

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company CAVANAUGH TRUCKING, INC.

Address 318 EVERSON VALLEY ROAD

City CONNELLSVILLE, State PA Zip 15425

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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.

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long? yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				



**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_  
 \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Cavanaugh Trucking Inc.  
318 Everson Valley Road  
Connellsville, PA. 15425

**Section 40.25(j)** As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applies for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(B)(5)and(e))

Prospective Employee name \_\_\_\_\_

Social Security Number \_\_\_\_\_

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you 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

(Please circle one)

2. If you answered yes to #1, can you provide/obtain proof that you've successfully completed the DOT requirements?

Yes            No

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

# Cavanaugh Trucking, Inc.

Local & Long Distance  
318 Everson Valley Road  
Connellsville, PA 15425

Safety and Service #1  
cavtruck@zoominternet.net  
Phone: (724)6281018  
Fax: (724)628-3114

## WRITTEN VERIFICATION OF LAPSE IN EMPLOYMENT

DATE: \_\_\_\_\_

APPLICANT NAME:(Print)\_\_\_\_\_

Date: From

To:

Mo. Yr.

Mo. Yr.

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: From

To:

Mo. To.

Mo. To.

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF VERIFICATION:(Ex. Employment card, stub, unemployment papers, etc)

Applicant signature: \_\_\_\_\_

Witness: \_\_\_\_\_



# RECORD OF ROAD TEST

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ Equipment Driven:  Truck  Tractor \_\_\_\_\_  Trailer \_\_\_\_\_

Checked From \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.  
Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

**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 \_\_\_\_\_
- Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers \_\_\_\_\_
- Tests brake action, tractor protection valve, and parking (hand) brake \_\_\_\_\_
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher \_\_\_\_\_
- Checks instruments for normal readings \_\_\_\_\_
- Checks dashboard warning lights for proper functioning \_\_\_\_\_
- Cleans windshield, windows, mirrors, lights, reflectors \_\_\_\_\_
- Reviews and signs previous report \_\_\_\_\_

**PART 2 - COUPLING AND UNCOUPLING**

- Lines up units \_\_\_\_\_
- Connects glad hands to trailer to apply trailer brakes before coupling \_\_\_\_\_
- Connects glad hands and light line properly \_\_\_\_\_
- Couples without difficulty \_\_\_\_\_
- Raises landing gear fully after coupling \_\_\_\_\_
- Visually checks king pin assembly to be certain of proper coupling \_\_\_\_\_
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer \_\_\_\_\_
- Assure that surface will support trailer before uncoupling \_\_\_\_\_

**PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS**

- A. ENGINE**
- Places transmission in neutral before starting engine \_\_\_\_\_
  - Starts engine without difficulty \_\_\_\_\_
  - Allows proper warm-up \_\_\_\_\_
  - Understands gauges on instrument panel \_\_\_\_\_
  - Maintains proper engine speed (rpm) while driving \_\_\_\_\_
  - Does not abuse motor \_\_\_\_\_

**B. CLUTCH AND TRANSMISSION**

- Starts loaded unit smoothly \_\_\_\_\_
- Uses clutch properly \_\_\_\_\_
- Times gearshifts properly \_\_\_\_\_
- Shifts gears smoothly \_\_\_\_\_
- Uses proper gear sequence \_\_\_\_\_

**C. BRAKES**

- Knows proper use of tractor protection valve \_\_\_\_\_
- Understands low air warning \_\_\_\_\_
- Tests service brakes \_\_\_\_\_
- Builds full air pressure before moving \_\_\_\_\_

**D. STEERING**

- Controls steering wheel \_\_\_\_\_
- Good driving posture and good grip on wheel \_\_\_\_\_

**E. LIGHTS**

- Knows lighting regulations \_\_\_\_\_
- Uses proper headlight beam \_\_\_\_\_
- Dim lights when meeting or following other traffic \_\_\_\_\_
- Adjusts speed to range of headlights \_\_\_\_\_
- Proper use of auxiliary lights \_\_\_\_\_

**PART 4 - BACKING AND PARKING**

**A. BACKING**

- Gets out and checks before backing \_\_\_\_\_
- Looks back as well as uses mirror \_\_\_\_\_
- Gets out and rechecks conditions on long back \_\_\_\_\_
- Avoids backing from blind side \_\_\_\_\_
- Signals when backing \_\_\_\_\_
- Controls speed and direction properly while backing \_\_\_\_\_

