

DRIVER PRE-QUALIFICATION / MVR REQUEST FORM

TERMINAL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Requested By \_\_\_\_\_

This form must be completed for all drivers seeking initial qualification for any entity or subsidiary of
This form must be completed in its entirety and scanned to safety to begin the screening process.
Please provide copy of the following documents at time of Pre-Qualification:
CDL, SS CARD, MEDICAL CARD & TWIC CARD IF APPLICABLE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
LAST FIRST MI MONTH DAY YEAR

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CDL LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE#: \_\_\_\_\_

CELL PHONE NUMBER AND CARRIER (AT&T, VERIZON) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEDICAL CARD EXPIRATION: \_\_\_\_\_ TWIC CARD: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_
MONTH DAY YEAR

Table with 2 columns: HAS THE DRIVER: and YES NO. Rows include: 1. Ever been convicted of a felony?, 2. Been convicted of reckless driving?, 3. Been convicted of DUI/DWI within the last 5 years?, 4. Ever failed or refused to take a required DOT drug or alcohol test?, 5. Been involved in any accidents within the last 3 years? (List separately), 6. Been convicted of any moving violations within the last 3 years? (List separately), 7. Received and maintained a Hazardous Materials Endorsement?

EQUIPMENT OPERATED BY DRIVER:
\_\_\_ TRACTOR TRAILER \_\_\_ DRY VAN \_\_\_ FLAT BED \_\_\_ CONTAINER

PREVIOUS WORK HISTORY

Do you give permission to check your employment under part 391 and your past history on substance testing
under 382.413 under FMC CFR Title 49: YES \_\_\_\_\_ NO \_\_\_\_\_

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

(If answer is NO, driver may not be qualified)

The following sections MUST be completed for ALL POSITIONS held within the last 3 YEARS.
Use additional sheets if necessary
Any lapses in employment must be included (unemployment, disability, etc.) Begin with most current employer.

1. EMPLOYER \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
From \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ Contact: \_\_\_\_\_ City & State \_\_\_\_\_
MONTH YEAR MONTH YEAR

2. EMPLOYER \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
From \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ Contact: \_\_\_\_\_ City & State \_\_\_\_\_
MONTH YEAR MONTH YEAR

3. EMPLOYER \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
From \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ Contact: \_\_\_\_\_ City & State \_\_\_\_\_
MONTH YEAR MONTH YEAR

4. EMPLOYER \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
From \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ Contact: \_\_\_\_\_ City & State \_\_\_\_\_
MONTH YEAR MONTH YEAR

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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:

**2. I authorize \_\_\_\_\_ (“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.**

3. 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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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: \_\_\_\_\_

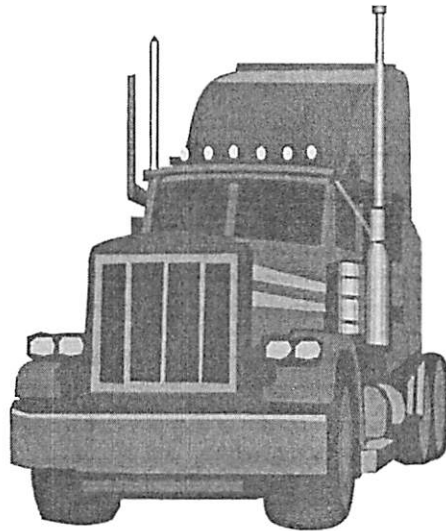
\_\_\_\_\_  
Signature

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

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.  
LAST UPDATED 10/29/2012

KAY TRANSPORT, LLC

**THE FOLLOWING  
PAGES ARE FOR  
DRIVERS  
ONLY**



**TO BE COMPLETED  
AFTER PRE-QUALIFICATION  
PROCESS IS COMPLETED**

DRIVER QUALIFICATION PACKAGE – 12 PAGES FOLLOW

COMPANY: KAY TRANSPORT LLC

TERMINAL: SAVANNAH GA

DATE OF APPLICATION: \_\_\_\_\_ TIME: \_\_\_\_\_

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If prior to entering into a lease agreement, you are uncertain as to whether you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and if contacted, request additional information for our personnel. A conditional lease arrangement may be made thereafter, you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to Transportation Safety Dept. is strictly confidential and will be used only for the purposes allowed by the Dept. of Transportation. This pre-lease agreement form requests information, which the DOT requires motor carriers to obtain.

