



US DOT 2988262

# APPLICATION

**COMPANY**  
**ADDRESS**  
**CITY**

**MOTOR CARGO INC.**  
**4745 MAIN ST, STE 201**  
**LISLE, IL 60532**

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

## TO BE READ AND SIGNED BY APPLICANT

I 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 investigation into my safety performance history as required by 49 CFR 321.29(d) and (e).

I also understand that **MOTOR CARGO INC.** has the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DRIVER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CDL NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

BANK NAME AND ACCOUNT# & ROUTING# (optional) \_\_\_\_\_

### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_, FROM \_\_\_\_\_ TO \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_, FROM \_\_\_\_\_ TO \_\_\_\_\_

3. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_, FROM \_\_\_\_\_ TO \_\_\_\_\_



US DOT 2988262

**WORK EXPERIENCE**

**DRIVER APPLICANT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

In accordance with 391,21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of ten (10) years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYERS, USE ADDITIONAL SHEETS IF NEEDED**

**CURRENT OR LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

**SECOND TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

**THIRD TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials that require placarding.  
\*\* Any gaps in employment and/or unemployment must be explained.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



US DOT 2988262

**WORK EXPERIENCE**

**DRIVER APPLICANT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

In accordance with 391,21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of ten (10) years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYERS, USE ADDITIONAL SHEET IF NEEDED**

**FOURTH TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

**FIFTH TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

**SIXTH TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**              **NO**              **\*Was this job subject to FMCSA Regulations?**      **YES**              **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials that require placarding.

\*\* Any gaps in employment and/or unemployment must be explained.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**WORK EXPERIENCE**

**DRIVER APPLICANT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

In previous accordance with 391,21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYERS, USE ADDITIONAL SHEET IF NEEDED**

\_\_\_\_\_ **TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**          **NO**                      **\*Was this job subject to FMCSA Regulations?**      **YES**          **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

\_\_\_\_\_ **TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**          **NO**                      **\*Was this job subject to FMCSA Regulations?**      **YES**          **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

\_\_\_\_\_ **TO LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CFR Part 40?**      **YES**          **NO**                      **\*Was this job subject to FMCSA Regulations?**      **YES**          **NO**

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS (Include reason)** \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials that require placarding.

\*\* Any gaps in employment and/or unemployment must be explained.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_ EXP.DATE \_\_\_\_\_

ENDORSEMENT (Check all that apply):      DOUBLE/TRIPLE TRAILERS      TANK VEHICLE  
PASSENGER VEHICLE      HAZARDOUS MATERIALS  
MOTORCYCLE      SCHOOL BUS

LIST ANY ADDITIONAL LICENSE(S) HELD IN PAST 3 YEARS:

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?      NO      YES IF YES, PLEASE EXPLAIN \_\_\_\_\_

**TRAFFIC CONVICTIONS & FORFEITURES**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u>OF INJURIES</u>	<u>OF FATALITES</u>	<u>HAZ.MAT.SPILL</u>	
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES

**COLLISION**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE, IF NONE, WRITE "NONE".

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u>OF INJURIES</u>	<u>OF FATALITES</u>	<u>HAZ.MAT.SPILL</u>	
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u>OF INJURIES</u>	<u>OF FATALITES</u>	<u>HAZ.MAT.SPILL</u>	
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES
_____	_____	_____	_____	_____	NO	YES

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



US DOT 2988262

**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATION**

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

**DRIVER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_

**DRIVER/LICENSE INFORMATION**

**License #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**State of Issue:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

DATE OF CONVICTION	LOCATION	VEHICLE TYPE	DESCRIPTION OF VIOLATING (e.g. speeding 69/55)

If no violations during this 12-month period, write "NONE"

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 month I further certify that the above license is the only one I hold.

