

Appendix A – Commercial Driver Application

Motor Carrier Name: **Thompson’s Transport LLC**

Motor Carrier Address: **1645 Parsons Rd Mapleton, ME 04757**

Date: _____
Name (Print) First _____ Middle _____ Last _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Date of Birth _____ Social Security Number _____ - _____ - _____

Please list all addresses from the past three years.

- 1 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

- 2 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

- 3 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

Please provide driver’s license information for all licenses held in the past three years.

State _____ License # _____ Expiration Date _____ Class _____ Endorsement _____
State _____ License # _____ Expiration Date _____ Class _____ Endorsement _____
State _____ License # _____ Expiration Date _____ Class _____ Endorsement _____

Experience:

_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven

Please list all accidents in the past three years. If none, write NONE.

Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____

Please list all traffic violation convictions in the past three years. If none, write NONE.

Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No

Have you ever had a driver's license denied, suspended, revoked, or canceled by any issuing agency?

_____ Yes _____ No If yes, list state of issuance and explanation: _____

Please list your employment history for the last 10 years. Account for gaps in employment.

1. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA Regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

2. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

3. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

4. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

USE BACKSIDE OF SHEET FOR ADDITIONAL EMPLOYERS

For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL), the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.

As a prospective driver employee, you have the right to review the 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 information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation (DOT) regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at any time, including when applying for the position, up to thirty days after being employed, or when notified of the denial of employment.

The prospective employer must provide this information to the applicant within five 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 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 days of the prospective employer making them available, the prospective motor carrier may consider the driver 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
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This section to be completed by the employer.

Application received by:

Application reviewed for completeness by:

Name	Name:
Title	Title
Date	Date

For Office Use

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	

Appendix B- Controlled Substance and Alcohol Questionnaire

Date: _____

Name (Print) First _____ Middle _____ Last _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substance tested with a negative result before driving.

Do you consent to such test? YES _____ NO _____

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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?		Yes	No
If Yes -	Have you completed the return-to-duty process?	Yes	No
If Yes -	The documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

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

Appendix C – Inquiry to Previous Employers

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days.

TO: _____

_____	_____
Former Employer's Name	Date

_____	_____
Mailing Address	City / State / Zip

_____	_____
Telephone #	Fax #

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability and fitness. I, hereby, release the above named company, and its 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.

This information is being requested in compliance with 49 CFR391.23.

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____

REQUEST FROM

Company Thompson's Transport LLC

Address/City/State/Zip PO Box 41 Washburn, ME 04786

Telephone # 207-554-4212 Email alyssa@thompsonstran.com

Contact Person & Title Alyssa Thompson - Safety

NAME OF APPLICANT: _____ SSN ____ - ____ - _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY – PAST THREE YEARS

- Did applicant work for you from ____ / ____ / ____ to ____ / ____ / ____ as a _____ YES / NO; If NO, please explain: _____
- If employed as a driver, please choose the position that best describes the applicant’s employment:
Company Driver ____ Owner/Operator ____ Other ____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operation: _____
- Accidents? YES / NO If YES, please give date(s) and a brief description of each accident:

- Why did this employee leave your company? _____

- Would you re-employ this person? YES / NO If NO, please explain: _____

- Additional comments: _____

The person providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Appendix J – General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.

I, _____(Driver Name Printed) hereby provide consent to **Thompson’s Transport LLC** to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This authorization form shall remain on file and shall serve as ongoing authorization for **Thompson’s Transport LLC** to procure such reports at any time during my employment.

I understand that if the limited query conducted by **Thompson’s Transport LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Thompson’s Transport LLC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Thompson’s Transport LLC** to conduct a limited query of the Clearinghouse, **Thompson’s Transport LLC** 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 Signature)

(Date)