

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

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

Address: _____ How long? _____
 (Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security No. _____

Telephone: _____ Cell Phone: _____

Address
for Past
Three
Years

_____ How long? _____
 (Street) (City) (State & Zip Code)

_____ How long? _____
 (Street) (City) (State & Zip Code)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses	State	License No.	Class/Endorsements	Expiration Date

49 CFR Part 383.21 of the FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed above. Initial Here: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM TO	APPROX NO. OF MILES (TOTAL)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	VIOLATION	PENALTY

- 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 FMCSR's? YES ___ NO ___

IF THE ANSWER TO ANY QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD (Attach Sheet if More Space is needed)

NOTE: DOT Requires That Employment for at Least 3 Years
and/or Commercial Driving Experience for the Past 10 Years Be Shown.
Must list complete mailing address

LAST EMPLOYER: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions 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: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions 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: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

FOURTH LAST EMPLOYER: Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position Held _____ **From** _____ **To** _____ **Salary** _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTHS/YEAR) AND REASON: _____

To be read and signed by applicant

I authorize you to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in making an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. "I fully understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I further understand that I have the right to review information provided by previous employers, have any errors corrected by the previous employer and re-sent to prospective employer, and rebuttal statement attached if necessary.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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.

INTERVIEW COMPLETED BY: _____

DATE: _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were You Subject to the FMCSRs while employed? YES ___ NO ___

Did You Perform Safety Sensitive Functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ___ NO ___

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTHS/YEAR) AND REASON: _____

**CONSUMER REPORT DISCLOSURE & RELEASE
COMPANY ID:**

Home Address: _____

City: _____ State: _____ Zip Code: _____

List employment for the **PREVIOUS 10 YEARS** or attach copy of employment application with requested information:

Name _____

Street Address _____

City _____ State _____ Zip _____

Position Held _____ From _____ To _____ Salary _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Position Held _____ From _____ To _____ Salary _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Position Held _____ From _____ To _____ Salary _____

FOR EMPLOYER USE ONLY: PLEASE MARK SEARCHES TO BE CONDUCTED

- | | |
|--|--|
| <input type="checkbox"/> County Criminal - All counties past 7 years | <input type="checkbox"/> DOT Employment Verification |
| <input type="checkbox"/> County Criminal – County of Residence | <input type="checkbox"/> DOT Drug & Alcohol Information |
| <input type="checkbox"/> Statewide Criminal – (State: _____) | <input type="checkbox"/> CDL Information System |
| <input type="checkbox"/> Statewide Federal Criminal – (State: _____ District: _____) | <input type="checkbox"/> Motor Vehicle Record (Current State or Other: _____) |
| <input type="checkbox"/> US Sexual Offender Search | <input type="checkbox"/> FMCSA Pre-Employment Screening Program |
| <input type="checkbox"/> National Security Screen | <input type="checkbox"/> D.O.T. Pre-employment Package (includes above searches) |
| <input type="checkbox"/> SSN Verification | |

COMPANY EMPLOYEE DRIVERS

D.O.T. DRIVER QUALIFICATION FILE - PRE-EMPLOYMENT DOCUMENTS CHECKLIST FOR ALL CMV DRIVERS

1. ___ Application for Employment (have applicant fill one out in its entirety; make sure it is signed and dated)
2. ___ Medical Examiner's Certificate (obtain the long form and card from applicant, medical examiner MUST have be listed on National Registry of Certified Medical Examiners)
3. ___ Driver History (obtain driving record from the Department of Motor Vehicles (not more than 30 days old)) OR have driver/applicant sign "disclosure and release" form, fax to Patriot Testing Services. CDLIS Verification Required for ALL CDL Drivers.
4. ___ Copy of Driver's License/CDL (Photostat applicant's license) Record of Road Test required for non-CDL drivers. CDL is equivalent except double/triple or tank vehicle endorsements.
5. ___ Motor Vehicle Driver's Certification (have applicant fill out listing all the moving violations for the past 12 months, make sure the driver signs and dates the form)
6. ___ Request For DOT Information From Previous Employer (have the driver/applicant sign the release on this form; you must send it to all previous employers during the preceding 3 years and get it back within 30 days OR have driver/applicant fill out "disclosure and release" form, fax to Patriot Testing Services.
7. ___ Driver Statement of On-Duty Hours (have driver sign statement giving total time on-duty during preceding 7 days, all work performed for a non-motor carrier entity MUST be recorded)

** Also note that every 12 months a motor carrier must require each commercial driver to furnish a list of vehicle traffic violations and conduct an Annual Review of each driver's motor vehicle record. (Certificate of Violation/Annual Review of Driving Record – 2 Part Form Enclosed)*

OPTIONAL:

8. ___ FMCSA Pre-employment Screening Program (have applicant sign and date PSP authorization to request previous 3-year inspection history & 5-year crash history)

