



**J. J. Keller**  
\_\_\_\_\_  
& Associates, Inc.

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

Location: \_\_\_\_\_

Hire Date/Driving Date: \_\_\_\_\_

Employee ID Code: \_\_\_\_\_

## Driver Qualification File Checklist

### Non-CDL

☐ GVW Rating 10,001 – 26,000 lbs.

☐ Driver Application (§391.21)

☐ Copy of Driver's License

☐ Medical Examiner's Certificate  
(§391.43) & National Registry Verification  
(§391.23(m))

☐ Annual Review (§391.25)

☐ Motor Vehicle Record / Release  
(§391.23)

☐ Safety Performance History Records  
Requests (§391.23)

☐ Road Test & Certificate (§391.31)

### CDL

☐ GVW Rating 26,001 lbs. or more

☐ Driver Application (§391.21)

☐ Copy of Driver's License

☐ Medical Examiner's Certificate (§391.43)  
& National Registry Verification  
(§391.23(m))

☐ Annual Review (§391.25)

☐ Motor Vehicle Record / Release  
(§391.23)

☐ Safety Performance History Records  
Requests (§391.23)

☐ Road Test & Certificate (§391.31) -OR  
CDL in lieu of Road Test (§391.33)

☐ Clearinghouse Consent Form



# DRIVER APPLICATION

Company Name: \_\_\_\_\_ Location: Region/District/Branch: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

## 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 investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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.

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

Name: \_\_\_\_\_  
Last First Middle

Social Security Number Phone Number Date of Birth Hire Date

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year  
Residency: \_\_\_\_\_  
Street City State Zip Number of Years

: \_\_\_\_\_  
Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 requirements of 49 CFR Part 40: ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 requirements of 49 CFR Part 40: ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 requirements of 49 CFR Part 40: ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

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

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 in a quantity requiring placarding.

**PLEASE COMPLETE NEXT PAGE**

**EXPERIENCE AND QUALIFICATION**  
Attach separate sheet if more space is needed.

**Driving Experience**

If no driving experience in the last 3 years, check here: ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

OR

APPROXIMATE NUMBER OF MILES

**Accident History (3 years)**

If no accidents in the last 3 years, check here: ☐

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years, check here: ☐

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

**License Information**

Driver licenses or permits held in the past 3 years	LICENSING AUTHORITY (State/Province/Territory)	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

**Applicant Certification**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

## DRIVER'S LICENSE INFORMATION REQUEST

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

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

Employee Name: \_\_\_\_\_ Employee Code: \_\_\_\_\_

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### FILE COPY – DRIVER'S LICENSE MISSING

Please provide J. J. Keller with a clear photocopy of the front and back of an updated license in the space below:

In addition to the driver's license copy above, please complete the following information exactly as it appears on the driver's license:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of License/Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Class: \_\_\_\_\_ ☐ CDL ☐ Non CDL

Utilizing CDL: ☐ Yes ☐ No

Primary Method of Logging Hours: ☐ Time Sheets ☐ Grid Logs

Company Representative Signature: \_\_\_\_\_

## Medical Examiner's Certificate – MCSA 5876

# ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

MOTOR CARRIER: \_\_\_\_\_  
Name and Address

**INSTRUCTIONS TO CARRIER:** At least once every 12 months, obtain the motor vehicle record (MVR) of each driver, covering at least the preceding 12 months, from each driver's licensing authority where the driver held a commercial motor vehicle operator's license or permit during that time period.

Review the MVR in accordance with 49 CFR §391.25, as outlined below, and complete the Certificate of Review.

The purpose of the review is to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to §391.15 or (for CDL holders) §383.51. When reviewing the MVR, consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations. Also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. Motor carriers must give great weight to violations — such as speeding, reckless driving, or operating while under the influence of alcohol or drugs — that indicate that the driver has exhibited a disregard for public safety.

