



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.

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: _____

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 **N/A**

Company Representative Signature: Bradley D. Sanford



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** 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 Couples and Uncouples 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 _____

Notices 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 _____



**Winn-Marion
Companies**

Certificate of Completion

This is to acknowledge that

has successfully completed the
Hands On Road Test

This Road Test was completed on in a ¾ Ton Pickup with an Enclosed Trailer over ____ miles.

As an experienced trainer it is my opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner's Signature

Examiner's Printed Name

Date

Examiner's Title

Winn-Marion Companies
7151 South Blackhawk Road
Centennial, CO 80016

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: | | |
| J. J. Keller and Sterling on Behalf of | | |
| 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 _____



EMPLOYMENT INVESTIGATION VERIFICATION

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.

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.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

CONSUMER REPORT DISCLOSURE

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks.

The investigations will be conducted by J.J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877) 564-2333, www.jjkeller.com.

_____ Date: _____

[End of Document]
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DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"

BACKGROUND INVESTIGATION

EMPLOYER (the "Company") may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including volunteer assignment(s), as applicable) and throughout your employment if you are hired or retained, as allowed by law. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request from the Company (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be prepared by **J.J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877) 564-2333, www.jjkeller.com**.

_____ Date: _____