**Applicant Signature:** \_\_\_\_\_ **Date of Certification:** \_\_\_\_\_

**Name of Motor Carrier:** MOTOR CARGO INC.  
**Address:** 4745 MAIN ST, STE 201  
**City/State/Zip:** LISLE, IL 60532

**COMPANY USE ONLY – ANNUAL REVIEW OF DRIVING RECORD**

- **Carrier Instruction:** At least once every 12 months a review of a driver's record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.
- The driver should complete the top portion of the form, and the carrier should complete the bottom.
- In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for past 12 months has been reviewed.

**Meets minimum requirements for a safe driving**      **Is disqualified to drive motor vehicle pursuant to 391.15**  
**Does not meet minimum requirements for a safe driving**

**Remarks/Action Taken:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_  
                         Officer Name                                      Officer Signature                                      Date



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**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLEGE: 1 2 3 4

OTHER TRAINING: \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE: YES NO

IF SO, WHEN? \_\_\_\_/\_\_\_\_/\_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PREFORM THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI, OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME TELEPHONE RELATIONSHIP

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquires and investigations of my personal, employment, driving, financial or 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 employer, school, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and completed to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



US DOT 2988262

**CERTIFICATE OF COMPLIANCE WITH DRIVERS LICENSE REQUIREMENTS**

**NOTICE TO DRIVERS:**

The Motor Carrier Safety Regulations Part 383, applies to every person who operates a commercial motor vehicle in interstate, foreign or intrastate commerce, who operates a vehicle with a gross weight rating of 26,001 pounds or more, can transport 16 or more passengers including the driver, or transports hazardous materials that require pleading.

If the above applies you must comply with the following:

1. A driver may not possess more than one license. A motor carrier may not use a driver with more than one license. The driver's license must be from the driver's state of domicile.
2. A driver who violates state and/or local traffic laws (other than parking) must notify the motor carrier and the state that issued the license, within thirty days after the violation occurred.
3. A driver who receives either a revocation or suspension of their license must notify the motor carrier the next business day after receiving the notice.
4. A driver must provide previous work history when applying to operate a commercial motor vehicle.

**DRIVER CERTIFICATION**

I hereby agree that I have read and understand the above requirements issued in the Federal Motor Carrier Safety Regulations. The following license is the only one I possess.

Driver's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_





US DOT 2988262

**CERTIFICATE OF DRIVER'S ROAD TEST**

**CERTIFICATION OF ROAD TEST**

**Driver's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Operator's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Type of Power Unit:** \_\_\_\_\_ **Type of Trailer (s):** \_\_\_\_\_

This is certify that the above-named driver  
was given a road test under my supervision on  
\_\_\_\_\_, 20\_\_\_\_, consisting of  
approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver  
possess sufficient driving skill to safely operate the  
type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of examiner)

\_\_\_\_\_  
(Title)

MOTOR CARGO INC.  
4745 MAIN ST, STE 201  
LISLE, IL 60532



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**7 DAYS PRIOR HOURS STATEMENT**

Instructions: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time 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 motor 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 a non-motor carrier entity, must be recorded on this form.

DRIVER NAME (PRINT): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE: STATE \_\_\_\_\_ NUMBER: \_\_\_\_\_

ENDORSEMENTS: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

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

I hereby certify that the information given above is correct and to the best of my knowledge and behalf, and that I was released from work on:

DATE RELEASED FROM WORK: \_\_\_/\_\_\_/\_\_\_ AT \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by motor carrier, a driver must report to the motor carrier all on-duty 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 employment 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 begin driving for this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



US DOT 2988262

**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL  
CONTROLLED SUBSTANCES STATEMENT**

**Section 40.25(j)** of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire to prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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 agency drug and alcohol testing rules during the past two years?

Check one:

YES

NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In addition, if the answer to the above question is YES, please list the name and contact information for the **Substance Abuse Professional (SAP)** who completes your evaluation:

Name of SAP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I certify that the information provided on this document is true and correct.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **DRIVER'S RIGHTS UNDER FMCSR 391.23**

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulation in Part 391.23. These Rights are:

§ 391.23 Investigation and inquiries.

