



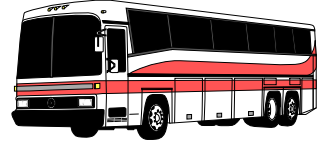
Motor Carrier Consultants, Inc.

1350 Dauphin Street, Mobile, Al. 36604

251-433-4111 Fax: 251-433-4323

1-800-682-2799

Jen@MCCIonline.net



“Serving the Transportation Industry Since 1988”

ATTN: ALL DRIVER FILE CUSTOMERS

RE: CLEARINGHOUSE REQUIREMENTS FOR QUERIES

BEFORE MCCI CAN PROCESS ANY NEW DRIVER APPLICATIONS, THE DRIVER MUST COMPLETE THEIR CLEARINGHOUSE REGISTRATION. FMCSA REQUIRES ALL PROSPECTIVE EMPLOYERS TO RUN A FULL QUERY INTO EACH DRIVER’S DRUG AND ALCOHOL HISTORY THROUGH THE CLEARINGHOUSE. IN ORDER FOR MCCI TO COMPLETE THIS PROCESS, **THE DRIVER MUST COMPLETE THE STEPS BELOW BEFORE YOU FORWARD THEIR DRIVER FILE TO MCCI FOR PROCESSING:**

1. Visit <https://clearinghouse.fmcsa.dot.gov/register> and click “Go to login.gov”.
2. On the login.gov sign in screen, click “Create an account”.
3. After creating your login.gov account, continue to the Clearinghouse and complete your Clearinghouse registration.
4. In the Clearinghouse, select your role (Driver) then click Next.
5. Enter your contact and CDL information.
6. Review and accept the Terms and Conditions.
7. **AFTER MCCI INITIATES THE QUERY, THE DRIVER WILL RECEIVE AN EMAIL NOTIFICATION TO LOG IN AND COMPLETE THE AUTHORIZATION PROCESS. THIS MUST BE DONE PROMPTLY!!**

Your registration should be complete.

I, _____(prospective driver), attest that I have properly registered for the FMCSA Drug & Alcohol Clearinghouse and understand a full inquiry of my drug and alcohol history will be performed in accordance with DOT regulations. Furthermore, I understand it is my responsibility to complete the authorization process via Clearinghouse once I receive email notification that the process has been initiated.

DATE:_____ SIGNATURE:_____

**General Consent for Limited Queries
of the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

(As required by Title 49, Subtitle B, Chapter III, Subchapter B, Part 391, Subpart C §382.703)

I hereby provide consent to _____ (carrier name) and its' representative **Motor Carrier Consultants, Inc.**, hereafter referred to as the Company, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse), prior to my employment and anytime during my employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, the FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me. I also understand that in order to provide specific consent, I must register with the Clearinghouse and provide consent within the Clearinghouse.

I further understand that if I refuse to provide consent for the Company to conduct a query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Printed Name: _____ Driver Signature: _____

CDL License # _____ State of Issue: _____ Class: _____

Driver Date of Birth: _____ Today's Date: _____

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FOR EXCLUSIVE USE BY THE ABOVE-NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.

DRIVER'S APPLICATION FOR EMPLOYMENT

PLEASE PRINT. ANSWER ALL QUESTIONS.

COMPANY: _____

BRANCH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____ S.S. #: _____

ADDRESS: (STREET) _____ (CITY) _____

(STATE) _____ (ZIP) _____ PHONE: _____

ADDRESS FOR PAST THREE YEARS:

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? _____

DATE OF BIRTH (REQUIRED) ____/____/____ CAN YOU PROVIDE PROOF OF AGE? YES NO

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE POSITION(S) FOR WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION]? _____

IF YES, EXPLAIN: _____

HAVE YOU 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, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT DRUG AND ALCOHOL RULES DURING THE PAST 2 YEARS?

