

CW TRANSPORT
1998 IH 45 SOUTH
NEW WAVERLY, TEXAS 77358
936-291-1000

COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: _____ HIRE DATE: _____

NAME _____
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

(STREET) (CITY) (STATE & ZIP CODE) HOW LONG? _____

(STREET) (CITY) (STATE & ZIP CODE) HOW LONG? _____

(STREET) (CITY) (STATE & ZIP CODE) HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

Have you worked for the company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Rate of new pay expected _____

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

| 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)

| DATE | VIOLATION | STATE | CMV | |
|------|-----------|-------|-----|----|
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |
| | | | YES | NO |

(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 _____

IF THE ANSWER TO EITHER A OR B 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

| | | | |
|---------------------------|------------|------------------|--------------|
| LAST EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

| | | | |
|---------------------------|------------|------------------|--------------|
| EMPLOYER: NAME _____ | | | |
| ADDRESS _____ | | | |
| TELEPHONE _____ | | SUPERVISOR _____ | |
| POSITION HELD _____ | FROM _____ | TO _____ | SALARY _____ |
| REASONS FOR LEAVING _____ | | | |

Were you subject to the 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 _____

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).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five **(5)** business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five **(5)** business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the drive to have waived their request to review the records.

CERTIFICATION

“I certify 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 Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date: _____

Title

Date: _____

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date first Used in Safety Sensitive Position:

Date of Termination:

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date: _____

Name _____
First Middle Last

Address _____ **Home Telephone** _____

Cell Phone _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **Social Security Number** _____

49 CFR 40.250)

| | | |
|---|------------|-----------|
| Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u> | YES | NO |
| If YES-----Have you successfully completed the return to duty process? | YES | NO |
| If YES-----Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed. | YES | NO |

Applicant's Signature

Date Signed

PREVIOUS EMPLOYER INFORMATION

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 Federal Motor Carrier Safety Administration.

TO: _____ DATE: _____
Former Employer's Name

Mailing Address

City/State/Zip
Telephone # _____ Fax Number

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 it's employees, officers, directors, and agents from any and 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's Signature & Date _____

REQUEST FROM:
Company: _____
Address/City/State/Zip: _____
Contact Person & Title: _____
Telephone number: _____
Fax number: _____

NAME OF APPLICANT: _____ SSN _____
JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

1. Did applicant work for you as a _____ from ____ / ____ / ____ to ____ / ____ / ____ YES or NO (If NO, please explain.)
2. If employed as a driver, please answer the following:
Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____

3. Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

4. Why did this employee leave your company?

5. Would you re-employ this person? YES or NO (IF NO, please explain:)

6. Additional comments:

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING
3 YEARS**

Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____

Verified positive controlled substances 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: _____

MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS

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

| Date | Offense | Location | Type of Vehicle |
|-------|---------|----------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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's signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by : Signature)

(Title)

U. S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
(49 CFR 391.25)

Name of Motor Carrier: _____

(Name of driver)

(Social Security Number)

This day I reviewed the driving record of the above named driver in accordance with CFR **391.25** of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

The driver meets the minimum requirements for safe driving, or

The driver is disqualified to drive a motor vehicle pursuant to CFR **391.15**

Date of review

Reviewed by: Signature and Title