



CDL SUPPLEMENTAL APPLICATION FORM

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1997. They are as follows:

1. POSSESS ONLY ONE LICENSE: You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify that state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15 (b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1. your employing motor carrier, and 2. the state that issued your license. (If the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date ____/____/____

Driver Certification: I certify that I have read and understood the above requirements.

Driver's Name Printed: _____

Driver's Signature: _____ **Date:** _____



PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301, Pre-Employment Testing Requirements, apply to driver-applicants of this company.

382.301 Pre-Employment testing requirements:

- (a) A Motor carrier shall require a driver-applicant who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample under 382.113 of this subpart a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

**AS A PRE-CONDITION OF MY EMPLOMENT, I HEREBY AGREE TO THE CONTROLLED
SUBSTANCE TESTING.**

I understand that a positive test for any of the following controlled substances or their metabolites, based upon the urinalysis test, will medically disqualify me from the operations of a commercial vehicle for this company: Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP).

This controlled substances testing agreement applies to all required types of testing inclusive of pre-hire, reasonable suspicion, post-accident, random, follow-up and returning to duty testing. I understand my written authorization is required for the results of the tests to be given to other parties.

I have read and understand the above conditions for pre-hire testing notification for controlled substances testing as well as testing conditions which may apply while I am employed or under contract with this company.

Driver's Name Printed: _____
Driver's Signature: _____ **Date:** _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

I, _____, Social Security Number: _____ hereby authorize you to release the following information to On Time for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier safety regulations. You are released from any and all liability, which may result from furnishing such information.

Driver's Signature: _____ **Date:** _____

PREVIOUS EMPLOYER NAME: _____
 ADDRESS: _____
 CITY / STATE / ZIP: _____
 TELEPHONE NUMBER: _____ FAX NUMBER: _____
 SIGNATURE AND TITLE: _____ DATE: _____

Dear Sir/Madam:

The below named individual has applied to this company for a position as a driver and states that he/she was employed by your company. The applicant has also authorized you to provide the following information. We appreciate your time in completing, in confidence, the information requested below. **Please fax this completed information to On Time - (908) 298 – 0379.**

Name of Applicant: _____ **Social Security #:** _____
Employed from: _____ **to** _____ **Pay Rate:** _____

- 1. Did he/she drive a motor vehicle for you? **Yes / No** Type of vehicle driven: _____
- 2. Was he/she a safe and efficient driver? **Yes / No**
- 3. Was his/her general conduct satisfactory? **Yes / No**
- 4. Is the applicant eligible for rehire? **Yes / No**
- 5. Reason for leaving: Discharge Resignation Lay-Off Military Duty

Please advise of applicants past driving history record for the past five years if available:

REQUEST FOR INFORMATION ON DRUG & ALCOHOL TESTING

- 1. Has this person ever tested positive for a controlled substance? **Yes/No**
- 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? **Yes/No**
- 3. Has this person ever refused a required test for drugs or alcohol? **Yes/No**

Note: Please include information from other previous employers: