



Driver Application

Neat Companies

10739 South US 127

P.O. Box 82

Dunnville, KY 42528

606-787-7600



DRIVER INFORMATION FORM
PLEASE PRINT

EMPLOYEE NAME _____
(LAST) (FIRST) (M)

ADDRESS _____

(CITY) (STATE) (ZIP)

MAILING ADDRESS FOR CHECK IF DIFFERENT FROM ABOVE

HOME PHONE # _____ CELL # _____

EMERGENCY CONTACT # _____ NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

LICENSE INFORMATION:

STATE _____ NUMBER _____ EXP. DATE _____

CLASS: _____ ENDORSEMENTS- _____

MARRIED OR SINGLE _____ # OF EXEMPTIONS, _____

MEDICAL EXAM CERTIFICATE DUE DATE: _____

DRIVERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE

DRIVER #: _____ DATE OF HIRE: _____

COMPANY: _____ PAY \$: _____

REFERRED BY: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address **P.O BOX 82** _____

City **Dunnsville** _____ **KY** _____ **42528** _____

State

Zip

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

TO BE READ AND SIGNED BY APPLICANT

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

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No, _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How _____
State Zip co& yr./mo.

Previous Addresses _____ How _____
Street City State & Zip Code yr./mo.

_____ How _____
Street City State & Zip Code yr./mo.

_____ How _____
Street City State & Zip Code yrJmo.

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

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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

Have you ever been convicted of a felony? _____

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

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

If yes, explain if you wish _____

EMPLOYMENT HISTORY

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

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

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

NO GAPS IN EMPLOYMENT	EMPLOYER 10 YEARS HISTORY	DATE	
NAME		FROM	TO
ADDRESS		Mo. Yr.	Mo. Yr.
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued) NO GAPS IN EMPLOYMENT

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE-NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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* 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

t 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 .

EMPLOYMENT HISTORY (continued) NO GAPS IN EMPLOYMENT

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE-NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
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EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
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WAS YOUR JOB DESIGNATED AS A SAFETY -SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

t 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 .

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

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEM-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO m. th. is	(VAN, TANK, FLAT, DUMP, REFER)		
MOTOR COACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 7 passengers</small>			
OTHER _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

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

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)

(CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

Signature: _____

Date: _____

PREVIOUS EMPLOYER INQUIRY

Applicant Instructions; read, print your name, sign your name and date in Section 1 ONLY

PROSPECTIVE EMPLOYER _____
ATTENTION: _____
STREET P.O BOX 82
CITY, STATE, ZIP Dunnville, KY 42528
PHONE _____ FAX _____

SECTION 1: Driver Consent

I, _____ (Print Name) do hereby give consent to release information for the purposes of investigation as required by Section 49CFR 391.23 PART 40.25 of the Federal Motor Carrier Regulations. I hereby release my former companies from any and all liability of any type as a result of providing this information.

Signature _____ Date _____

SECTION 2: Information Request

Company Name _____
Address _____
City, State, and Zip _____
Phone # _____

METHOD	Date Sent/Received
Mailed	____/____/____
Faxed	____/____/____
E-mailed	____/____/____
Phoned	____/____/____

Driver's Name _____

Spoke to: _____

The above named driver has made an application with our company and states that he/she worked for you from _____ We appreciate your time in completing, in confidence, the information requested below. Please update your company information above, if there where any errors. Thank you.

Attempt: 1 - 2 - 3 -

Dates of employment _____ to _____

Job Title _____

Did he/she drive a motor vehicle for you? _____ If yes, what type?: _____

3- Year Accident History

Date	City, State	# of Injuries	# of Fatalities	Tow
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was he/she safe and efficient driver? _____

Was he/she a ___ Company Driver ___ Independent Contractor ___ Fleet Driver

Reason for leaving your company ___ Discharged ___ Resigned ___ Laid off ___ Other: _____

Areas traveled _____

Commodities transported _____

Is this person eligible for re-hire? _____

In the 3 years prior to contractor's dated release, for DOT regulated testing, did the driver have:

1. Alcohol test with a result of 0.04 or higher? _____
2. Verified positive drug results? _____
3. Any refusals to be tested? _____
4. Other violations of DOT agency drug and alcohol testing regulations? _____
5. Did a previous employer report a drug and alcohol rule violation to you? _____

If you answered "yes" to any of the above questions, did the employee complete the return-to-duty process? _____

If yes, you must also forward the appropriate return -to-duty documentation (SAP reports, follow-up testing record).

Completed by: _____

In compliance with 40.25(g) and 391.23 (h), release of this information must be made in a written form do ensures confidentiality, such as fax, email, or letter. Prospective employer's confidential fax number or confidential email address:

THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH § 40.25 AND§ 391.23

**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 DataQs 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 DataQs 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.

LAST UPDATED 12/22/2015

MOTOR VEHICLE DRIVERS Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he / she has forfeited bond of collateral during the preceding 12 months (section 391.27). Drivers who have provided information require by section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he / she shall so certify (section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the **last 12 months**.

(If you have had no violations, check the following box - 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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Drivers Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above name driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.25
 Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by- _____
Signature

_____ (DATE)
Printed Name

Motor Carrier Name _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE . THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.