## CERTIFICATE OF REVIEW

I hereby certify that I have reviewed the driving record of the above-named driver in accordance with 49 CFR §391.25 and find that the driver (check one):

- ☐ Meets minimum qualifications for safe driving
- ☐ Does not meet minimum qualifications for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51

Notes/actions taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE FOR THREE YEARS FROM REVIEW DATE  
(see 49 CFR §391.51)

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act and applicable state law. J.J. Keller & Associates, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" (i.e. driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e. employment and/or education verification) by **EMPLOYER** ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jjkeller.com](http://www.jjkeller.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer Name\*: \_\_\_\_\_ ("Employer")

Last Name\*: \_\_\_\_\_ First\*: \_\_\_\_\_ Middle\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number (SSN)\*\*: \_\_\_\_\_

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

Email Address\*: \_\_\_\_\_

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

**\*Required Information**

**\*\*SSN is required for the state of Illinois**



# RECORD OF ROAD TEST

Driver's Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Equipment Driven: Truck # \_\_\_\_\_ Trailer: \_\_\_\_\_

Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Apply a checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.

## PART 1 – PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit \_\_\_\_\_  
Looks for leakage of coolants, fuel, lubricants \_\_\_\_\_  
Checks under hood – oil, water, general condition \_\_\_\_\_  
of engine compartment, steering \_\_\_\_\_  
Performs thorough Walk-Around \_\_\_\_\_  
Checks horn, windshield wipers, mirrors, fire extinguisher \_\_\_\_\_  
Checks instruments for normal readings \_\_\_\_\_  
Checks dashboard warning lights for proper functioning \_\_\_\_\_  
Cleans windshield, window, mirrors, lights, reflectors \_\_\_\_\_

## PART 2 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS

Starts engine without difficulty \_\_\_\_\_  
Allows proper warm-up \_\_\_\_\_  
Understands gauges on instrument panel \_\_\_\_\_  
Secures load properly \_\_\_\_\_  
Maintains proper engine speed (rpm) while driving \_\_\_\_\_  
Does not abuse motor \_\_\_\_\_  
Uses brakes properly and smoothly \_\_\_\_\_  
Gears down when descending large grades \_\_\_\_\_  
Controls steering wheel \_\_\_\_\_  
Good driving posture and good grip on wheel \_\_\_\_\_  
Continuously uses mirrors to check traffic to the rear \_\_\_\_\_  
Stops prior to crosswalks \_\_\_\_\_  
Uses proper headlight beam \_\_\_\_\_  
Dim lights when meeting or following other traffic \_\_\_\_\_  
Adjusts speed to range of headlights \_\_\_\_\_

## PART 3 – BACKING AND PARKING

### A. BACKING

Gets out and checks before backing \_\_\_\_\_  
Uses Camera as well as Mirrors \_\_\_\_\_  
Uses Ground Guide if at all possible \_\_\_\_\_  
Controls Speed and Direction while Backing \_\_\_\_\_

### B. PARKING

Does not hit nearby vehicles or stationary objects \_\_\_\_\_  
Parks proper distance from curb \_\_\_\_\_  
Checks traffic conditions and signals when \_\_\_\_\_  
pulling out from parked position \_\_\_\_\_  
Parks in legal and safe location \_\_\_\_\_  
Parks in Forward First location every time \_\_\_\_\_

### C. TRAILERING

Correctly matches the ball size to the hitch \_\_\_\_\_  
Safely and correctly connects the trailer \_\_\_\_\_  
Checks brake, tail, and turn signals \_\_\_\_\_  
Can properly back 100' \_\_\_\_\_  
Can back a 90 degree turn \_\_\_\_\_

## PART 4 - OPERATING IN TRAFFIC PASSING AND TURNING

### A. TURNING

Signals intention to turn well in advance \_\_\_\_\_  
Gets into proper lane well in advance of turn \_\_\_\_\_  
Checks traffic conditions and turns only when clear \_\_\_\_\_

