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Dear CMV Applicant,

Thank you for your interest in joining . To assist in expediting your application for employment, please complete the attached Commercial Driver Application packet entirely.

To ensure that your application is processed quickly and efficiently, please follow the instructions below, as well as the instructions on each page of the applications.

- DOT Application must be filled out completely. Use N/A (not applicable) if something does not apply to you, or you do not need any additional spaces for information. **Do not leave blanks.**
  - Ensure your previous employment / history goes back ten (10) years. This is FMCSA requirement and the application can not go through processing if this is not complete. If you do not have ten (10) years of work history, please account for the time going back ten years, including unemployed or self-employed.  
Use N/A in the spaces provide.
  - Submit a COLOR copy, or picture of the front and back of your current valid Driver's License and Social Security Card with your application.
  - Submit a copy of your most recent DOT Medical card and any safety training cards you currently hold.
  - Ensure that all questions are answered truthfully and accurately to the best of your knowledge. Omission or falsification will disqualify you from employment.
  - You will be required to register with the Federal Motor Carrier Drug & Alcohol CLEARINGHOUSE, at [login.gov](https://login.gov), prior to employment. If you have not registered, please take time to do this. It is the new FMCSA requirement as of January 2020.
  - If you have any questions regarding your Commercial Driver Application, please do not hesitate to contact your hiring manager, [driverprocessing@transafe-inc.com](mailto:driverprocessing@transafe-inc.com) or [kevin@transafe-inc.com](mailto:kevin@transafe-inc.com)!
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# DRIVER'S APPLICATION

(Sign and Date Below)

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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. 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 IBTX. 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 resend 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 \_\_\_\_\_

**Please Print CLEARLY. Please list all addresses for past 3 years.**

|  |  |  |   |                                 |                       |                                     |
|--|--|--|---|---------------------------------|-----------------------|-------------------------------------|
| _____<br><b>LAST NAME</b> <i>APELLIDO</i>                      |  |  | _____<br><b>FIRST NAME</b> <i>NOMBRE</i>                |                                 |                       | _____<br><b>MI</b>                  |
| _____<br><b>STREET ADDRESS</b> <i>DIRECCION</i>                |  | _____<br><b>NO.</b>  | _____<br><b>CITY</b> <i>CIUDAD</i>                      |                                 | _____<br><b>STATE</b> | _____<br><b>ZIP</b>                 |
| _____<br><b>STREET ADDRESS</b> <i>DIRECCION</i>                |  | _____<br><b>NO.</b>  | _____<br><b>CITY</b> <i>CIUDAD</i>                      |                                 | _____<br><b>STATE</b> | _____<br><b>ZIP</b>                 |
| (_____)    --<br><b>HOME PHONE</b> <i>TELEFONO</i>             |  |  | (_____)    --<br><b>ALT. PHONE</b> <i>OTRO TELEFONO</i> |                                 |                       |                                     |
| ___-___-___-___<br><b>SOCIAL SECURITY</b> <i>SEGURO SOCIAL</i> |  | _____/_____<br><b>DATE OF BIRTH</b> <i>FECHA DE NACIMIENTO</i> |   |                                 |                       |                                     |
| _____<br><b>LICENSE NUMBER</b>                                 |  | _____<br><b>STATE</b>  | _____<br><b>CLASS</b>                                   | _____<br><b>EXPIRATION DATE</b> |                       | <input type="checkbox"/> <b>CDL</b> |

**Type of Equipment**  
*TIPO DE EQUIPO*

**Years of Experience**  
*AÑOS DE EXPERIENCIA*

**Years/Miles Driven**  
*MILLAS MANEJADAS*

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

*(Previous Three Years)*                      **ACCIDENTES**

| <b>Accident Dates</b> | <b>Type of Accident</b> | <b>Fatalities</b> | <b>Injuries</b> |
|-----------------------|-------------------------|-------------------|-----------------|
| 1. _____              | _____                   | _____             | _____           |
| 2. _____              | _____                   | _____             | _____           |
| 3. _____              | _____                   | _____             | _____           |

*(Previous Three Years)*                      **CITACIONES**  
**(Excluding parking violations)**

| <b>Location</b> | <b>Date</b> | <b>Charge</b> |
|-----------------|-------------|---------------|
| 1. _____        | _____       | _____         |
| 2. _____        | _____       | _____         |
| 3. _____        | _____       | _____         |

**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:**

\_\_\_\_\_

**Have you ever been arrested and/or convicted of a misdemeanor or felony?**  
 YES    NO

**If yes, please explain fully. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.**

\_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE:** (      ) \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding three (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.