**B. PARKING (City)**

- Does not hit nearby vehicles or stationary objects \_\_\_\_\_
- Parks proper distance from curb \_\_\_\_\_
- Sets parking brake, puts in gear, chocks wheels, shuts off motor \_\_\_\_\_
- Checks traffic conditions and signals when pulling out from parked position \_\_\_\_\_
- Parks in legal and safe location \_\_\_\_\_

**C. PARKING (Road)**

- Parks off pavement \_\_\_\_\_
- Avoids parking on soft shoulder \_\_\_\_\_
- Uses emergency warning signals when required \_\_\_\_\_
- Secures unit properly \_\_\_\_\_

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending
Gears down properly descending
Stops and restarts without rolling back
Tests brakes before descending grades
Uses brakes properly on grades
Uses mirrors to check traffic to rear
Signals following traffic
Avoids sudden stops
Stops smoothly without excessive fanning
Stops before crossing sidewalk when coming out of driveway or alley
Stops clear of pedestrian crosswalks

PART 6 - 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 intersection is clear
Restricts traffic from passing on right when preparing to complete right hand turn
Completes turn promptly and safely and does not impede other traffic

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary
Obeyes traffic signal
Uses good judgment on yellow light
Starts smoothly on green
Notices and heeds traffic signs
Obeyes "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. GRADE CROSSINGS

- Adjusts speed to conditions
Makes safe stop, if required
Selects proper gear and does not shift gears while crossing
Knows and understands federal and state rules governing grade crossing

E. PASSING

- Passes with sufficient clear space ahead
Does not pass in unsafe location: hill, curve, intersection
Signals change of lanes
Warns driver being passed
Pulls out and back with certainty
Does not tailgate
Does not block traffic with slow pass
Allows enough room when returning to right lane

F. 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, intersections, etc.
Maintains consistent speed

G. COURTESY AND SAFETY

- Uses defensive driving techniques
Yields right-of-way for safety
Goes ahead when given right-of-way by others
Does not crowd other drivers or force way through traffic
Allows faster traffic to pass
Keeps right and in own lane
Uses horn only when necessary
Generally courteous and uses proper conduct

PART 7 - 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

B. HANDLING OF FREIGHT

- Checks freight properly
Handles and loads freight properly
Handles bills properly
Breaks down load as required

C. RULES AND REGULATIONS

- Knowledge of company rules
Knowledge of regulations: federal, state, local
Knowledge of special truck routes

D. USE OF SPECIAL EQUIPMENT (Specify)

- (Specify)

REMARKS:

Blank lines for remarks.

GENERAL PERFORMANCE: Satisfactory Needs Training Unsatisfactory

QUALIFIED FOR: Truck Tractor-Semitrailer Other (Specify)

Signature of Examiner

13F 652 (Rev. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name Type of Power Unit

Social Security No. Type of Trailer(s)

Operator's or Chauffeur's Lic. No. State If Passenger Carrier, Type of Bus

This is to certify that the above-named driver was given a road test under my supervision on 20 consisting of approximately miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner Organization CAVANAUGH TRUCKING, INC.

Title Address of examiner CONNELLSVILLE, PA 15425



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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 and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (date of employment application)

To: Prospective Employer: CAVANAUGH TRUCKING, INC. Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_ Street: 318 EVERSON VALLY ROAD City, State, Zip: CONNELLSVILLE, PA 15425

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 724-628-1018 Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes [ ] No [ ] Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes [ ] No [ ] If yes, what type? Straight Truck [ ] Tractor-Semitrailer [ ] Bus [ ] Cargo Tank [ ] Doubles/Triples [ ] Other (Specify) \_\_\_\_\_

If there is no safety performance history to report, check here [ ], 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, or check here [ ] if there is no accident register data for this driver.

Table with 5 columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Rows 1, 2, 3.

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_. **YES** **NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?         | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST****SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

**SIDE 2 SECTION 4a: Prospective Employer**

- Remove Ply 3
- Remove the adjacent carbon
- Complete SECTION 4a on Ply 3
- Send Ply 1 and 2 to the Previous Employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

**SIDE 2 SECTION 4b: Prospective Employer**

- Record receipt of the information
- Retain Ply 1



# REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS**  
**FROM THE *PSP Online Service***

In connection with your application for employment with CAVANAUGH TRUCKING, INC ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize CAVANAUGH TRUCKING ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.