

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:

History of Work (most recent job listed first)

Drivers of vehicles rated over 26,000 GVW must list at least last 10 years work history per FMCSR §383.35(c).

Employer:_____ Dates:_____ to _____

Address:_____ Supervisor:_____

City, ST, ZIP:_____

Telephone:_____ Fax # _____

Position/duties:_____ Supervisor Email: _____

Were you subject to 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:_____

Employer:_____ Dates:_____ to _____

Address:_____ Supervisor:_____

City, ST, ZIP:_____

Telephone:_____ Fax # _____

Position/duties:_____ Supervisor Email: _____

Were you subject to 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:_____

Employer:_____ Dates:_____ to _____

Address:_____ Supervisor:_____

City, ST, ZIP:_____

Telephone: _____ Fax # _____

Position/duties: _____ Supervisor Email: _____

Were you subject to 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: _____

Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, ST, ZIP: _____

Telephone: _____ Fax # _____

Position/duties: _____ Supervisor Email: _____

Were you subject to 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 back side of sheet if needed for additional employers.

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). (Attached sheet)

Certification: "I certify that this information sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Willfully providing false information may result in termination of my contract(s)."

Signature

Date

Equipment Information

VEHICLE		TRAILER	
Year		Type	
Make		Make	
Model		Model	
Color		Length	
# Axels		Width	
		Load capacity	
		# Axels	

Work Survey

Please circle your answers:

What days are you available for work: M T W TH F

Are you available between 6 am and 6 pm YES NO

What is the goal for your earnings?

 <50k 50k -75k 75k-150k 150k – 225k

Health Card = Medical Examiners Certificate

Do you have a current DOT Health Card? _____

Expirations Date: _____

Do you require a DOT Medical Wavier? _____

DISCLOSURE REGARDING PRIOR PRE-CONTRACT DRUG AND ALCOHOL
TESTING
(COMMERCIAL DRIVERS LICENSE)

Date: _____

Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Date of Birth: _____

In compliance with Department of Transportation 49CFR Section 40.25(j), you are required to answer the following questions:

1. Within the past two (2) years have you tested positive on any pre-employment/contract drug or alcohol test administered by an employer or lessor to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules?

Yes _____ No _____

2. Within the past two (2) years have you refused to submit to any pre-employment/contract drug or alcohol test administered by an employer or lessor to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules?

Yes _____ No _____

I understand that if I answer yes to either question, I may not perform the safety-sensitive functions until and unless I document successful completion of the return-to-duty process in connection with such prior employment or contract.

Signature

Date

For this page you only need to sign and date yellow line.

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: _____ Date: _____
Former Employer's Name

Mailing Address

City/State/Zip

Telephone # _____ Fax # _____

I, _____, hereby authorize _____ to release 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 an 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 Signature & Date _____

REQUEST FROM:
Company: Elite Transportation Systems, Inc
Address: 9113 Davenport Street NE, Blaine, MN 55449
Telephone: 763-785-4004
Contact person & Title: Doug Millard, Fleet Services _____

NAME OF APPLICANT: _____ SSN: _____

Job applying for: Driver

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Did applicant work for you as a _____ from ___/___/___ to ___/___/___? YES NO

If NO, please explain: _____

If employed as a driver, please answer the following: Company driver? _____ Owner/Operator? _____ Other? _____

Type of truck(s) and/or truck/tractor(s) operated: _____

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 substance 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: _____