



Commercial Driver Application

Date of Application:

____/____/____

NOTICE: Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used and the applicant's previous employers will be contacted, for the purpose of investigating applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

Name: _____

Current Address: _____ City _____ State _____ Zip _____

(must have 3 years of address listed)

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____ Email Address: _____

In case of an EMERGENCY please notify: _____ relationship _____

Home phone (____) _____ - _____ Work phone (____) _____ - _____

1. Do you have the legal right to work in the United States? Yes No

2. Date of Birth ____/____/____

3. Social Security Number _____ - _____ - _____

4. Have you worked for this company before? Yes No

5. If yes, for which client (Company) _____

Dates worked - From ____/____/____ To ____/____/____ Rate of Pay \$ _____

Position _____ Reason for Leaving _____

6. Are you now employed? Yes No

7. Who referred you? _____

8. POSITION APPLIED FOR: **DRIVER**

9. Rate of pay expected? \$ _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations? _____

Are you physically capable of heavy, manual work? Yes No

If no, please explain _____

Have you lost any time from work in the past three years? Yes No

If yes, please explain _____

Would you be willing to take a physical examination? Yes No

EMPLOMENT HISTORY

All driver applicants in order to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

All applicants in order to drive a commercial motor vehicle (as defined by the USDOT) in intrastate or interstate commerce shall also provide an additional (7) years information on those employers for whom the applicant was an operator of a commercial motor vehicle.

MUST LIST 10 YEARS OF PREVIOUS EMPLOYMENT

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

PREVIOUS EMPLOYMENT CONTINUED

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

DUE PROCESS RIGHTS: The following are your rights in regards to your safety performance history information.

- The right to review information provided by the previous employer.
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer.
- 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.

_____ *Applicant Signature* _____ *Date Signed* _____

IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

(i)(2) Drivers who have previous Department of Transportation 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. Please contact Human Resources for more information.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (Attach sheet if more space needed)

EVENT	DATE	NATURE OF ACCIDENT/INCIDENT	FATALITY: Y / N	INJURIES: Y / N
Most Recent				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 5 YEARS (Other than parking violations)

LOCATION	DATE	VIOLATION	PENALTY	SUSPENSION: Y / N

EDUCATION

Last School Attended _____ City, State: _____, _____

Circle Highest Grade Completed: 8 9 10 11 12 Secondary: 1 2 3 4 Other: _____

EXPERIENCE & DRIVER QUALIFICATIONS

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION
Date of each unexpired commercial motor vehicle operator's license or permit issued to applicant				

A. Have you ever been denied a license, permit or 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 been convicted of a felony? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS.

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP (Van, Tank, Flat, Reef)	DATE		TOTAL MILES
		FROM	TO	

List all states operated in for last 5 years:

List special courses or training that will help you as a driver:

List Safe Driving awards you hold and from who:

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

MOTOR CARRIER 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)	ID NUMBER	DATE OF EMPLOYMENT
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.

(If you have had no violations, check the following box – None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or 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 _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER 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 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____
Signature _____ Title _____
Printed Name _____

Punt Companies **7360 195th Ave SW Prinsburg, MN 56281**
Motor Carrier Name Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015