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Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Z Line LTD.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Personal Information

Date _____ Position applying for; Check One: Driver Contractor

Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

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

CDL # _____ Class _____ State _____ Expiration _____

Endorsements _____

Current & Three Years Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Driving History

How many years of Tractor/Trailer experience do you have? _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From Date	To Date	Approx. No of Miles
Straight Truck				
Tractor and Semi-trailer				
Tractor-two trailers				
Other _____				

Check states operated in:

Alabama	Arizona	Arkansas	California	Colorado	Connecticut
Delaware	Florida	Georgia	Idaho	Illinois	Indiana
Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland
Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana
Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania
Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming
Canada:					
Alberta	British Columbia	Ontario	Quebec	Manitoba	Saskatchewan

Accident Record for past three years

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location	# of Fatalities	# of injuries

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

- 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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No
- D. Have you ever been convicted of a felony? Yes No
- E. Have you tested positive, or refused to test, on any pre-employment durg 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 the answers to A, B, C, D, or E is "YES", give details _____

F. Are there any reasons, medical or otherwise, that you are unable to go to certain locations in the United States or Canada? _____

Employment History

Employer Name: _____

Address: _____
(Street) (City) (State/Zip)

Phone #: _____ Position Held: _____ Dates: _____

Reason for leaving: _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Employer Name: _____

Address: _____
(Street) (City) (State/Zip)

Phone #: _____ Position Held: _____ Dates: _____

Reason for leaving: _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Employer Name: _____

Address: _____
(Street) (City) (State/Zip)

Phone #: _____ Position Held: _____ Dates: _____

Reason for leaving: _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Employer Name: _____

Address: _____
(Street) (City) (State/Zip)

Phone #: _____ Position Held: _____ Dates: _____

Reason for leaving: _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Disclaimer

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the three years proceeding to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the three years preceding.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquires to each State driver record agency must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date of employment.
- (d) Prospective motor carrier must investigate information from all previous employers of applicant that employed the driver to operate a CMV within the three previous years. This information must cover general driver identification and employment verification information, elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of employment application, and any accidents the previous employer may provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the three previous years from the date of employment application in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information that is provided by previous employers.
2. The right to have errors in that information corrected by the previous employer and for that previous employer to re-send the correct information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on accuracy of information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arrange to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. The previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

By submitting this application, you acknowledge that the application was completed by you personally and all information is, to your knowledge, correct. By submitting this application you authorize Z Line Ltd. to perform a background investigation for employment purposes which may include, past work history, character, alcohol or drug test results and any other information about you which may reflect upon your employment potential as gathered from any source which may have knowledge of these items. You consent that you, of your own free, have completed this application and will hold Z Line Ltd and all associated parties harmless of liability.

I acknowledge that I have read and understand the contents of this document and I certify that all information provided by me is, to my knowledge, true and correct.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____