

CDL DRIVER QUALIFICATION FILE WORKSHEET



DRIVER INFORMATION

First Name:	Middle Name:	Last Name:
Birth Name:		
Date Of Birth:	Social Security #:	
Resident Alien Card (if applicable):		
R/A Card #:	Expires:	
Medical Card		
Medical Examiner's Name:	Expires:	

DRIVER ADDRESSES (List all address for the past three- (3) years):

Current Address:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #1:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #2:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

Previous Address #3:

Street:	City:	State:	Zip:
Phone:	Time @ Address- From (date):	Years:	Months:

CDL & DRIVING EXPERIENCE (Fill in completely!!!)

Endorsements: **P**-Passenger, **T**-Doubles & Triples, **H**-Hazardous Materials, **N**-Tankers,
X-Hazardous & Tankers.

Commercial Driver's License (MUST list ALL states you held a license in during the previous 3 years)

CDL #	STATE	CLASS (A,B,C)	ENDORSEMENTS (P,T,H,N,X)	DO YOU HAVE AIR BRAKE RESTRICTIONS (YES/NO)?	EXPIRES (DATE)	CURRENT (YES/NO)

DRIVING EXPERIENCE (Fill in completely!!!)

Straight Truck (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Tractor/Semi Trailer (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Double/Triples (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Bus (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Tankers-Hazmat (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Other-Dump (Yes/No)?:	From (Date):	To (Date):	Total Miles:
Describe Other:			

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EMPLOYMENT HISTORY(List previous employers for the past (3) years):

All driver applicants that are applying to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, city, state, zip, phone, and fax number. **ALL fields must be completed accurately and completely (Especially fax #)!!!**

All driver applicants that are applying to drive in intrastate or interstate commerce who have operated a commercial motor vehicle with a previous employer, shall also provide **an additional 7 years** information on previous employers for whom the applicant operated such vehicle. (Please be sure to list employers in reverse order starting with the most recent. Add another sheet as necessary).

If the applicant has worked as a Non-DOT employee within the last 3 years you must document this information.

Previous Employer #1

Employer:			
Street:	City:	State:	Zip:
Telephone:		Fax:	
Job Description:			
From: Month Year		To: Month Year	
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the FMCSR's while you where employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Previous Employer #2

Employer:			
Street:	City:	State:	Zip:
Telephone:		Fax:	
Job Description:			
From: Month Year		To: Month Year	
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the FMCSR's while you where employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Previous Employer #3

Employer:			
Street:	City:	State:	Zip:
Telephone:		Fax:	
Job Description:			
From: Month Year		To: Month Year	
Reason For Leaving:			
Was this job designated as a safety-sensitive function in <i>any</i> DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the FMCSR's while you where employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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ACCIDENTS & VIOLATIONS (List all in the past (3) years):



Accident record for the past **3 years or more** (attach sheet if necessary, **if none, write NONE**)

ACCIDENTS

Date	City	State	Accident Type	Fatalities	Injuries

Traffic convictions and forfeitures for the past **3 years** (other than parking violations. **If none, write NONE**)

VIOLATIONS

Date	Location	Violation	Penalty	Type of Vehicle

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit or privilege ever been suspended or revoked: ☐ Yes ☐ No

***** If the answer is yes to either question, you MUST attach a sheet explaining the details. *****

HOURS OF SERVICE IN PREVIOUS 7 DAYS

Immediately preceding 7 Days							
Number of Hours							
Last Relieved From Work	Date:		Time:				

VEHICLE INFORMATION

Vehicle Owner Name:	First Name:	Last Name:
Vehicle Type:	Number Of Axles:	
License Plate Number:		
VIN:		
Registration Expiration Date:		
Value Of Vehicle:		
Insurance Company Name:		
Insurance Policy Number:		
Insurance Expiration Date:		
Insurance Limits:		