

Driver Qualification File Check List

Name:		Address:	
City:	State:	Zip code:	
Home phone number:		Alternative phone number:	
Date of birth:	Social Security Number:	Date of hire:	
Driver's license number:		Driver's license class:	
Driver's license endorsements:		Driver's license restrictions:	
	Driver application		
	Certificate of compliance		
	Statement to previous employer		
	Safety performance history records request		
	Fair credit reporting act		
	Certification of violations		
	Annual review		
	Statement of on-duty hours		
	Drug and alcohol testing acknowledgement form		
	Initial MVR	Date it was issued:	
	MVR for past three years	Dates issued:	
	Request for information from previous employers		Date sent:
	Request for drug and alcohol testing from previous employers		Date sent:
	Driver rebuttal of safety performance history information (only needed if driver contests previous employer info)		
	Copy of CDL	Expiration date:	
	Copy of medical card	Expiration date:	
	MVR on file has current medical certification status information		
	Medical variance (if applicable)		
	Skill performance evaluation certificate (if applicable)		
	Commercial driver licensee medical self-certification		
	Note relating to verification of medical examiner listing on the National Registry (Not needed after June 22, 2018)		
	Record and certificate of road test (all drivers with double/triple trailer or tank vehicle endorsement)		
	Annual certification of violations	Date completed:	
	Annual review of driving record	Date completed:	
	Pre-employment drug screen		
	Name sent to consortium	Date sent:	Consortium name:

Instructions for Driver's Application for Employment

_____ would like to thank you for completing the attached application for employment. We ask you to provide us with as much information as possible about your experience and previous work history.

1. Please print in all areas except for signature.
2. Please complete all shaded areas.
3. Please show your name on the application as it appears on your driver's license.
4. In the area labeled "Driver Experience", please check or circle each type of truck you have driven in the past. The miles can be an estimate, unless you know the number.
5. For the areas labeled "Accident Record" and "Traffic Conviction and Forfeitures" please list all accidents and convictions. With your permission we will be ordering a MVR. Failure to disclose an accident or traffic conviction can prevent you from driving a company vehicle. If you have not had an accident or traffic convictions please write "None" across these sections.
6. On the second page you will find a place to list previous employers. Please list your last three employers or 10 years of commercial driving experience. If you need additional room to list employers, please list them on an additional page. **A correct address and/or phone number for each employer is very important as we are required by law to contact them.**
7. Please make sure you leave a legible copy of your driver's license with this application.
8. Please make sure you leave a legible copy of your "Medical Examiner's Certificate" (physical card) with this application.
9. We ask that you please read, sign, and date all sections of the application. This will assist us in gathering the information required by the Federal Motor Carriers Safety Administration.
10. The Certificate of Violations must list **all** traffic violations (other than parking violations) for which you have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Application for Employment

Name: _____
(First) (Middle) (Last) (Maiden name if any)

Address: _____
(Street) (City) (State) (Zip code) How long?

Date of birth: _____ **Social Security Number:** _____

Home phone number: _____ **Other contact number:** _____

Address for the past three years

Address: _____
(Street) (City) (State) (Zip code) How long?

Address: _____
(Street) (City) (State) (Zip code) How long?

Experience and qualification-driver (list all previous driver's license for past 10 years) (list additional on back of form)

Driver's license	State	License Number	Type	Expiration Date

Driving experience

Class of equipment	Type of equipment <small>(circle type of equipment)</small>	Dates		Approximate number of miles
		From	To	
Straight truck <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Tractor and semi-trailer <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Tractor and two trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van, Tank, Flat, Dump, RFER			
Other <input type="checkbox"/> Y <input type="checkbox"/> N				

Accident record for the past 3 years (attach sheet if more space is needed) (if none, write NONE)

Dates	Nature of accident <small>(head-on, rear-end, upset, etc.)</small>	Fatalities	Injuries
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

Positive drug testing history

Per 49 CFR Part 40.25 (j). In the past two (2) years have you tested positive or refused to test on a pre-employment drug or alcohol test administered by a prospective employer who you applied with, but you did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No

If you answered yes to the above question can you provide us with documentation that you have successfully completed the return-to-duty process as outlined in 49 CFR Part 40.25 (b)(5) and (e). Yes No

Driving privileges

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, attach a statement giving details.

