

Truck Game

13900 Tech City Circle, Suite 400, Alachua, FL 32615



Driver Qualification File Checklist

Driver Name: _____ Date of Birth: _____

Date of Hire: _____ Position: _____

License Type: _____

Documents should be arranged in the order listed below.

1. Driver Application for Employment. _____
2. Annual Review and Violation Record with MVR.
Pre-employment retained for 3 years after termination.
Annual MVR and reviews retained 3 years. _____
3. Previous Employment Verification
(3 Years) _____
4. Copy of valid Class "A" CDL. _____
5. Copy of Medical Examiners Certificate.
Must maintain 3 years in file where applicable. _____
6. Drivers Statement of On-Duty Hours.
May be removed from file after 6 months. _____
7. Pre-Employment Drug Screen Results. _____
8. FMCSA PSP Consent Form.
Not required unless PSP reports pulled. _____
9. Notification of Driver's Rights Statement. _____

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Driver Application for Employment

E-Mail: _____ Date: _____

Name: _____ Phone: _____
First Middle Last

Current Address: _____
Street City State Zip Code

If at the above residence less than three years, List below all residences for the past three years. Attach a separate sheet if necessary

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Position Applying: Driver Temporary _____ Part Time _____ Full Time _____

How did you find this position? _____ Rate of Pay Expected? _____

Have you worked for this company before? _____ From: _____ To: _____
Date/Year Date/Year

Where: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Names of any relatives employed by this company? _____

Have you ever worked for this company under a different name? _____

If so what name? _____

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.

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Driver Experience and Qualification

Answer the questions in this section only if applying for driver position Date of Birth: _____
The U.S. Department of Transportation requires that driver applicants state their date of birth § 391.21 (b)

Social Security No. _____-_____-_____

DRIVER EXPERIENCE & QUALIFICATION (CONT'D) answer the question in this section only if applying for driver position.

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___

C. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? YES___ NO___

*** If you answered "yes" to A.B.C. attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years. _____

List special courses or training that will help you as a driver. _____

List safe driving awards held and who awards were presented by. _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear – End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

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Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. \$ 391.21 (b) (10), (11)
Start with last or current position, including military experience and work back. (Attach a separate sheet of paper if necessary)

Current or Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ____ YES ____ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ____ YES ____ NO

Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ____ YES ____ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ____ YES ____ NO

Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ____ YES ____ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ____ YES ____ NO

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agent's may investigate my background to ascertain any and all information of concern to my employment history, whether the same is on record or not. I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and a drug test.

It is also agreed and understood that under the Fair Reporting Act, Public Law 91-508 I have been told that this investigation may include an investigative Consumer Report. Including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

DATE

APPLICANT SIGNATURE

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Notification of Driver Rights

In accordance with Part 391.21 of the Federal Motor Carrier Safety Regulations, the purpose of this form is to inform you that the information provided in the Application for Employment may be used to contact your previous employers for investigation your safety performance history as required by the Federal Motor Carrier Safety Regulations.

You have the following rights regarding the investigative information provided by your previous employers:

1. You have the right to review the information provided.
2. You have the right to have errors in the information provided by the previous employer corrected by the previous employer.
3. You have the right to rebuttal statement attached to the alleged erroneous information if agreement cannot be reached regarding the alleged erroneous information.

DATE

APPLICANT SIGNATURE

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PREVIOUS EMPLOYMENT REQUEST & SAFETY PERFORMANCE HISTORY REPORT

Dear Sir or Madam;
The below named individual has completed an employment application to us for the position of Truck Driver. Please complete this form and return via email. We appreciate your time in completing the information requested below. Your cooperation is completely confidential.

Please return to Human Resources
Truck Game
Email truckgame2020@gmail.com

****CONFIDENTIAL REPORT OF PERSONAL REFERENCE ****

APPLICANT NAME

APPLICANT SOCIAL SECURITY NUMBER

DATE

APPLICANT SIGNATURE

1. Employment from: _____ to _____
2. Position held: _____
3. Did he/she drive a motor vehicle for you? _____
4. Type of vehicle: _____
5. Was he/she a safe driver? _____ YES _____ NO
6. Reason for leaving?: _____
7. Was his/her general conduct satisfactory? _____ YES _____ NO
8. There is no safety history to report. _____
9. Person did not operate a motor vehicle for the company _____
10. No accident register data. _____
11. Would driver be eligible for rehire? _____ YES _____ NO
- Additional Remarks: _____

ACCIDENTS

Location	Date of Accident	No. of Injuries	No. of Fatalities	Hazmat Spill

CONTROLLED SUBSTANCE & ALCOHOL INQUIRY

IF the above applicant was employed as a driver with your company, The Department of Transportation regulations 382.405 (f) and (h) require that you provide the following information:

This person was employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 (if NO, skip this section)	YES	NO
This person had a blood alcohol test result with a breath alcohol concentration of 0.04 or greater?	YES	NO
This person tested positive, adulterated, or substituted a test specimen for a controlled substance test?	YES	NO
This person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol?	YES	NO
This person committed other violations of Subpart B of Part 382, or Part 40	YES	NO
This person violated DOT drug and alcohol regulation and completed an SAP-prescribed rehabilitation program in our employ, including return to duty and follow-up testing. If yes, enclose documentation.	YES	NO
In providing this information, any drug or alcohol information obtained from previous employers under Part 40.25 other applicable DOT regulations is included.		

APPLICANT CONSENT AND RELEASE:

I _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my employer from any and all liability of any type as a result of providing the above information.

DATE

APPLICANT SIGNATURE

DATE

PERSON PROVIDING REPORT SIGNATURE

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CERTIFICATION OF VIOLATION & ANNUAL REVIEW

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least one every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or which he has forfeited bond or collateral during the preceding 12 months.

DRIVER REQUIREMENTS: Each driver shall furnish a list of violations as required by the motor carrier, if the driver has not been convicted of, or for any violations, which must be listed, he/she shall certify.

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

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER		SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY & STATE)		DRIVERS LICENSE # STATE	EXPIRATION DATE
DATE	OFFENSE	LOCATION (STATE)	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on any violations (other than parking) as required to be listed during the last 12 months.

DRIVER'S COMPANY NAME OR TERMINAL
LOCATION:

DATE OF CERTIFICATION

DRIVERS SIGNATURE

CARRIER NAME: Truck Game

MOTOR CARRIER ADDRESS: 13900 Tech City Circle, Suite 400, Alachua, FL 32615

REVIEW DATE

REVIEWERS SIGNATURE

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DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVERS)

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

Driver Name (Print): _____

Social Security No.: _____

Driver's License State: _____ Number _____ Class _____ Endorsement: _____ Restriction: _____

Type of License: _____ Issuing State: _____

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

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

_____ A.M. _____ P.M. On _____
Time Day Month Year

DATE

DRIVERS SIGNATURE

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

Are you currently working for another employer? _____ YES _____ NO

At this time do you intend to work for another employer while still employed with this company? _____ YES _____ NO

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

DATE

DRIVER SIGNATURE

DATE

COMPANY REPRESENTATIVE