### B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary \_\_\_\_\_  
Obeys traffic signal \_\_\_\_\_  
Uses good judgment on yellow light \_\_\_\_\_

Starts smoothly on green \_\_\_\_\_

Notifies and heeds traffic signs \_\_\_\_\_

Obeys "Stop" signs \_\_\_\_\_

### C. INTERSECTIONS

Adjusts speed to permit stopping if necessary \_\_\_\_\_  
Checks for cross traffic regardless of traffic controls \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_

### D. PASSING

Passes with sufficient clear space ahead \_\_\_\_\_  
Does not pass in unsafe location \_\_\_\_\_  
Signals change of lanes \_\_\_\_\_  
Pulls out and back with certainty \_\_\_\_\_  
Does not tailgate \_\_\_\_\_  
Does not block traffic with slow pass \_\_\_\_\_  
Allows enough room when returning to right lane \_\_\_\_\_

### E. SPEED

Speed consistent with basic ability \_\_\_\_\_  
Adjusts speed properly to road, weather, \_\_\_\_\_  
traffic conditions, legal limits \_\_\_\_\_  
Slows down for rough roads \_\_\_\_\_  
Slows down in advance of curves. intersection, etc. \_\_\_\_\_  
Maintains consistent speed \_\_\_\_\_

## PART 5 – MISCELLANEOUS

### A. GENERAL DRIVING ABILITY AND HABITS

Consistently alert and attentive \_\_\_\_\_  
Adjusts driving to meet changing conditions \_\_\_\_\_  
Performs routine functions without taking eyes from road \_\_\_\_\_  
Checks instruments regularly while driving \_\_\_\_\_  
Willing to take instructions and suggestions \_\_\_\_\_  
Adequate self-confidence in driving \_\_\_\_\_  
Is not easily angered \_\_\_\_\_  
Positive attitude \_\_\_\_\_  
Good personal appearance, manner, cleanliness \_\_\_\_\_  
Good physical stamina \_\_\_\_\_

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) them within the last 3 years in a position that involved the operation of a commercial motor vehicle.

In accordance with 49 CFR §391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 and 3 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 4a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 4b and retain.

**SECTION 1:****TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	_____	_____
	hereby authorize:	_____
		Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Telephone: _____
City, State, Zip:	_____	Fax No.: _____
To release this information in a written form that ensures confidentiality, such as fax, email, or letter, to: <b>J. J. Keller and Sterling on Behalf of</b> Prospective Employer: <u>Sterling on behalf of:</u> _____		
Attention:	<u>DOT Verifications</u>	Telephone: <u>833-631-2429</u>
Street:	<u>6150 Oak Tree Blvd., Suite 490</u>	
City, State, Zip:	<u>Independence, OH 44131</u>	
Prospective employer's confidential fax number: <u>646-829-3534</u>		
Prospective employer's confidential email address: <u>verify.background@sterlingcheck.com</u>		
_____		_____
Applicant's Signature		Date

**SECTION 2:****TO BE COMPLETED BY PREVIOUS EMPLOYER****EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did they drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐  
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

Completed by: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Complete Section 3 on SIDE 2 before returning.**

**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

Check here ☐ if there is **no** accident register data for this driver. 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 on SIDE 1.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4a:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

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

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 b:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_



**J. J. Keller**  
& Associates, Inc.<sup>®</sup>  
**Since 1953**

## EMPLOYMENT INVESTIGATION VERIFICATION

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Please complete the following fields if:

Driver has been employed with current employer for three (3) years or more.

And/Or

Driver noted they did not have any previous employment experience working in a DOT regulated position in the preceding three (3) years, other than the current employer.

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

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

Driver's Hire Date: \_\_\_\_\_

Date Driver Began Driving for Current Employer (if different from hire date): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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

This is to fulfill Section 391.23/40.25 of the Federal Motor Carrier Safety Regulations relating to investigating into previous employment.