Employment Record

(Attach a sheet if more space is needed)

Note: DOT requires employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Last employer:

Company name: _____ **Phone number:** _____

Address: _____ **Fax number:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations 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

Second last employer:

Company name: _____ **Phone number:** _____

Address: _____ **Fax number:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations 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

Third last employer:

Company name: _____ **Phone number:** _____

Address: _____ **Fax number:** _____

Position held: _____ **From:** _____ **To:** _____

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations 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

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.

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. 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 false or misleading information given in my application or interview(s) may result in discharge.

I also understand I am required to abide by all rules and regulations of the company.

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 purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Applicant's Signature: _____ **Date:** _____

The Federal Motor Carriers Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway (a) to transport passengers, or property: (1) in interstate commerce with a GVWR of 10,001 pounds or more or (2) intrastate commerce with a GVWR of 26,001 pounds or more, (b) is designed or used to transport 9 or more passengers, or (c) is of any size and is used to transport hazardous materials in quantity requiring placarding.

Motor Vehicle Driver's Certification of Compliance with Driver's License Requirements

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

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

Driver Requirements: Contained in Parts 383 and 391 of the Federal Motor Carrier Safety Regulations are certain requirements you as a driver must comply with. They include the following:

- 1) You, as a commercial vehicle driver, may not possess more than one license.
 - a) If you have more than one license, keep only the license issued by your state of residence and return the additional licenses to the state(s) that issued them. Simply destroying a license does not close the record in the issuing state. If a multiple license has been lost, stolen, or destroyed you must notifying the state of issuance you no longer want to be licensed by that state.
- 2) If at any time you violate a state or local traffic law (other than parking) you must report it to your employing motor carrier. If the violation occurred out of state you must also report it to the state that issued your license. The reports must be submitted in writing within 30 days.
- 3) Section 383.23(a)(2) requires your commercial driver's license be issued by your state or jurisdiction of domicile. Upon relocating your residence to another state you are required to transfer your CDL to that state within 30 days.

Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulation requires you to notify your employer by the end of the **next business day** of any revocation, suspension, cancellation, or disqualification of your driver's license or privileges.

Driver's Certification: I certify that I have read and understand the above requirements and the following license is the only one I will possess:

Driver's license No:	<input type="text"/>	State:	<input type="text"/>	Exp. Date:	<input type="text"/>
Driver's Signature:	<input type="text"/>	Date:	<input type="text"/>		

Statement to Previous Employer

As the applicant I am authorizing my previous employer to supply _____ all information regarding my service, character, and conduct while in their employment, and they are released from any and all liability which may result from furnishing such information to the above named company.

Applicant's signature: _____

Date: _____

Alcohol & Controlled Substance Testing Information

I, the undersigned, hereby authorize my previous employers to release and forward all information on their Alcohol and Controlled Substances Testing/Training records to _____

Applicant's signature: _____

Date: _____

Driver/Applicant Safety Performance History Records Request

You have the following rights under 49 CFR 319.23(i):

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

I understand that by checking the boxes below I have the options to either review the information from my previous employer or I do not want to review the information from my previous employer. If I state that I do want to review the information. I will be required to complete additional paper work as stated above.

- I do not want to review the information that is sent by my previous employer
- I would like to review the information that is sent by my previous employer
- I would like to review the information that is sent by my previous employer if an adverse action is going to be taken that would affect my employment

Applicant's Signature:

Date:

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 purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print name:

Social security number:

Applicant's signature:

Date:

Motor Vehicle Driver's Certification of Violations

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If None, Write NONE)

Date	Offense	Location	Type of vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of certification

Driver's signature

Motor carrier's name

Motor carrier's address

Reviewed by: signature

Title

U.S. Department of Transportation Motor Carrier Safety Program Annual Review of Driving Record 391.25

Name (Last, First, M.I.)

Commercial driver's license number

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 operating while under the influence of alcohol or drugs that indicate 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)

Comments:

Commercial Driver Licensee Medical Self-Certification

Please check the self-certification category that matches what you last declared to the state.

Non-excepted Interstate. I operate or expect to operate in interstate commerce and subject to 49 CFR part 391.

Excepted Interstate. I operate or expect to operate in interstate commerce, but operation exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 393.3.

Excepted Intrastate. I operate in intrastate commerce, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements.

Non-excepted Intrastate. I operate ONLY in intrastate commerce and subject to State driver qualification requirements.

