Known by _____ Phone _____

Current Driver's License # _____ Issuing State _____

All driver's license numbers and issuing states in the last 3 years: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Current Street Address _____

City _____ State _____ Zip _____

Previous Street Address _____

City _____ State _____ Zip _____

I hereby authorize the Company upon execution of this consent form to investigate the information contained in my employment application and any other background information (which may include but is not limited to my creditworthiness, credit standing, motor vehicle reports, credit capacity, criminal background, driving background, character, general reputation, personal characteristics, and mode of living), for the purpose of obtaining information relevant to my qualifications for employment, and unless prohibited by applicable law, my continued employment, retention, promotion, demotion or any other employment purpose. I understand and agree that the Company or an outside consumer reporting agency may secure a consumer report or an investigative consumer report, as defined by the federal Fair Credit Reporting Act and any applicable state or local laws, from an outside consumer reporting agency. I have reviewed and understand all terms in the Disclosure section.

For Minnesota, Oklahoma, or California applicants/employees only: If you would like to receive from the consumer reporting agency a copy of the report that the Company will procure in connection with your application for employment, please check this box.

Signature _____ Date _____

Print Name _____



Inquiry to Past Employer

Part A: Employee Authorization

I hereby authorize the release of the information in Part B to the prospective employer listed below for the purpose of investigation.

This investigation is required by 49 CFR 391.23 and allowed by 49 CFR 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such authorization.

_____ Initial

CDL Drivers only (for Part C):

I hereby authorize release of information from my Department of Transportation regulated Alcohol and Controlled Substance Testing records within the past three (3) years.

_____ Initial

This authorization is required by 49 CFR 40.25 and is compliant with the requirements of 49 CFR 40.321(b)

Employee/Applicant Signature _____ Date _____

Print Name _____ SSN _____

Prospective Employer Information

Company _____	Phone # _____
Contact Name _____	Fax # _____
Address _____	
City _____	State _____ Zip _____

Previous/Current Employer Information

Company _____	Phone # _____
Contact Name _____	Fax # _____
Address _____	
City _____	State _____ Zip _____

As previous employer, you are required by 49 CFR 391.23(G) to respond to this inquiry within 30 days of receipt.

Please provide the following information for the individual whom the applicant can contact in order to file a correction or rebuttal to any information received as a result of this investigation.

Name _____ Address _____
 Title _____ City _____
 Date _____ State _____ Zip _____

Designated Employer Agent of Representative completing the form:

Name _____ Address _____
 Title _____ City _____
 Date _____ State _____ Zip _____

Request was: Faxed Mailed Emailed Date: _____



Part B: Safety Performance History Investigation from Previous Employer

This information is being requested in accordance with 49 CFR 391.23 (a)(2)

Employment information for applicant named above

Occupation/Position _____ From: _____ To: _____

1) Did he/she drive a motor vehicle for you? Yes No

a) If employed as a driver, please indicate the type of equipment driven:

	Semi-Truck/Trailer	Straight Truck	Bus	Other:
# of Miles				
# of Years				

2) Reason for leaving employment? _____

3) Has the driver been involved in an accident as defined by 49 CFR 390.5 within the past three years? Yes No

If yes, please include the following for each accident

Date	City, State	Number of Injuries	Number of Fatalities	Hazardous Materials Spill

4) Include information on any other minor (non-DOT) accidents _____

If no safety performance history is available for this driver, please check the box to confirm the non-existence of any such data and return this form to Fleetworthy Solutions



Part C: Written Request for Alcohol & Controlled Substance Records

This information is being requested in accordance with 49 CFR 40.25 and 49 CFR 391.23 for DOT alcohol and controlled substance testing in the past three (3) years.

- 1) This person was employed in a safety-sensitive function that required alcohol and controlled substance testing as specified by 49 CFR Part 40? Yes No
- 2) This person had an alcohol Test with a result of 0.04 higher alcohol concentration? Yes No
- 3) This person tested positive, adulterated or substituted a test specimen for controlled substances? Yes No
- 4) This person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? Yes No
- 5) This person committed other violations of Subpart B or Part 382 or Part 40? Yes No
- 6) If in violation, did this person complete a SAP-prescribed rehabilitation program while in your employ? Yes No
- 7) If a rehabilitation program was completed, did this driver have another alcohol test result of 0.04 or greater, verified positive drug test or refuse to be tested? Yes No



Record of Road Test and Certification

Company Name _____
 Evaluator Name _____ Driver Name _____
 License Number _____ Issuing State _____
 Power Unit Type _____ Trailer Type _____
 Miles Driven _____ Date of Test _____

Pre-Trip Inspection	Pass	Fail	N/A	Motor Vehicle Description	Pass	Fail	N/A
Service Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses proper procedures to place vehicle in operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailer Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understands and uses vehicles controls properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understands and uses emergency equipment properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting and Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operates the vehicle in traffic in a safe and appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passes other vehicles in a safe and appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performs turns properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applies brakes properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows and can slow the vehicle by means other than braking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backs the vehicle properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review and signs the last Vehicle Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks the vehicle properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling/Uncoupling	Pass	Fail	N/A				
Has knowledge of coupling/uncoupling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Performs coupling operations properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Performs uncoupling operations properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments _____

Evaluator's Signature _____ Date _____

Certification of Road Test

Driver Name _____
 License Number _____ Issuing State _____
 Power Unit Type _____ Trailer Type _____

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

Consisting of approximately _____ miles of driving. It is my opinion that the driver listed above possesses sufficient driving skills in order to properly and safely operate the type of motor vehicle listed above.