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(1) An inquiry to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.

(2) An investigation of the driver's safety performance history with:

Department of Transportation

regulated employers during the preceding three years.

(b) A copy of the motor vehicle record(s) obtained in response to the inquiry or inquiries to each State required by paragraph (a)(1) of this section must be placed in the driver qualification file within 30 days of the date the driver's employment begins and be retained in compliance with § 391.51. If no motor vehicle record is received from the State or States required to submit this response, the motor carrier must document a good faith effort to obtain such information and certify that no record exists for that driver in that State or States. The inquiry to the State driver licensing agency or agencies must be made in the form and manner each agency prescribes.

(c)

(1) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.

(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method of investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA and use the complaint procedures specified at § 386.12 of this subchapter. Keep a copy of the reports in the driver investigation history file as part of documenting a good faith effort to obtain the required information.

(4) Exception. For drivers with no previous employment experience working for a DOT-regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver investigation history file, after October 29, 2004, within the required 30 days of the date the driver's employment begins.

(d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(1) General driver identification and employment verification information.

(2) The data elements as specified in § 390.15(b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(i) Any accidents as defined by § 390.5 of this chapter.

(ii) Any accidents the previous employer may wish to provide that are retained pursuant to § 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § 382.605 or 49 CFR part 40, subpart O referral:

- (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (ii) Verified positive drug tests;
- (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(4) As of January 6, 2023, employers subject to § 382.701(a) of this chapter must use the Drug and Alcohol Clearinghouse to comply with the requirements of this section with respect to FMCSA-regulated employers.

(i) Exceptions.

(A) If an applicant who is subject to follow-up testing has not successfully completed all follow-up tests, the employer must request the applicant's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5) of this title.

(B) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

(f)

(1) A prospective motor carrier employer must provide to the previous employer the driver's consent meeting the requirements of § 40.321(b) of this title for the release of the information in paragraph (e) of this section. If the driver refuses to provide this consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(2) If a driver refuses to grant consent for the prospective motor carrier employer to query the Drug and Alcohol Clearinghouse in accordance with paragraph (e)(4) of this section, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle.

(g) After October 29, 2004, previous employers must:

(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(5) Exception. Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

(h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)

(1) The prospective employer must expressly notify drivers with

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regulated employment during the preceding three years - via the application form or other written document prior to any hiring decision - that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) 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.

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(2) Drivers who have previous 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 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-business days deadline 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 driver to have waived his/her request to review the records.

(j)

(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at § 386.12.

(k)

(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)

(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against -

(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(ii) A person who has provided such information; or

(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

**I the undersign, have received a copy of, read and understand the above-mentioned rights.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



US DOT 2988262

**GOOD FAITH EFFORTS TO VERIFY  
SAFETY PERFORMANCE HISTORY**

The following attempts were made, but failed to verify the information required by 49CFR Part 382.413, 40.25, and/or 391.23 for driver Applicant:

Company contacted: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted by: Mail Telephone Fax (\*Note – If mailed or faxed, attach copy of records)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Received on \_\_\_\_\_

Company contacted: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted by: Mail Telephone Fax (\*Note – If mailed or faxed, attach copy of records)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Received on \_\_\_\_\_

Company contacted: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted by: Mail Telephone Fax (\*Note – If mailed or faxed, attach copy of records)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Received on \_\_\_\_\_

Company contacted: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted by: Mail Telephone Fax (\*Note – If mailed or faxed, attach copy of records)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Received on \_\_\_\_\_





US DOT 2988262

**DRIVER AGREEMENT**  
**(READ CAREFULLY)**

Due to an increased number of HOS violations we have been forced to implement a \$500 (five hundred dollars) additional charge per each log book OOS violation.

Any violation seriously affects our FMCSA safety rating

Due to a change of contract between MOTOR CARGO INC. and our insurance providers, there will be a change in our insurance policy. Effective 7/12/17 we will have a \$2000.00 (two thousand dollars) deductible limit for our liability insurance. Therefore, MOTOR CARGO INC. will be implementing a \$2000.00 (two thousand dollars) charge for all accidents for which the driver is found to be a fault.

