

ACCIDENT RECORD

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME

ADDRESS
POSITION HELD
REASON FOR LEAVING

SECOND EMPLOYER: NAME

ADDRESS
POSITION HELD
REASON FOR LEAVING

THRID LAST EMPLOYER: NAME

ADDRESS
POSITION HELD
REASON FOR LEAVING

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE ____/____/____

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE INFORMATION REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

BELOW IS A LIST OF EQUIPMENT

PLEASE MARK THE APPROPRIATE BOX FOR LEVEL OF EXPERIENCE IN
OPERATING EACH ONE

	NONE	SOME	A LOT
MOTORGRADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LARGE EXCAVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MINI EXCAVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIDSTEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACKHOE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOZER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACKLOADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHEEL LOADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. REQUEST FOR INFORMATION FROM THE PREVIOUS EMPLOYER

FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print
Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to
_____ (Prospective Company), for the purposes of investigation as required by Section
391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant _____ Date _____

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____
and states that he/she was employed by you as (position) _____
from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers
of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the
date above. Please complete the information below and return to us within 30 days, as required by Section
391.23(g). Please phone/fax/mail or email the following information to:

Prospective Company _____

Contact _____

Address, City, State, Zip _____

phone: _____ fax: _____ e-mail: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, 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.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining
minor accident information (391.23(d)(2)(ii)).

Any other
remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

**** Please Return to: Prospective Company – Fax # ****

3. DRIVER AGREEMENT

To Be Read and Signed By Applicant

- It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.
- It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act; Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.
- I agree to furnish such additional information and complete such examinations as may be required to complete my application file.
- It is agreed and understood that this application for Qualification in no way obligates the motor carrier to employ the applicant.
- It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.
- It is agreed that applicant has the right to review information provided by previous employers, also the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- It is agreed that applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- Drivers who have previous Department of Transportation regulated employment history 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 30 days after being employed or being notified of denial of employment.
- The Driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA (Federal Motor Carrier Safety Administration).

This certifies that this application was completed by me and that all entries on it and information in it is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Remarks (For Office use only)

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Custer County Road & Bridge to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that if the limited query conducted by Custer County Road & Bridge indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Custer County Road & Bridge without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Custer County Road & Bridge to conduct a limited query of the Clearinghouse, Custer County Road & Bridge must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date