Driver's signature:

Date:

Driver's Statement of On-Duty Hours

(For newly hired drivers)

395.8 (j)(2) states that a "Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers". This includes both motor carrier and non-motor carrier duties.

The following license is the only one I will possess:

Driver's name: _____

Driver's license number: _____

State: _____

Day	Yesterday 1	2	3	4	5	6	7	
Date								Total hours
Hours worked								

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

A.M. P.M. On

Time
Day
Month
Year

Driver's signature
Date

Drug and Alcohol Testing Driver's Acknowledgement Form

I hereby acknowledge I have read and understand the company's policy for Drug and Alcohol Testing which is required by Part 382 of the Federal Motor Carrier Safety Regulations.

Applicant's signature:

Date:

MVR

Use the links below to access the MVR for your driver's State. If you are unsure how the MVR should be filled out please contact your supervisor.

Arkansas

<http://www.dfa.arkansas.gov/offices/driverServices/Pages/DriverRecords.aspx>

Colorado

<https://www.colorado.gov/pacific/dmv/purchase-motor-vehicle-record-mvr-letter-clearance>

Illinois (abstract request)

http://www.cyberdriveillinois.com/departments/drivers/drivers_license/purchaseabstract.html

Iowa

<http://iowa.cdc.nicusa.com/iowadlr/>

Louisiana

https://expresslane.dps.louisiana.gov/cdl_ODR/cdlODR1.aspx

Mississippi

Online: <https://www.ms.gov/hp/drivers/license/motorVehicleReportBegin.do>

Paper: <http://www.dps.state.ms.us/driver-services/new-drivers-license/applications-forms/>

Nebraska

<http://www.dmv.nebraska.gov/dvr/dvrec/drivrecreq.html>

Oklahoma

<http://www.dps.state.ok.us/recm/rrctfill.pdf>

Texas

<http://dps.texas.gov/InternetForms/Forms/DR-1.pdf>

Letter to Previous Employer

Company Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Fax number: _____

Date: _____

Name of previous employer: _____

Previous employers address: _____

City: _____ State: _____ Zip code: _____

To whom it may concern:

We have recently hired one of your previous employees, and are currently setting up their driver file. Two items that need to be a part of this file are the forms known as the "Request for Information from Previous Employer", and "Request for Information from Previous Employer on Alcohol and Controlled Substances Testing."

Additionally, you will find a copy of the release form
from _____
allowing you to release the requested information
to _____

I would sincerely appreciate it if you would fill out and return the enclosed forms.

Thank you for your cooperation.

Sincerely,

Safety Department

Enclosures (2)

Request for Information from Previous Employer

From: Prospective Employer			To: Previous Employer		
Company:			Company:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:

_____ Social Security number _____ has made application to this company for a position as a driver and states that he/she was employed by you as a _____ from _____ to _____.

Will you please reply to the inquiry below respecting this applicant? The applicant has the right to review this information if he/she requests to do so. US DOT Regulation 49 CFR 391.23(g)(1) requires previous employers to respond to this request. US DOT Regulation 49 CFR 391.23(c)(3) states, "Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA"

For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Yes/No (Please circle one)

Passenger Car _____ Straight truck _____ Bus _____ Cargo Tank _____ Tractor-semi-trailer _____

Other (Please specify) _____

4. Was the applicant a safe and efficient driver? Yes/No (Please circle one)

5. Did the applicant have any vehicle accidents during his/her employment? Yes/No (Please circle one)

Date	Location	Number of Injuries	Number of Fatalities	Was applicant ticketed

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____ Other _____

Remarks: _____

Date: _____ Signature: _____ Name of Company: _____

This form was (check appropriate method): _____ Mailed, Date: _____ or _____ Faxed, Date: _____

Employee Authorization

Signature of former employee: _____ See attached statement _____ Date: _____

You are hereby authorized to give to _____ all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Request for Information from Previous Employer on Alcohol & Controlled Substances Testing

Date: _____

Employee: _____ hereby authorizes

Previous employer: _____

to release and forward all information on my Alcohol and Controlled Substances Testing/Training records to

Prospective employer: _____

Signature: Please see attached release statement

<p>This is in compliance with §382.405(f) and (h), which state:</p> <p>(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.</p> <p>(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of employee's consent.</p> <p>§382.413(a)(b)(c)(e)(f) further state:</p> <p>(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.</p>	<p>(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii).</p> <p>(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive function for an employer.</p> <p>(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).</p> <p>(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.</p>
--	---

To be completed by previous employer

	Please check box for yes or no	Yes	No
1. Has this person ever tested positive for a controlled substance in the last two years?			
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?			
3. Has this person ever refused a required test for drugs or alcohol in the last two years?			

