

DRIVER QUALIFICATION FILE



CHECKLIST

1. DRIVER APPLICATION FOR EMPLOYMENT 391.21
2. INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS) 391.23(a)(2) & (c)
3. CONSENT FORM BACKGROUND AND MVR
4. MEDICAL EXAMINER'S CERTIFICATE* 391.43
5. DRIVER'S ROAD TEST 391.31
7. ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS 391.27
8. ANNUAL REVIEW OF DRIVING RECORD 391.25
9. RECEIPT OF STANDARD OPERATING PROCEDURES
10. RECEIPT OF SOP ADDENDUMS INCLUDING CELL PHONE USE
& ATTENDANCE
11. COPIES OF CDL-SSN-PASSPORT OR CITIZEN OR GREEN CARD

***This page stays with applicant file at CR

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE



Date: _____

Name: _____

Address _____

City _____ State _____ Zip _____ Cell phone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If less than 5 years AT ABOVE ADDRESS please list previous below:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration _____ Date _____

State _____ Number _____ Expiration _____ Date _____

State _____ Number _____ Expiration Date _____

Experience:

(Type of vehicle driven Dates Approximate mileage driven)

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____

Date _____ Violation _____ State _____

Date _____ Violation _____ State _____

Date _____ Violation _____ State _____

Date _____ Violation _____ State _____

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Yes ___ No ___

If yes; state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers:

(If owner/operator, list carriers leased to)



1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period?
Yes ___ No ___
Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period?
Yes ___ No ___
Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period?
Yes ___ No ___
Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period?
Yes ___ No ___
Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period?
Yes ___ No ___
Reason for Leaving: _____

Applicant Signature _____ **Date** _____



**CR Express Inc Driver
 Performance History
 2300 Arthur Ave
 Elk Grove Village IL 60007**

Driver Name:		SSN:
---------------------	--	-------------

Please return completed form to:	CR Express Inc	FAX: 847-278-8390	Phone: 847-354-7979
----------------------------------	----------------	-------------------	---------------------

The individual listed above has applied for a driving position with CR Express Inc.

Please complete information below to accurately reflect their employemtn/driving history with your company.

Dates Employed from:	To:	Position:
----------------------	-----	-----------

Reason for discharge/leaving:

Type(s) of Equipment Used/Radius/Eligibility for rehire

EQUIPMENT	REASON FOR SEPARATION	ELIGIBILITY FOR REHIRE
Tractor Trailer	Quit without notice	Eligible
Flatbed	Quit with notice	Not eligible
Straight Truck	Discharged	Upon Review
Intermodal	Lack of Work	Poor Attendance
Dry Van	Current-N/A	Poor Attitude

Other Comments

Accident History If NONE--please circle-----> NO ACCIDENTS

DATE	At Fault	No Fault	Injury (#)	Fatal(#)	Description

Drug and Alcohol Testing Records

Has the driver ever refused a required drug or alcohol test?	Yes		No
Has the driver ever tested positive on a controlled substance test?	Yes		No
Has the driver ever tested above 0.02 on any required alcohol test?	Yes		No
Has driver ever violated any other provisions of the DOT drug/alcohol testing regulations?	Yes		No
Any prior employers provide data that driver had violated DOT drug/alcohol regulations?	Yes		No

Prepared by:	Positon:	Date:
--------------	----------	-------

Company Name:

I authorize the disclosure of my employment, driving, accident, performance and compliance to DOT related mandates such as, but not limited to Random Drug and Alcohol testing; to CR Express Inc.

Driver signature and date



COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

.....
Application Date _____
Name _____
First Middle Last _____
Address _____ Home Telephone _____
City _____ State _____ Zip _____ Cell Telephone _____
Date of Birth _____ Social Security Number _____ - _____ - _____
49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre -employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES ___ NO ___

If YES — Have you successfully completed the return-to-duty process?

YES ___ NO ___

Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.

Applicant's Signature Date Signed
TO BE COMPLETED BY EMPLOYER:
.....

Received by: Reviewed by:

Title: Date: Title: Date:

DRIVER'S ROAD TEST EXAMINATION



Driver's Name: _____

Driver's Address: _____

City: _____ State: _____ Zip: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- _____ The pre-trip inspection (as required by 49 CFR 392.7).
- _____ Coupling and uncoupling of combination units
- _____ Placing the equipment in operation.
- _____ Shifting gears and use of clutch.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's signature: _____ Date: _____

By signing above, examiner certifies that he/she is qualified to conduct a Commercial Driver's Road Test. Examiner has a minimum of four consecutive years of experience with similar equipment. Examiner believes that above driver :

_____ Is qualified to drive company equipment and demonstrates understanding of FMCSA guidelines and regulations as they pertain to the operation of commercial motor vehicles.

_____ Is NOT qualified.

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

CR Express Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

ANNUAL MOTOR VEHICLE DRIVER’S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date Offense Location (City/State) 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 required to be listed during the past 12 months.

(Date of Certification)

(Driver’s Signature)

=====
=====

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver’s record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver’s accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver’s qualification file, as required by 49 CFR 391.51.

(Motor Carrier’s Name) (Review Date)

(Motor Carrier’s Address) (Reviewed By: Signature) (Title)