YES NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, CAN YOU PROVIDE DOCUMENTATION OF SUCCESSFUL COMPLETION OF DOT RETURN TO DUTY REQUIREMENTS (INCLUDING FOLLOW-UP TESTS)?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH RESULTED IN IMPRISONMENT WITHIN THE LAST 7 YEARS? (NOTE: SUCH CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED) Yes No

IF YOU HAVE BEEN CONVICTED, PLEASE ATTACH A SEPARATE PAGE PROVIDING US WITH AN EXPLANATION OF ALL RELEVANT CIRCUMSTANCES.

EMPLOYMENT HISTORY

**LIST EMPLOYERS IN REVERSE ORDER, BEGINNING WITH THE MOST RECENT.
ATTACH SHEET IF MORE SPACE IS NEEDED.**

**LIST EVERY JOB YOU HAVE HAD IN THE PAST TEN YEARS.
BE SURE TO INCLUDE A VALID ADDRESS AND PHONE NUMBER.
IF UNEMPLOYED OR SELF-EMPLOYED, PLEASE LIST WITH DATES.
THERE CANNOT BE ANY TIME GAPS IN THIS 10 YEAR HISTORY.**

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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

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EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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

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EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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EMPLOYMENT HISTORY

**LIST EMPLOYERS IN REVERSE ORDER, BEGINNING WITH THE MOST RECENT.
ATTACH SHEET IF MORE SPACE IS NEEDED.**

**LIST EVERY JOB YOU HAVE HAD IN THE PAST TEN YEARS.
BE SURE TO INCLUDE A VALID ADDRESS AND PHONE NUMBER.
IF UNEMPLOYED OR SELF-EMPLOYED, PLEASE LIST WITH DATES.
THERE CANNOT BE ANY TIME GAPS IN THIS 10 YEAR HISTORY.**

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT ____/____/____			
NEXT PREVIOUS ____/____/____			
NEXT PREVIOUS ____/____/____			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: (NAME) _____ (CITY) _____

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Y__ N__

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? Y__ N__

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT PROVIDING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATE FROM	DATE TO	APPROXIMATE TOTAL NUMBER OF MILES
STRAIGHT TRUCK				
TRACTOR/ SEMI-TRAILER				
TRACTOR/ TWO TRAILERS				
OTHER				

LIST ALL STATES OPERATED IN FOR THE PAST FIVE YEARS: _____

LIST ANY SPECIAL COURSES OF TRAINING THAT WILL HELP YOU AS A DRIVER: _____

LIST ANY SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM: _____

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OTHER EXPERIENCE AND QUALIFICATIONS

LIST ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: _____

LIST ANY COURSES AND TRAINING: (OTHER THAN THOSE ALREADY LISTED ON THIS APPLICATION) _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH: (OTHER THAN THOSE ALREADY LISTED) _____

TO BE READ AND SIGNED BY APPLICANT

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. I AUTHORIZE YOU TO TAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.) 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.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

 DATE: _____

 APPLICANT'S SIGNATURE: _____

THIS SECTION FOR OFFICE USE ONLY PROCESS RECORD

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____ POINT EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE	
APPLICATION	___	___	___	___	___	___ YES	___ NO
INTERVIEW	___	___	___	___	___	___ YES	___ NO
PAST EMPLOYMENT	___	___	___	___	___	___ YES	___ NO
WRITTEN EXAM	___	___	___	___	___	___ YES	___ NO
ROAD TEST	___	___	___	___	___	___ YES	___ NO
CRIMINAL & TRAFFIC CONVICTIONS	___	___	___	___	___	___ YES	___ NO

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER: _____ REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

(CHECK ONE) ___ DISMISSED ___ RESIGNED ___ OTHER (EXPLAIN): _____

SUPERVISER: _____ TERMINATION REPORT PLACED IN FILE: ___ YES ___ NO

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CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

NOTICE TO CARRIERS: The requirements in Part 383 of the Federal Motor Carrier Safety Regulations apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements which you, as a driver, must comply. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking); you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION:

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS AND THAT THE FOLLOWING LICENSE IS THE ONLY ONE THAT I WILL POSSESS.