TRUCK INFORMATION- To Be Completed by Equipment Owner or Driver		
Year _____	Wheel Base _____	Size, Length and Number of Chains _____
Make _____	5 <sup>th</sup> wheel-Height from Ground _____	Number of Chain Binders _____
C.O.E. _____	Tire Size _____	Number of Straps/winchers _____
Conv. _____	Size of Tarps _____	Headache Rack- Yes or No _____
Sleeper _____		

Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink (please print).

Applications that are incomplete, not signed on last page, or filled out in pencil may be rejected.

DRIVER'S PERSONAL INFORMATION		
Name: _____	Date: _____	
First _____ Middle _____ Last _____		
Home Phone: _____	Leave Messages At: _____	
Area code _____	area code _____	
Present Address: _____	How Long? _____	
Street _____ City _____ State _____ Zip _____		
(Address for _____	How Long? _____	
Street _____ City _____ State _____ Zip _____		
past 3 years) _____	How Long? _____	
Street _____ City _____ State _____ Zip _____		
Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / _____	
Have you ever been known by another name (maiden, nickname, etc.)? IF yes, list name: _____		

EQUIPMENT OWNER/DRIVER Do you have the legal right to work in the U.S.A.? \_\_\_\_\_

**IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?**

Relative (not spouse):	Name	Relationship	Address	City:State	Telephone
Minister:	_____	_____	_____	_____	_____
Friend:	_____	_____	_____	_____	_____

## DRIVER'S MOTOR VEHICLE RECORD QUALIFICATIONS

List all driver licenses held within the past 5 years (include multiple licenses if you have them):

State	License number	Type	Expiration Date

## DRIVER'S ACCIDENT RECORD

List all accident involvements with any other motor vehicle for the past 5 years regardless of fault. If none, please indicate.

Date	Type Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were you at fault?	Were you Ticketed?	# Of Fatalities	# Of Injuries	Amt of Damage

## DRIVER'S TRAFFIC CONVICTIONS

I certify that the following is a true and complete list of traffic violations (other than parking) which I have been convicted or forfeited bond or collateral during the past 5 years.

Date	Location (State)	Type of Offense	Type of Vehicle Operated

Note: If NO VIOLATIONS are listed above, I certify that I have not been convicted or forfeited bond on any violation required to be listed during the past 5 years.

Date of Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently hold a CDL issued by State of Residence \_\_\_\_\_ \* With a HazMat Endorsement? \_\_\_\_\_  
 \* A Safety Compliance Dept, Requirement

- |  |     |    |             |
|--|-----|----|-------------|
| Have you ever been convicted of a felony?  | Yes | No | Date: _____ |
| Are you currently on probation or parole?  | Yes | No | Date: _____ |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle?   | Yes | No | Date: _____ |
| Has any license, permit or privilege ever been suspended or revoked?   | Yes | No | Date: _____ |
| Have you ever been convicted, or are any charges pending for reckless or careless driving of a motor vehicle?  | Yes | No | Date: _____ |
| Have you ever been convicted, or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof? | Yes | No | Date: _____ |
| Have you ever been convicted, or are any charges pending for possession, sale or use Of a narcotic drug, amphetamines or derivatives thereof?                    | Yes | No | Date: _____ |

## DRIVER'S REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors. DO NOT us relatives or former employers.

Name _____	City, State _____	Phone _____	Known for how long? _____
Place of Employment _____	Occupation _____		
Name _____	City, State _____	Phone _____	Known for how long? _____
Place of Employment _____	Occupation _____		

**COMPLETE ALL BLANKS**

**DRIVER'S PAST ASSOCIATIONS WITH THIS COMPANY**

Have you ever provided driving services to this Company? \_\_\_\_\_ Location and Date \_\_\_\_\_

Have you ever previously contracted with this Company? \_\_\_\_\_ Location and Date \_\_\_\_\_

**DRIVER'S MILITARY SERVICE RECORD**

Have you ever served in the U.S. armed forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates of service \_\_\_\_\_  
 Highest rank achieved? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

**DRIVER'S EDUCATION AND TRAINING**

Circle highest year completed:

Grade School: 1 2 3 4 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4

Do you have: \_\_\_\_\_ High School Diploma      \_\_\_\_\_ G.E.D. (Graduate Equivalency Diploma)      \_\_\_\_\_ Neither

