



DRIVER APPLICATION



Driver and Retention Policy

- No misdemeanor conviction regarding sexual acts or drugs.
- No alcohol related incidence within the past (10) ten years. No more than one charge in lifetime.
- No positive drug or alcohol test.
- Minimum age of (25) twenty-five maximum age (70) seventy.
- Experienced drivers must have a minimum of (2) two verifiable years of experience as a driver of a commercial motor vehicle.
 1. If any company is no longer in business, proof must be provided (W-2 or 1099, Check stub, log, etc.,)
 2. Must provide month/year of employment of all jobs along with city, state and working phone number.
 3. Last three years of employment (driving or other)
- Possess a valid commercial driver's license by the resident state of the driver with all applicable endorsements.
- Valid (3) three year driving record:
 1. No more than (1) one moving violation and (1) one accident within the last (2) two years. Combined number of moving violations and accidents cannot exceed (2) two in a (2) two year period. No more than (2) two accidents in the past twenty-four months.
- Able to pass a DOT physical examination and drug screen.
- Possess original Social Security card and photo identification (Name must match on both documents)

Signature

Date



Pearland, Texas 77584

Phone (832) 462-9882 • Fax (832) 288-3850

(Answer all questions – Please Print Clearly)

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

Position(s) applied for _____ ID: _____

Name _____ Social Security No. _____

Address _____

Street

City

_____ Phone No. _____

State

Zip Code

Cell Phone No. _____

Address for the past 3 years

_____ How Long _____

Street/City/State/Zip Code

_____ How Long _____

Street/City/State/Zip Code

_____ How Long _____

Street/City/State/Zip Code

Do you have legal right to work in the United State? _____

Date of Birth _____ Can you provide proof of age? _____

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

Who referred you? _____ Rate of pay expected _____



(LIST ALL DRIVING JOBS FOR THE PAST THREE YEARS)
Employment History for the past Ten (10) Years

PRESENT OR LAST EMPLOYER _____
TELEPHONE NO. _____ FAX _____ CONTACT PERSON _____
ADDRESS _____ POSITION _____
Were you subject to the FMCSR's while employed? __ Yes __ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirement of 49CFR? __ Yes __ No

PRESENT OR LAST EMPLOYER _____
TELEPHONE NO. _____ FAX _____ CONTACT PERSON _____
ADDRESS _____ POSITION _____
Were you subject to the FMCSR's while employed? __ Yes __ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirement of 49CFR? __ Yes __ No

PRESENT OR LAST EMPLOYER _____
TELEPHONE NO. _____ FAX _____ CONTACT PERSON _____
ADDRESS _____ POSITION _____
Were you subject to the FMCSR's while employed? __ Yes __ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirement of 49CFR? __ Yes __ No

PRESENT OR LAST EMPLOYER _____
TELEPHONE NO. _____ FAX _____ CONTACT PERSON _____
ADDRESS _____ POSITION _____
Were you subject to the FMCSR's while employed? __ Yes __ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirement of 49CFR? __ Yes __ No



PRE-CONTRACT URINALYSIS NOTIFICATION

The federal Motor Carrier Safety Regulations, Section 391.103 pre-employment testing requirements, apply to drive applicants of this company.

391.103 Pre-Employment Testing Requirements.

- a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will automatically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis qualification.

APPLICANT'S NAME (PRINT)

DATE

APPLICANT'S SIGNATURE



COMPANY REPRESENTATIVE

DATE

**INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD
391.23(a)(1) and (b)**

To Whom It May Concern,

The below named individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Requested by:

MC Transportation	Isabel Munoz
<i>Company Name</i>	<i>Person Making Inquiry</i>
3109 Princess Bay CT	Vice-President
<i>Address</i>	<i>Title</i>
Pearland, Texas 77584	_____
<i>City State</i>	<i>Signature</i>

Release:

I hereby authorize you to release the above requested information to

MC TRANSPORTATION _____ for investigation purposes required by
the FMCSR Section 391.23(a) (1) and (b).

Applicant/Driver Signature *Date*

Operators License Number *Social Security Number*



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____ Social Security # _____

Date: _____ To MC transportation. _____ has made application to this company for a position as driver and state that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Very truly yours,
Safety Department

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Was the applicant a safe and efficient driver? _____
4. Give the dates of vehicle accidents in which he/she was involved. _____
5. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____
- Remarks: _____
6. Was the applicant's general conduct satisfactory? _____
7. Is the applicant competent for the position sought? _____
8. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation With others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Remarks	_____				

Date _____ Signature _____
Name of Company _____