If **yes** to any of the above questions, please list the Substance Abuse Professional's name, address and phone number for further reference:

Name: _____

Address: _____

Phone Number: _____

Record of Road Test

This record of road test is being administered for all drivers with a tank vehicle endorsement and/or doubles or triples endorsement in order to be in compliance with 49 CFR 391.33 (a)(1).

Driver's name:		Address:	
City:	State:	Zip code:	
License number:		Equipment driven (circle one): Truck or Tractor Trailer	
Evaluation start date:	End date:	Current date:	

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated they are capable of operating the vehicle and associated equipment the motor carrier intends to assign.

Rating of Performance: For those items that apply, put a checkmark if the driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items on the back of this form. Use not applicable (N/A) for items that do not apply.

	The pre-trip inspection. Checks the following: vehicle condition, tires, lights, brakes, leaks, trailer hookup, parking brake, dash board warning lights etc... (As required by Sec. 392.7)
	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units. Checks the following: air supply lines, coupling of glad hands to trailer, tests coupling by applying hand valve.
	Placing the equipment in operation. Knows how to use following: gauges, transmission, clutch, brakes, steering, lights, and ignition.
	Operating the vehicle in traffic and while passing other vehicles such as: uses good judgment on yellow lights, adjusts speed to conditions, does not tailgate, obeys stop signs, passes with clear space ahead.
	Turning the vehicle. Turns only when traffic is clear, uses proper lane, signals well in advance.
	Braking, and slowing the vehicle by any means other than braking such as: uses gears properly ascending, gears down properly descending, stops and restarts without rolling back, avoids sudden stops, and uses mirrors to check traffic to the rear.
	Backing, and parking the vehicle. Checks the following: mirrors, rear of vehicle, signals, parking brakes, and checks blind spots.

Date:	Examiner's signature:
-------	-----------------------

If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. A copy of the certificate shall be given to the person examined. The motor carrier shall retain in the driver qualification file of the person examined the original signed road test and original, or a copy of, the certificate. (49 CFR 391.31(g))

Certification of Road Test

Driver's name:	Social security number:
Operator or chauffeur's license number:	State:
Type of power unit:	
Type of trailer(s):	
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:	Title:
Organization & address of examiner:	

Company Name: _____

Certifies

Driver's Name: _____

has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503 on

Driver Qualification Requirements
Driver Wellness

Hours of Service for Drivers
Whistleblower Protection

Date of training: _____

Training provider signature: _____

Printed name of provider: _____

Mailing address: _____

City, State Zip code: _____

I _____ attest this driver

has received the required training stated above

Signature of
who attested: _____

Medical Examiner Verification

You must verify the medical examiner, who signed a driver's medical certificate, is listed on the National Registry at the time the certificate is issued. Certification dates are found next to each medical examiner on the National Registry.

This is required by §391.23 and §391.51.

You can check the National Registry of Certified Medical Examiners at:

<https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam>

The below medical examiner has been verified on the National Registry of Certified Medical Examiners as of the date of the below driver's medical examiner's certificate.

Medical
examiner: _____ National registry number: _____

Driver: _____

Motor carrier: _____

Verified by: _____

Signature: _____ Date: _____

Drug & Alcohol Consortium Notification Employee Information Form

Employer Information

Company Name _____

Company Address _____ City _____ State _____ Zip _____

Phone Number _____

Employee Information

Employee Name _____
Last First Middle

Home Address _____
Address City State Zip

Phone Number _____

Employment Date ____ / ____ / ____

Termination Date ____ / ____ / ____

CDL Exp Date ____ / ____ / ____

Medical Card Exp Date ____ / ____ / ____

Social Security # ____ / ____ / ____

Date of Birth ____ / ____ / ____

Commercial Driver's Lic. # _____

This Employee is being tested under DOT/FHWA CDL license

Date faxed _____ Fax number _____

This form is for DOT Drug and Alcohol Testing only, for other Drug and Alcohol Testing programs contact the consortium administrator.