Last date attended High School; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List any training program presently attending or completed (truck driving schools, service schools, etc.)  
 (School Name, City, State, Phone, Date Attended)

**DRIVER'S NATURE AND EXTENT OF EXPERIENCE**

Type	Trailer Length	Date FROM	Date TO	Approximate # of Miles	States Operated
Tractor with flatbed					
Tractor with van					
Tractor with reefer					
Tractor with tank					
Straight truck					
Other (specify)					
Other (specify)					

**MINIMUM DRIVER QUALIFICATIONS**

- ✓ Must present a clean, well-groomed appearance.
- ✓ Minimum of 25 years of age
- ✓ Minimum of two (2) years verifiable over-the-road experience on applicable equipment with DOT regulated carrier
- ✓ Good references from past employers (10 years)
- ✓ No falsifications or incorrect information on application. Application must accurately reflect all periods of employment, self-employment, training, military, and unemployment for the past ten years.
- ✓ No DWI or DUI convictions within the past five years
- ✓ No reckless driving convictions within the past five years
- ✓ No convictions for possession, sale or use of any illegal drugs
- ✓ Not more than three (3) citations for moving violations in the past three (3) years
- ✓ No truck abandonment ever
- ✓ No major preventable accident within the past twelve months.
- ✓ Must successfully pass DOT physical and drug alcohol screen, along with a company certified road test.
- ✓ Must supply social security card and a copy of birth certificate and state license with photograph

**DRIVER'S CONSENT TO DAC TO RELEASE INFO CONCERNING USE OF CONTROLLED SUBSTANCES**

**TO EXPEDITE PROCESSING, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:**

1. DOT physical
2. Motor vehicle report
3. Accident report (if accident occurred in the last three years)
4. School certificate or transcripts (if attended in the last three years)

**TO BE READ AND SIGNED BY EQUIPMENT OWNER/OPERATOR**

I understand that the information used in this application will be used and that prior employers will be contacted for purposes of investigation as required by §351.23 of the Motor Carrier Safety Regulations. The Civil Rights Act of 1964 prohibits discrimination in contracting because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the contractor 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 contractor and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his contract file.

If a lease agreement is entered into, this application DOES NOT constitute a contract of employment between the equipment owner/driver and the motor carrier which is leasing the equipment.

It is agreed and understood that this application, in no way, obligates the motor carrier to enter into a lease agreement with the equipment owner.

It is agreed and understood that if the equipment owner/driver and the motor carrier to enter into a lease agreement, the equipment owner/driver may be on a probationary period during which time the motor carrier may terminate the lease agreement without recourse.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Equipment Owner's/Driver's Signature

**EQUIPMENT OWNER/DRIVER RELEASE**

A. I hereby give my consent for DAC Services, any previous employer, their agent, or Medical Review Officer or their agent to release the following information concerning any of my past controlled substances tests. I also authorize you to obtain the following information from past controlled substances tests:

1. The types of controlled substances testing for which I submitted a urine sample.
2. The date of such collection
3. The location of such collection
4. The identity of person or entity:
  - i. performing the collection (ii) analyzing the specimens and (iii) serving as the Medical Review Officer
5. Whether the test finding was "positive" or "negative", and if "positive" the controlled substances identified in any positive test

B. I understand and voluntarily consent to submit to urine testing if requested by you in conformance with 49 CFR part 40. I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such sample for the purpose of conducting a drug use test to determine if I have engaged in the use of controlled substances as defined in 49 CFR part 40.

I give permission for you, your Medical Review Officer or your designated agent to release the above information from such test to DAC services, 4110 S. 100<sup>th</sup> E. Ave, Suite 200, Tulsa, Oklahoma 74146, 916-854-9991. I hereby authorize you, your medical review office or DAC Services to release this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express, written permission.

I hereby knowingly and voluntarily release any person or entity from any and all claims or liabilities for releasing information as provided in the preceding paragraph. I certify that I have read and understand the above release and agree to the stipulations of the release.

In connection with my application to you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and for information from various states agencies which maintain records concerning traffic offenses, accidents, etc. As well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC and agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

**IF LEASED BY YOU, FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE, DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY AGREEMENT AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.**

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

Name \_\_\_\_\_ (please print) Social Security Number \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

START	END	REASON FOR LEAVING

Remarks: \_\_\_\_\_

**DRIVER'S PERSONAL HISTORY FOR PAST 10 YEARS**

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. Leave NO blanks or gaps in time for past 10 years.

