

Driver Qualification File Checklist

Driver Qualification (DQ) File Checklist

At a minimum, the following items must be maintained on each driver. 49 C.F.R. 391.51. You may put a copy of this checklist in each driver file to remind you to obtain each item.

Name of Driver HECTOR SOBRINO SSN: 641-11-8928

CDL State: TX Number: 26497064 Class: A Indorsements: _____

Date of Birth: 02/14/1973 Hire Date: _____ Termination Date: _____

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input checked="" type="checkbox"/>	Driver's Application for Employment	49 C.F.R. 391.21
<input checked="" type="checkbox"/>	Initial Inquiry to State Agencies - 3 Year Driving History	49 C.F.R. 391.23(a)(1) & (b)
<input checked="" type="checkbox"/>	Driver's Road Test Certificate Or Equivalent	49 C.F.R. 391.31
<input type="checkbox"/>	Annual Inquiries to State Agencies*	49 C.F.R. 391.25(a)
<input checked="" type="checkbox"/>	Annual Review of Driving Record*	49 C.F.R. 391.25(c)(2)
<input checked="" type="checkbox"/>	Medical Examiner's Certificate*	49 C.F.R. 391.43
<input checked="" type="checkbox"/>	Medical Waiver - If Applicable*	49 C.F.R. 391.49
<input checked="" type="checkbox"/>	Annual Driver's Certification of Violations*	49 C.F.R. 391.27
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

* These items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

Additional items required by other parts or sections

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input checked="" type="checkbox"/>	Driver Investigation History File (Must be kept in a secure location)	49 C.F.R. 391.53
<input checked="" type="checkbox"/>	Driver's Written Authorization to Investigate	49 C.F.R. 391.53(b)(1)
<input checked="" type="checkbox"/>	Responses to Inquires / or failure to obtain response	49 C.F.R. 391.53(b)(2)
<input checked="" type="checkbox"/>	Safety Performance History	49 C.F.R. 391.53(c)
<input checked="" type="checkbox"/>	Negative Pre-Employment Drug Test	49 C.F.R. 382.301
<input checked="" type="checkbox"/>	Entry Level Driver Training - If Applicable	49 C.F.R. 380.513
<input type="checkbox"/>	Hazardous Materials Training	49 C.F.R. 172.704
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

Note: This form is provided as a suggested format for ensuring your DQ files are complete. A motor carrier does not need to have any form at all, but all required items must be in the DQ file.

Multiple-Employer Driver Qualification File Checklist

Multiple-Employer Drivers 49 C.F.R. 391.63

If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all required parts of 391, except the carrier need not -

1. Require the person to furnish an application for employment (391.21);
2. Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
3. Perform an annual review of the person's driving record (391.25); or
4. Require the person to furnish a record of violations or a certificate (391.27).

However, the interpretation to 49 CFR 391.63 (Question #2 and answer) indicates that the first or primary employer of a multiple-employer driver must obtain a complete DQ file. Only subsequent employers may claim this exemption.

This checklist may be helpful to ensure that required documents are obtained for a Multiple-Employer Driver who has been qualified by another motor carrier.

Driver Qualification (DQ) File Checklist Multiple-Employer Driver

Name of Driver HECTOR SOBRINO SSN: 641-11-8928

CDL State: TX Number: 26497046 Class: A Indorsements: _____

Date of Birth: 02/14/1973 Hire Date: _____ Termination Date: _____

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input checked="" type="checkbox"/>	DRIVER'S ROAD TEST CERTIFICATE OR EQUIVALENT	49 C.F.R. 391.31
<input checked="" type="checkbox"/>	MEDICAL EXAMINER'S CERTIFICATE*	49 C.F.R. 391.43
<input checked="" type="checkbox"/>	MEDICAL WAIVER - IF APPLICABLE*	49 C.F.R. 391.49
<input checked="" type="checkbox"/>	NEGATIVE PRE-EMPLOYMENT DRUG TEST	49 C.F.R. 382.301
<input checked="" type="checkbox"/>	ENTRY LEVEL DRIVER TRAINING - IF APPLICABLE	49 C.F.R. 380.513
<input type="checkbox"/>	HAZARDOUS MATERIALS TRAINING	49 C.F.R. 172.704

* These items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

Note: This form is provided as a suggested format for ensuring your DQ files are complete. A motor carrier does not need to have any form at all, as long as required items are in the DQ file.

Note also: Even though 49 C.F.R. 391.64 allows the carrier limited exemptions from the listed requirements, the carrier may still require all items necessary for a complete DQ file.