In case of a log book OOS violation I agree to be fined \$500 (five hundred dollars) from my next paycheck.

In case of an accident for which I am found to be at fault, I agree to be fined up to \$2000 (two thousand dollars) from my next paycheck.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



US DOT 2988262

**RECEIPT**

**I have received and read a copy of the MOTOR CARGO INC.  
Drug and Alcohol Information packet.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Attention to:*  
**\*Safety Department\***

From: MOTOR CARGO INC.  
4745 MAIN ST, STE 201  
LISLE, IL 60532

To: \_\_\_\_\_

Phone: (630) 339-4874

Phone: \_\_\_\_\_

Fax: (630) 318-3353

Fax: \_\_\_\_\_

E-mail: ACCOUNTING@MOTORCARGO.COM

**REQUEST FOR EMPLOYEMENT VERIFICATION FOR:** \_\_\_\_\_

**1 Request**

**2 Request**

**3 Request**

**4 Request**

**5 Request**

**Employment & D/A Verification**

Part 391.23(2)(3) of the Federal Motor Carrier Safety Regulations states that past employers must respond to present inquiries into a drivers past performance/history in a timely manner. Failure to do so will result in reporting to the Department of Transportation

Please use the MOTOR CARGO INC. verification forms for this request

**THANK YOU!**



US DOT 2988262

**PART 1: TO BE COMPLETED BY DRIVER**

I hereby authorize this company to release all records of employment, including assessments of my previous job ability and fitness (including dates of any and all alcohol or drug test confirmed results and/or my refuse to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company. I hereby release this company, and its employees, officers, directors and agents from any and all liability as a result of providing the following information to the below mentioned person and/or company.

Name of Applicant: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Application Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one): Faxed Mailed E-mailed Completed by Phone

To Previous employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to Investigative request for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified 386.12.

**PART 1: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**EMPLOYMENT HISTORY**

1. Has this applicant worked for your company?  Yes  No
2. If yes, please state the actual dates of employment:  
 From: \_\_\_\_\_ To: \_\_\_\_\_
3. Has this applicant driven a commercial motor vehicle for your company?  Yes  No
4. If Yes, please check the type(s) of vehicle operated:  
 Straight Truck    Tractor/Semi-trailer    Cargo Tank    Flatbed    Double/Triples    Bus    Other
5. Reason for leaving your company:  
 Discharge    Resignation    Lay off    Military Duty    Other \_\_\_\_\_
6. Has this applicant ever been placed out of service due to H.O.S. (CFR 395)  
 (Log book violation)  Yes  No
7. Would this applicant be considered for employment with your company again?  Yes  No



US DOT 2988262

**APPLICANT EVALUATION**

Please check (✓)	GOOD	AVG.	FAIR	POOR	COMMENTS
1. JOB PERFORMANCE					
2. SAFETY					
3. ATTITUDE					
4. COMMUNITACTION					
5. ON TIME PICKUP/DELIVERY					

**ACCIDENT HISTORY:**

Please give the following information for any accidents included on your accident register (390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.

Or, check here, if there is no accident register data for this applicant.

Accidents:  Yes  No (if Yes, enter bellow)

Date	City, State	Description

Traffic Violations:  Yes  No (if Yes, enter bellow)

Date	City, State	Description

License(s) suspended?  Yes  No

If there is no safety performance history to report, check here, sign below and return.

**DRUG AND ALCOHOL HISTORY:**

If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here.

Fill in the dates of employment. Sign below and return.

Applicant was subject to DOT testing requirements: From: \_\_\_\_\_ To: \_\_\_\_\_

Yes  No Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?

Yes  No Has this person tested positive for controlled substances?

Yes  No Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?

Yes  No Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?

Part 3 completed by:

Print name and title: \_\_\_\_\_

Signature and date: \_\_\_\_\_