



**DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this sections only if applying for a driver position License**

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement (s)	Expiration Date

- 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 disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

If you answered "yes" to A, B, C attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	

Lists states operated in during last five years \_\_\_\_\_  
 \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)**

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period.

(391.21(b)(10),(11))

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/year Month/year

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

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/year Month/year

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

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/year Month/year

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

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### Job Function

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections		
Refrigeration (Cargo)			General Car Repair		

### Shop Equipment

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/ Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Fed)		
Refrigeration (Cargo)			General Cab Repair		
ASE Certification(s) (Specify):					

## CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work \_\_\_\_\_

Indicate Training & Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (Ind. Software)			Tabulator		
Word Processing Equip.			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

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 Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

**PROCESS RECORD**

Applicant Hired? \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ (month/day/year)\*  
 Date Employed: \_\_\_\_\_ Point Employed: \_\_\_\_\_  
 Department: \_\_\_\_\_ Classification: \_\_\_\_\_  
 (If not hired, summary report of reasons should be placed in file)  
 IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	<b>Superior</b>	<b>Good</b>	<b>Fair</b>	<b>Below Average</b>	<b>Poor</b>	<b>Written Record on File</b>
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy & Traffic Record						

\*driver applicants only

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reason for Transfer: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_ Department Release From: \_\_\_\_\_  
 Dismissed: \_\_\_\_\_ Voluntarily Quit: \_\_\_\_\_ Other: \_\_\_\_\_  
 Termination Report Placed in File: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of full violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. 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 (Section 391.27).

<b>COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS</b>			
Name of Driver (Print)	Social Security Number	Date of Employment	
Home Terminal (City & State)	Driver License Number	Expiration Date	
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 month.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.			
Date of Certification _____		Driver's Signature _____	

<b>COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD</b>	
MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.	
I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):	
<input type="checkbox"/> Meets minimum requirements for safe driving	<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance	
Action taken with driver: _____	
Reviewed by: _____	
Signature	Date
Printed Name	Title
_____	_____
Motor Carrier Name	Motor Carrier Address

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002 (a)).

\_\_\_\_\_  
(Signature of Requestor) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

\_\_\_\_\_  
(Name of Company) (Typed Name)

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

\_\_\_\_\_  
(City) (State) (Signature)

**DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. as permitted under the law. I further understand that such report may contain public record information concerning my driving record and any other public records permitted under the law from Federal, State, and other agencies which maintain such reports as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) state provided driving record.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to you obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

JERRY LIPPS, INC.  
CAPE GIRARDEAU, MISSOURI

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

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for you employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number