PRESENT OR MOST RECENT JOB	DATES (mth/yr) From: _____ to: _____	Position Held	
	Company	Avg. Weekly Earnings	
	Address	Reason for Leaving	
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled	
	Telephone ( _____ )	Type Equip. Driven	
	Supervisor	Number of Accidents _____ Total Miles _____	
	Full or Part-Time _____	Hours or Miles/Week _____	States/Regions You Drove In _____

May we contact your present employer/Lessor (if any) to verify your work record?  Yes  No  
 Period of unemployment (if any) Dates (mth/yr): From: \_\_\_\_\_ To: \_\_\_\_\_

NEXT MOST RECENT JOB	DATES (mth/yr) From: _____ to: _____	Position Held	
	Company	Avg. Weekly Earnings	
	Address	Reason for Leaving	
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled	
	Telephone ( _____ )	Type Equip. Driven	
	Supervisor	Number of Accidents _____ Total Miles _____	
	Full or PartTime _____	Hours or Miles/Week _____	States/Regions You Drove In _____

Period of unemployment (if any) Dates (mth/yr): From: \_\_\_\_\_ To: \_\_\_\_\_

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held	
	Company	Avg. Weekly Earnings	
	Address	Reason for Leaving	
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled	
	Telephone ( _____ )	Type Equip. Driven	
	Supervisor	Number of Accidents _____ Total Miles _____	
	Full or PartTime _____	Hours or Miles/Week _____	States/Regions You Drove In _____

Period of unemployment If any) Dates (mth/yr): From: \_\_\_\_\_ To: \_\_\_\_\_

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held	
	Company	Avg. Weekly Earnings	
	Address	Reason for Leaving	
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled	
	Telephone ( _____ )	Type Equip. Driven	
	Supervisor	Number of Accidents _____ Total Miles _____	
	Full or PartTime _____	Hours or Miles/Week _____	States/Regions You Drove In _____

Period of unemployment If any) Dates (mth/yr): From: \_\_\_\_\_ To: \_\_\_\_\_

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held	
	Company	Avg. Weekly Earnings	
	Address	Reason for Leaving	
	City _____ State _____ Zip _____	If experienced, Type of Trailer Pulled	
	Telephone ( _____ )	Type Equip. Driven	
	Supervisor	Number of Accidents _____ Total Miles _____	
	Full or PartTime _____	Hours or Miles/Week _____	States/Regions You Drove In _____

Period of unemployment If any) Dates (mth/yr): From: \_\_\_\_\_ To: \_\_\_\_\_



NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City State Zip	If experienced, Type of Trailer Pulled
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	Company	Avg. Weekly Earnings
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	City State Zip	If experienced, Type of Trailer Pulled
	Telephone ( )	Type Equip. Driven
	Supervisor	Number of Accidents Total Miles
	Full or PartTime Hours or Miles/Week	States/Regions You Drove In
	Period of unemployment If any) Dates (mth/yr): From: _____ To: _____	

NEXT JOB	DATES (mth/yr) From: _____ to: _____	Position Held
	Company	Avg. Weekly Earnings
	Address	Reason for Leaving
	City State Zip	If experienced, Type of Trailer Pulled
	Telephone ( )	Type Equip. Driven
	Supervisor	Number of Accidents Total Miles
	Full or PartTime Hours or Miles/Week	States/Regions You Drove In
	Period of unemployment If any) Dates (mth/yr): From: _____ To: _____	

DRIVER'S CONSENT TO CONTACT PRIOR LESSOR/EMPLOYER

 DRIVER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_


REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S)/CARRIERS FOR ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA. WorkForce QA

 DATE: \_\_\_\_\_ DRIVER SIGNATURE: \_\_\_\_\_

1. Was this Applicant subject to FMCSR regulations while employed with you? YES [ ] NO [ ]
  - a. This applicant lists dates of contract with your firm: \_\_\_\_\_
2. Is this correct? YES [ ] NO [ ]
3. If no, please explain \_\_\_\_\_
4. What kind of work did he/she do? Driver [ ] Dock [ ] Office [ ] Shop [ ] Other - specify \_\_\_\_\_
5. If contracted as a driver, please indicate the type of equipment driven. Tractor trailer [ ] Straight truck [ ] Bus [ ] Other-specify \_\_\_\_\_
6. **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 below, or check [ ] if there is no accident register data for this driver.
 