Sample Employment Application Form

APPLICATION FOR EMPLOYMENT

COMPANY ASM TRANSPORTATION LLC STREET ADDRESS 12300 FLEMING DR #417
 CITY, STATE AND ZIP CODE HOUSTON TX 77013

NAME HECTOR SOBRINO MONTERO
 (First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH 02/14/1973 SOCIAL SEC. NO. 641-11-8928

TELEPHONE NUMBERS 832-206-3784

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS 10300 HARWING DR HOUSTON TX 77036 HOW LONG? 5 YEARS
 (Street) (City) (State) (Zip Code)

ADDRESS 12730 LA BELLE LN HOUSTON TX 77015 HOW LONG? 3 YEARS
 (Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
	<u>TX</u>	<u>26497064</u>	<u>A</u>		<u>05/20/2020</u>

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	<u>STRAIGHT TRUCK</u>				
	<u>TRACTOR AND SEMI-TRAILER</u>				
	<u>TRACTOR-MULTIPLE TRAILERS</u>				
	<u>OTHER</u>				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

Note: This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.

Sample Employment Application Form – Page 2

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

- 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 to operate a motor vehicle been suspended or revoked? Y/N _____

Explain below(or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: IRON HORSE TRUCKING LLC FROM: _____
ADDRESS: 7875 MARKET ST HOUSTON TX 77029 TO: _____
POSITION HELD: OWNER OPERATION SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? YES
REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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.

(Date)

(Applicant's signature)

Safety Performance History Records Request – Page 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:		TO BE COMPLETED BY PROSPECTIVE EMPLOYEE		
I, (Print Name) <u>HECTOR</u> First _____ M.I. _____		Last <u>SOBRINO</u>	Social Security Number <u>641-11-8928</u> Date of Birth <u>02/14/1973</u>	
Hereby authorize: <u>ASM TRANSPORTATION LLC</u>		Email: <u>alexsobrino98@gmail.com</u>		
Previous Employer: <u>ASM TRANSPORTATION LLC</u> Street: <u>12300 FLEMING DR</u> City, State, Zip: <u>HOUSTON TX 77013</u>		Telephone: <u>832-897-9746</u> Fax No.: _____		
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)				
To: Prospective Employer: <u>ASM TRANSPORTATION LLC</u> Attention: _____		Telephone: <u>832-897-9746</u>		
Street: <u>12300 FLEMING DR</u> City, State, Zip: <u>HOUSTON TX 77013</u>				
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.				
Prospective employer's fax number: _____				
Prospective employer's email address: _____				
Applicant's Signature		Date _____		
This information is being requested in compliance with §40.25(g) and 391.23.				
PART 2:		TO BE COMPLETED BY PREVIOUS EMPLOYER		
ACCIDENT HISTORY				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____				
Any other remarks: _____ _____ _____				
Signature: _____				
Title: _____ Date: _____				

Safety Performance History Records Request – Page 2

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
<ol style="list-style-type: none">1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____ By: _____ Date: _____	
PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____
Date: _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | | |
|---|--|
| PAGE 1 PART 1: Prospective Employee <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Submit to the Prospective Employer | PAGE 2 PART 3: Previous Employer <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Return to Prospective Employer |
| PAGE 2 PART 4a: Prospective Employer <ul style="list-style-type: none">• Complete the information• Send to Previous Employer | PAGE 2 PART 4b: Prospective Employer <ul style="list-style-type: none">• Record receipt of the information• Retain the form |
| PAGE 1 PART 2: Previous Employer <ul style="list-style-type: none">• Complete the information required in this section• Sign and date• Turn form over to complete SIDE 2 SECTION 3 | |

Safety Performance History Records Request – Page 3

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(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 thirty (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.

PART 1: COMPLETED BY THE DRIVER/APPLICANT	
TO: Prospective Employer: <u>ASM TRANSPORTATION LLC</u>	
Street/P.O. Box:	
City, State, Zip: <u>HOUSTON TX 77013</u> Telephone # <u>832-897-9746</u>	
FROM: Driver/Applicant: <u>HECTOR SOBRINO</u> Social Security/I.D. # <u>641-11-8928</u>	
Street: <u>10300 HARWIN DR</u>	
City, State, Zip: <u>HOUSTON TX 77036</u> Telephone # <u>832-206-3784</u>	
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: ____ / ____ / ____ ____ M ____ D ____ Y	

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER	
The information must be provided 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.	
Information supplied to:	
Name: <u>HECTOR SOBRINO MONTERO</u>	
Street: <u>10300 HARWING DR</u>	
City, State, Zip: <u>HOUSTON TX 77036</u>	
Comments: _____	
By: _____	
Signature/person providing information	Telephone # <u>832-206-3784</u> Release Date: ____ / ____ / ____ ____ M ____ D ____ Y

COPY 1 PROSPECTIVE EMPLOYER