**LIST ALL EMPLOYMENT FOR LAST 10 YEARS - PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_  
Were you subject to the FMCSRs+ while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>+</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  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: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  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

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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.

X \_\_\_\_\_  
Signature of Applicant *FIRMA* Date *FECHA*

# **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

**In accordance with the provisions of Section 604 (b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.**

*De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.*

\_\_\_\_\_  
Applicant's Signature    *FIRMA*

\_\_\_\_\_  
Date    *FECHA*

\_\_\_\_\_  
Print Name    *NOMBRE*

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

# SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application

To:  
Transafe OBO

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

PREV. EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

STREET: \_\_\_\_\_ Fax: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

To be completed by: PREVIOUS EMPLOYER

## Section I Employment Verification

- The applicant named above **WAS/IS NOT** employed/contracted by the Company.
- The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

## Section II Experience

Did he/she drive a motor vehicle for you?  Yes  No. If yes, what type?

Tractor-Semi trailer  Straight truck  Bus  Cargo Tank  Other: \_\_\_\_\_

LENGTH AND TYPE OF TRAILER PULLED: \_\_\_\_\_

## Section III Separation Reason

Reason for leaving your employment:  Quit  Resigned  Lay Off

Comments: \_\_\_\_\_  Co. Terminated  Still Employed

## Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

| Date<br>Spill? | Location | Injuries | Fatalities | Hazmat |
|----------------|----------|----------|------------|--------|
| _____          | _____    | _____    | _____      | _____  |
| _____          | _____    | _____    | _____      | _____  |

## Section V Certification

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





## Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

|                       |            |                        |             |
|-----------------------|------------|------------------------|-------------|
| Last Name             | First Name | Middle Name            | Maiden Name |
|                       |            |                        |             |
| Driver License Number | Birth Date | Social Security Number |             |
|                       |            |                        |             |

I certify my commercial transportation is:

- Category 1. Non-excepted Interstate.** I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
- Category 2. Excepted Interstate.** I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
- Category 3. Non-Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
- Category 4. Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

**Email (pdf format only):** [CDLMedCert@dps.texas.gov](mailto:CDLMedCert@dps.texas.gov)  
**Fax:** 512-424-2002  
**Mail:** Texas Department of Public Safety  
 Enforcement & Compliance Service  
 Attention: CDL Section  
 P.O. Box 4087  
 Austin, Texas 78773

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Name (Last, First, M.I.) (SSN)

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Date of Review

Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and Title

SAFETY

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT**  
**HOLDERS**

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

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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the Data Qs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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 authorizing 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 challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the Data Qs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5. LAST UPDATED 12/22/2015

## NEW HIRE DRIVER DATA SHEET

Name (Print): \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

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

**Instructions:** At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

|              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | TTL |
|--------------|---|---|---|---|---|---|---|-----|
| <b>DATE</b>  |   |   |   |   |   |   |   |     |
| <b>HOURS</b> |   |   |   |   |   |   |   |     |

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 \_\_\_\_\_ on \_\_\_\_\_  
(Day) (Month) (Year)

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

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

Date \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL STATEMENT

Sec. 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 applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective Employee/Contractor Name: \_\_\_\_\_

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

The prospective employee/contractor is required by Sec. 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?

Check one:       Yes       No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:       Yes       No       Not Applicable

**I certify that the information provided on this document is true and correct.**

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

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

Witnessed By: \_\_\_\_\_

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

(Signature)

## **ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT**

I, the undersigned, certify that I have read and understand Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath, and/or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

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**(Employee/Contractor Signature)**

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**(Printed Name)**

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**(Date)**

**CONSENT FOR DOT MANDATED  
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

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

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

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby provide consent to **Example Company** 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. Furthermore, I consent to annual limited queries of the Clearinghouse being conducted for the duration of my contract/employment with **Example Company**.

I understand that if the limited query conducted by **Example Company** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Example Company** without first obtaining additional specific consent from me.

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

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date





## RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Check here if CDL Holder<br>is requesting results on self |
|--------------------------|---|

\_\_\_\_\_

Print Name of CDL Holder

Phone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of CDL Holder

Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_

Print Motor Carrier's Name

Phone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>