Examiner's Signature _____ Title _____

Company _____

Address _____



On-duty Hours Data Sheet

Company Name _____

Driver Name _____

Driver's License # _____ Issuing State _____

Please list below the total hours worked at **any** paid employment during the 7 days prior to your first day of driving a CMV for this employer.

Day	1	2	3	4	5	6	7	Total Hours
Date (m/d/y)								
Hours worked								

I was last relieved from duty at:

AM
 PM

 Time Month Day Year

I hereby certify that the information provided above is correct and complete to the best of my knowledge

Driver's Signature _____ Date _____

Driver Certification for Other Compensated Work

Are you currently working for another employer? Yes No

Do you intend to work for another employer while employed by this company? Yes No

I hereby certify that the information provided above is correct and complete and I understand that if I am employed by any other employer(s) for compensation I must inform this company immediately as stated in Section 395.2 of the Federal Motor Carrier Safety Regulations.

Driver's Signature _____ Date _____



Certification of Compliance with Driver License Requirements

Motor Carrier: As stated in FMCSR part 383.3: “The rules in this part apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States.”

Drivers: The Federal Motor Carrier Safety Administration requires that you must comply with the following:

- 1) **You may possess only ONE license.** Part 383.21 states: “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

If you have more than one license you must notify the state that issued the license that you wish to close your record and no longer wish to be licensed by the state.

- 2) **Notification of conviction for driver violations:** Part 383.31 states: “Each person who operates a commercial motor vehicle, who has a commercial driver’s license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license.” The notification to the State official and employer MUST be made in writing.

Notification of driver’s license suspensions: Part 383.33 states: “Each employee who has a driver’s license suspended, revoked, or cancelled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State of jurisdiction for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification.”

Please indicate the only license you will possess below:

Driver’s License # _____

Issuing State _____ Expiration Date _____

By signing this form, I certify that I have read and understand the requirements listed above.	
Driver’s Name (Print)	_____
Driver’s Signature	_____ Date _____



Employee Alcohol and Drug Statement

49 CFR 40.25(j) – As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive function for you, until and unless the employee documents successful completion of the return-to-duty process in accordance with paragraphs (b)(5) and (e) of this section.

Employee Name (print): _____

Employee ID # (optional): _____

The employee is required by 49 CFR 40.25 to respond to the following question:

Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one Yes No

Employee Signature _____ Date _____



Driver Receipt

Controlled Substance and Alcohol Policy and Procedure

Per FMCSR Part 382.601(d) we shall ensure that each driver is required to sign a statement certifying that he or she has received a copy of these materials.

The original receipt shall be retained in the driver's file. A copy may be retained by the driver.

I, _____ have received a copy of:

- The controlled substance and alcohol policy and procedure

Driver Signature _____

Date _____

Company Name _____



Driver's FMCSR Pocketbook Receipt Acknowledgement

This issue of the FMCSR Pocketbook includes all revisions issued on or before: _____
Month Day , Year

I acknowledge receipt of a copy of the FEDERAL MOTOR CARRIER SAFETY REGULATIONS pocketbook. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 or the Code of Federal Regulations, as contained therein.

Driver's Signature _____ Date _____
Driver's Name _____
Company Name _____
Supervisor or Carrier _____
Representative Signature _____

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.



Certification of Violations and Annual Review of Driving Record

Motor Carrier: Part 391.25 states: "each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period."

Drivers who have provided information required by Part 383.31 need not repeat that information on this form.

Driver: Part 391.27(b) states: "Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify."

Driver – Please complete this Certification of Violations

Name _____
 Driver's License Number _____ State of Issue _____

Date	Offense	Location	Type of Vehicle Operated

If you have **not** had any violations, please check this box

I certify that the above information is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.
 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.

Driver's Signature _____ Date _____

Motor Carrier – Please complete the Review of Driving Record

Please review the information listed above and any other information as described in Part 391.25 of the Federal Motor Carrier Safety Regulations and complete the requested information below.

I have hereby reviewed the driving record of the above named driver in accordance with Part 391.25 and find that he/she: (Select one of the following)

- Meets the minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver? _____

Reviewed by (signature) _____ Date _____

Print Name _____ Title _____

Motor Carrier Name _____

Motor Carrier Address _____