★ Driver's License No. _____ State _____ Exp. Date _____

★ Driver's Signature: _____

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REQUEST FOR CHECK OF DRIVING RECORD

I HEARBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO (PROSPECTIVE EMPLOYER) _____ FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE HEREBY RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

★ APPLICANT SIGNATURE _____ DATE _____

1. IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604 AND SECTION 607 OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW NO. 91-508, I HEREBY CERTIFY THAT THE INFORMATION REQUESTED BELOW WILL BE USED FOR A "PERMISSIBLE PURPOSE" AS DEFINED IN THE ACT, AND THAT THE INFORMATION RECEIVED WILL BE USED FOR NO OTHER PURPOSE.
2. I FURTHER CERTIFY THAT IF THE APPLICANT NAMED BELOW IS DENIED EMPLOYMENT BASED UPON THE INFORMATION RECEIVED, I WILL IDENTIFY THE SOURCE OF THE REPORT IN ACCORDANCE WITH SECTION 615(A) OF THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF REQUESTER: _____ DATE: _____

THE FOLLOWING NAMED PERSON HAS MADE APPLICATION WITH OUR COMPANY FOR THE POSITION OF DRIVER. AS 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.

★ NAME OF APPLICANT: _____

★ ADDRESS: _____ CITY, ST. _____ ZIP _____

★ FORMER ADDRESS: _____ CITY, ST. _____ ZIP _____

★ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY: _____

★ DRIVER LICENSE NUMBER AND STATE: _____

REQUESTED BY

COMPANY _____

TYPED NAME _____

ADDRESS _____

TITLE _____

CITY _____ STATE _____

SIGNATURE _____

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PAST EMPLOYMENT BACKGROUND CHECK

TO (PREVIOUS EMPLOYER) _____ DATE: ____/____/____

APPLICANT NAME: _____ S.S.N. _____

The person named above has applied to this company for employment. The applicant lists your firm as past employer. Please complete the following items:

Dates of employment with your company: From: _____ To: _____ Position _____ DOT Regulated Driver
 Non-DOT Regulated Driver

DRUG AND ALCOHOL INQUIRY

If the above applicant was employed as a driver with your company, Department of Transportation regulation section 382.405(f) and (h) require that you provide the following information:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This person tested positive or adulterated or substituted a test specimen for controlled substances. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This person committed other violations of Subpart B of Part 382, or Part 40. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.

Any other remarks: _____

If any of the above questions were answered yes, please provide the following:

Substance abuse professional's full name _____ Telephone _____
Date referred _____ Address _____ City/State/Zip _____

SAFETY PERFORMANCE HISTORY

- There is no safety performance history to report.
- Driver operated a: Straight Truck Tractor-Semi trailer Bus Cargo Tank Doubles/Triples Other (Specify) _____
- Driver did not operate a motor vehicle.
- Reason for leaving employ: Discharged Resignation Lay Off Military Duty


ACCIDENTS:


Date	Location	No. of Injuries	No. of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

- No accident register data for this driver.
- Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

Signature of person supplying information: _____ Title/Date: _____

APPLICANT CONSENT AND RELEASE

 I, _____, DO HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS TO RELEASE INFORMATION FROM MY DRUG AND ALCOHOL RECORDS IN ACCORDANCE WITH DOT REGULATION 49 CFR PART 40, SECTION 40.25. I ALSO AUTHORIZE RELEASE OF ALL OTHER RECORDS OF EMPLOYMENT INCLUDING JOB PERFORMANCE TO MOTOR CARRIER CONSULTANTS, INC. IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE MY FORMER EMPLOYERS FROM ANY AND ALL LIABILITY OF ANY TYPE AS A RESULT OF PROVIDING THE ABOVE REQUESTED INFORMATION.

 APPLICANT SIGNATURE _____ DATE _____
WITNESS SIGNATURE _____ DATE _____

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DRIVER DATA SHEET

★ Name (Print) _____

★ Social Security Number _____

★ Motor Vehicle Operator's License Number _____

★ Type of License _____ Issuing State _____

FMCSA Regulation §395.8(j)(2) states that motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Instructions: In the grid below, write the date and hours you worked, driving or not, for the past seven days. Write your total hours in the "TOTAL" column.