CDL DRIVERS ONLY

1. ___ Drug Screen (send applicant for pre-employment drug screen) NOTE: A negative drug screen result must be obtained before allowing the driver to operate.
2. ___ Previous Pre-employment Employee Alcohol & Controlled Substances Test Statement (have driver/applicant sign statement)
3. ___ Driver Awareness Information Pack (issue the driver awareness packet and explain the alcohol and drug testing regulations, have the driver sign the receipt)
4. ___ Company Policy on Alcohol Misuse and Drug Abuse (present the written company policy to the driver and explain the consequences for violations of the policy)
5. ___ Entry-Level Driver Training (if driver has less than 1 year of experience operating a CMV, issue required training materials and provide training certificate)

Dauphinais Concrete, Inc.
12 Beechwood Drive
Sutton, MA 01590

MOTOR VEHICLE DRIVER'S CERTIFICATION

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER THAN PARKING VIOLATIONS) FOR WHICH I HAVE BEEN CONVICTED OF FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

Date	Offense	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Date of Certification: _____

Driver Signature: _____

Reviewed By: _____

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor Carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time of on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for non-motor carrier entity, must be recorded on this form.

Driver Name: (print) _____

Social Security Number: _____

Motor Vehicle Operator's License Number: _____

Type Of License: _____ Issuing State: _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M./P.M. On _____ Day _____ Month _____ Year

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes ___ No ___

At this time do you intend to work for another employer while still employed by this company? Yes ___ No ___

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

Witness (Company Representative): _____ Date: _____



**CMV DRIVER DISCLOSURE & RELEASE
REQUEST FOR DOT INFORMATION**

PREVIOUS EMPLOYER NAME:

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from Patriot Testing Services ("PTS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from PTS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to PTS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that PTS has previously furnished within the two-year period preceding your request. Patriot Testing Services may be contacted by mail at P.O. Box 1203, Carver, Massachusetts, 02330, by phone at (877) 808-3117, or by email at admin@patriottesting.com. All requests will be processed within 5 business days.

Safety-Performance History Information: Under 49 CFR 391.23, you have the right to review any information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

RELEASE

I hereby fully release and discharge PTS, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to PTS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

PTS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which PTS has or obtains, and my employment history if I am hired, may be supplied by PTS to other companies that subscribe to PTS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

***Commercial Motor Vehicle Drivers Only:** I hereby authorize all previous employers to release the following information from my Department of Transportation Safety Performance History File for purposes of investigation required by 49 CFR Parts 391.23, 40.25 and 382.413 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability that may result from furnishing such information.

****FMCSA Drug & Alcohol Clearinghouse:** I provide consent, in accordance with 49 CFR Part 382.703, to conduct limited queries of the FMCSA CDL Drug & Alcohol Clearinghouse to determine whether drug and alcohol violation information about me exists in the Clearinghouse for the duration of my employment. I understand that if the limited query conducted indicates that drug or alcohol violation information about me exists, FMCSA will not disclose that information to employer without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for the employer to conduct a limited query, I will be prohibited from performing safety-sensitive functions, including driving a CMV, as required by FMCSA's drug and alcohol regulations.

Print Applicant/Employee Name

Social Security Number

Date of Birth

Driver's License Number

Issuing State

Applicant/Employee Signature

Date



Dauphinais Concrete, Inc.
12 Beechwood Drive
Sutton, MA 01590

DRIVER ACKNOWLEDGMENT OF ALCOHOL AND DRUG AWARENESS TRAINING

I hereby certify that I have been provided training and educational materials as required per 49 CFR Part 382.601 that explain the requirements of the United States Department of Transportation's Controlled Substances and Alcohol Use and Testing regulations. The materials include detailed discussion of the following:

- The Designated Employer Representative to answer questions about the materials.
- The categories of drivers subject to 49 CFR Part 382.
- Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- Specific information concerning prohibited driver conduct.
- Circumstances under which a driver will be tested for alcohol and/or controlled substances.
- Test/Collection procedures, driver protection and integrity of the testing processes, safeguarding the validity of the test, and ensuring test results are attributed to the correct driver, including post-accident information, procedures and instructions per 49 CFR Part 382.303(d).
- The requirement that tests are administered in accordance with 49 CFR Part 382.
- An explanation of what constitutes a refusal to submit to a test and the consequences.
- The consequences for violating 49 CFR Part 382, Subpart B, including removal from safety-sensitive functions, and the procedures under 49 CFR Part 40, Subpart O.
- The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- Information on the affects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of a problem (driver's or co-worker's); and available methods of intervening when a problem is suspected, including referral and treatment.

I understand that as a condition of my employment, I must comply with all company policies and procedures as they relate to these regulations. I also certify that I am aware of the company's disciplinary policy for violations of the federal drug and alcohol testing regulations.

Date: _____

Driver Name:(printed) _____

Driver Signature: _____

Employer Representative: _____

***IMPORTANT – KEEP ORIGINAL COPY OF THIS RECEIPT IN DRIVER QUALIFICATION FILE.**

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 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 or 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 functions for you, until and unless the employee documents successful completion of return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name (print): _____ SSN #: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied or, but did not obtain, safety-sensitive transportation covered by DOT agency drug and alcohol testing rules during the past three years.

Check one: Yes No

2. Have you tested positive, or refused to test, on any (random, post-accident, reasonable suspicion) drug or alcohol test administered by an employer covered by DOT agency drug and alcohol testing rules during the past three years.

Check one: Yes No

3. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Company Official: _____ Date: _____
(Signature)