1.	Date	City, State	Description	# of injuries	# of fatalities	HMT spill	Preventable?
2.	Date	City, State	Description	# of injuries	# of fatalities	HMT spill	Preventable?
3.	Date	City, State	Description	# of injuries	# of fatalities	HMT spill	Preventable?
7. Would you contract with this person? YES [ ] NO [ ] - please explain \_\_\_\_\_
8. Did the lessee have log/maintenance compliance issues: \_\_\_\_\_

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to US Logistics, LLC or to Compliance Safety Systems.

 Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**IF DRIVER WAS NOT SUBJECT TO DEPT OF TRANSPORTATION TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE [ ]**

- |  |     | YES | NO  |
|--|-----|-----|-----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | [ ] | [ ] | [ ] |
| 2. Has this person tested positive for a controlled substance?   | [ ] | [ ] | [ ] |
| 3. Has this person adulterated or substituted a test specimen for controlled substances?   | [ ] | [ ] | [ ] |
| 4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  | [ ] | [ ] | [ ] |
| 5. Has this person committed other violations of Subpart B of Part 382 or Part 40?   | [ ] | [ ] | [ ] |
| 6. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including a return-to-duty and follow-up tests? (If yes, please send backup documentation with this form) | [ ] | [ ] | [ ] |
| 7. If this driver 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?                     | [ ] | [ ] | [ ] |

Please include any required DOT drug and alcohol testing information obtained from former employers in the past three (3) years prior to the application date shown above.

\_\_\_\_\_  
 Company Street City, State, Zip

X \_\_\_\_\_ X \_\_\_\_\_  
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DRIVER QUALIFICATION

**DRIVER'S STATEMENT OF ON-DUTY HOURS**  
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(i)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (print) \_\_\_\_\_

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

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ A.M. On \_\_\_\_\_  
 \_\_\_\_\_ P.M. On \_\_\_\_\_  
 Time Day Month Year

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

\_\_\_\_\_  
 Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all-on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer? Yes [ ] No [ ]

At this time do you intend to work for another employer while still employed by this company? Yes [ ] No [ ]

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity,

\_\_\_\_\_  
 Drive's Signature

\_\_\_\_\_  
 Date

Witness: \_\_\_\_\_  
 Company Representative

\_\_\_\_\_  
 Date

**DRIVER'S CONCURRENCE THAT HE/SHE IS NOT COVERED**  
**UNDER Kay Transport, LLC'S WORKMAN'S COMPENSATION INSURANCE**

Under Kay Trans.workman's compensation statutes, an owner-operator is defined as an independent contractor rather than as an employee. Georgia's law 22-3-6-1(b) (8). Therefore, I, the undersigned, acknowledge that my status with Kay Transport LLC'S is that of an independent contractor. Kay Transport ,LLC does not extend workman's compensation insurance coverage to me, that I am not covered by workman's compensation insurance, and that I am not eligible to collect any benefits that such insurance would provide. Further, if I am not an owner-operator, but am a driver employed by an owner-operator, I acknowledge that the owner-operator by whom I am employed is required to provide workman's compensation insurance for me. And that such insurance is the responsibility of the equipment owner or the lessor.

\_\_\_\_\_  
owner-operator signature

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name

\_\_\_\_\_  
driver signature (if different from above)

\_\_\_\_\_  
printed name

**DRIVER'S CONCURRENCE WITH COMPANY POLICIES**

**382.601 SUBSTANCE ABUSE POLICY RECEIPT** - I have received a copy of Kay Transport LLC's drug and alcohol policy.

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**PASSENGER POLICY** – No passengers are allowed without prior approval from the Safety Dept. **NO PASSENGERS ALLOWED UNDER THE AGE OF 18.**

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**ACCIDENT POLICIES** - I have received a copy of Kay Transport , LLC accident procedures.

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 392.42 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 with in 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 the state must be in writing.

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**CAMERA RECEIPT** – I have received a camera to be used to record any damages in the event of an accident.

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**§ 391.23(j)(1) – REQUEST FOR CORRECTION OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION** – I understand that I have the right to request copies of employment information provided by previous employers & correction of erroneous information pursuant to paragraph (i) of this section and that I must send the request for the correction to the previous employer that provided the records to the prospective employer.

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