★

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

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:

★ _____ on _____ ★ _____
 Time Date Released Signature

Witness: _____ Date: _____
 Company Representative

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

COMPANY 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 all 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).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER (PRINT)	SOCIAL SECURITY NUMBER	EMPLOYMENT DATE	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	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 months. No violations. <input type="checkbox"/>			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
If no violations are listed above, I certify that I have not been convicted nor 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 _____	

FOR OFFICE USE ONLY

COMPLETED BY COMPANY REPRESENTATIVE – ANNUAL REVIEW OF DRIVING RECORD

COMPANY 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):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.25
 Does not adequately meet satisfactory safe driving performance

Action taken with driver:

Reviewed by: _____

Signature

Date

Print Name

Title

Company Name

Company Address

SHOULD YOU DECIDE TO LEAVE EMPLOYMENT WITHIN SIX MONTHS TO ONE YEAR (1 YEAR) OR ARE DISCHARGED FOR CAUSE DURING THIS PERIOD, YOU AGREE TO REIMBURSE THE COMPANY FOR ALL EXPENSES INCURRED IN ESTABLISHING AND MAINTAINING YOUR ELIGIBILITY, INCLUDING, BUT NOT LIMITED TO, ALL COSTS RELATING TO DRUG TESTING, BACKGROUND CHECKS AND MEDICAL EXAMINATIONS. SUCH EXPENSES MAY BE DEDUCTED FROM ANY SUMS DUE TO YOU AT THE TIME OF YOUR LEAVING EMPLOYMENT.

THESE EXPENSES ARE LISTED, BUT NOT LIMITED TO, THE FOLLOWING:

PRE-EMPLOYMENT DRUG TESTING	\$ 75.00
D.O.T. PHYSICAL	\$ 50.00
M.V.R.	\$ 15.00
DRIVERS FILES (COMPLETED)	\$ 20.00
TOTAL	\$160.00

THESE EXPENSES ARE FOR LEASE DRIVERS ONLY:

SPECIAL PERMITS	\$ 75.00
UNIFIED CARRIER REGISTRATION	\$ 80.00
IFTA DECALS	\$ 20.00
DOOR SIGNS	\$ 50.00
TOTAL	\$ 225.00



I, _____, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REQUIREMENTS AND STATEMENTS AS A CONDITION OF EMPLOYMENT.



SIGNATURE _____ DATE _____

**PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264
(251) 433-4111 FAX (251) 433-4323**

FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.

Drug, Alcohol, and (Private) Contraband Policy For CDL Drivers Employed By

If there are any questions regarding the above stated drug and alcohol policy, you may contact your company representative, _____ @ _____ or Motor Carrier Consultants at 251-433-4111.

★ I, _____, *understand and agree to abide by the above requirements and statement as a condition of employment.*

★ _____
Driver's Signature

Date

Witness

Date

Determination that Driver Applicant/Currently Employed Driver Is Fit for Duty

Prior to releasing driver for said examination, The **Company** requests them to sign a consent form. This consent form will apply to any D.O.T. required drug/alcohol screen performed while driver is employed by **The Company**.

Consent Form

Voluntary Submission for Physical Examination, Breath/Saliva Analysis, (when performed under the guidelines specified in CFR 49, §382.303) and/or Urine Analysis and the Release of Said Results.

★ I, _____, voluntarily agree to undergo a physical examination, including a urine test and/or breath/saliva test (when performed under the guidelines specified in CFR 49, §40) by a doctor, medical center, hospital, or medically qualified personnel.

I hereby authorize the release of the results of the examination to **The Company** and its representatives. By this authorization, I do hereby release any doctor, hospital, medical center, clinic, medical personnel, etc. and **The Company** or any of its representatives from any and all liabilities arising from the release or use of the information contained in my physical exam and test results.

★ _____
Driver's Signature

Date

Witness

Date