

# Application for Qualification

hoovestol

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

## Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Date \_\_\_\_\_ Check one:  Contractor  Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ Physical Exam Expiration Date \_\_\_\_\_

### Current & Three Years Previous Addresses:

\_\_\_\_\_  
(street address) (City, State, Zip) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
(street address) (City, State, Zip) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
(street address) (City, State, Zip) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

### Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a **complete record** of all employment for the past three years, including any unemployment of self employment, and **all commercial driving experience for the past ten years.**

Mo/Yr Mo/Yr Present of Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to FMCSRs\* while employed here?  Yes  No

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

Mo/Yr Mo/Yr Present of Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

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**Mo/Yr**

**Mo/Yr**

**Present of Last Employer:**

From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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

Phone # (\_\_\_\_) \_\_\_\_\_

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**Mo/Yr**

**Mo/Yr**

**Present of Last Employer:**

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Name \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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

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**Mo/Yr**

**Mo/Yr**

**Present of Last Employer:**

From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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

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**Mo/Yr**

**Mo/Yr**

**Present of Last Employer:**

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Name \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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

Phone # (\_\_\_\_) \_\_\_\_\_

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**Mo/Yr**

**Mo/Yr**

**Present of Last Employer:**

From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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

Phone # (\_\_\_\_) \_\_\_\_\_

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

## Driving Experience

Class of Equipment	Date		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and Forfeitures for the last three years (other than parking violatons)

Date	Location	Charge	Penalty

### Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit of 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 tested positive or refused a DOT drug test or alcohol pre-employment test within the past two years from an employer who did not hire you? YES  NO

D. Have you ever been convicted of a felony? YES  NO

If the answers to A, B, C, or D is "YES", give details \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

