APPLICATION FOR QUALIFICATION

Company			
Company Address City			
CILV	All Date - Annual Victoria		
The purpose of this application is to to the requirements of the Federal M	determine whether or not the a lotor Carrier Safety Regulation	pplicant is qualified to a sand the Company name	Zip Code operate motor carrier equipment according and above.
Instructions to Applic	cant		
Please answer all questions. It write "No" or "None".	f the answer to any question	on is "No" or "None	", do not leave the item blank, but
Name(First)	applying for; Check One	: Contractor	☐ Driver ☐ Contractor's Driver
	(Middle)	(Last)	
i none Number ()	Emerge	ency Phone Number	·()
- and of Diffi	S(ocial Security NI-	
*The Age Discrimination of Employment Act of	of 1967 prohibits discrimination on the	business and the state of the s	Der
	in the second of the	basis of age with respect to in	ndividuals who are at least 40 years of age.
Physical Exam Expiration Da			

Current & Three Years Previ	ious Addresses:		
		From	То
		From	TD
		_ From _	To
		 _ From	To
Have you worked for this comp f yes, give dates: From	any before? ☐ Yes ☐ No To		10
Reason for leaving?			
0			
Education History			
lease circle the highest grade	completed.		
3 g. uuc		ol: 1 2 3 4 5	6 7 8 9 10 11 12
	College: 1	2 3 4 Post-	Graduate: 1 2 3 4

Employment History

		Present or Last E			
		Authess			
Troubout I Of I Waying			(Succe)	(City)	(State/Zip)
was your job designa testing requirements of	ted as a safety-se of 49 CFR Part 40	ensitive function in any D O? Yes No	OT-Regulated me	ode subject to t	he drug and alcohol
Mo/Yr From	Mo/\ To	Yr Present or Name	Last Employer	į	
		Address			
reason For Leaving		TNI	(Silect)	(City)	(State/Zip)
testing requirements of	ed as a safety-se f 49 CFR Part 40	nsitive function in any Do	OT-Regulated mo	ode subject to the	ne drug and alcohol
Mo/Yr	Mo/Y 	r Present or Name	Last Employer:	pi .	
		Address			
Reason For Leaving Were you subject to the	EMCCD #	Phone # ()	(Street)	(City)	,p)
esting requirements of	ed as a safety-ser 49 CFR Part 40	le employed here? □ Ye nsitive function in any DC ? □ Yes □ No	s □ No OT-Regulated mo	de subject to th	e drug and alcohol
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ere you subject to the as your job designated ting requirements of	as a safety cone	Yes	☐ No I-Regulated mode	e subject to the	drug and alcohol
he Federal Motor Carri	C C D	ons (FMCSRs) apply to anyons when the vehicle: (1) has one or (3) is of any size, used to			

Page 2 of 4

Driving experience

			Dates		T				
Class of I	Class of Equipment		Dates	То					
Straight Truck		From		10	Approximate Nu		Number of Miles (Total		tal)
Tractor and Sem Tractor-two trails	i-trailer								
Tractor the	ers								
Tractor-three trai	lers (triples)								
List states opera	ated in, for the las	t five years:							
List special cour	rses/training com	peted (PTD/	DDC. Haz i	Mat. etc.):					
	Tiwalds yo	u noid and f	rom whom:						-
Accident Recor	d for past three	T100		AF .					27
	Notine	years (attach	n sheet if more	space is ne	eded)				
Date of Accident							# of	" 67	
	(Tread Oil, I	ear end, upse	t, etc.)	Loca	tion of Accident	F	atalities	# of Pe	
						1	atanties	Injur	ed_
			2						
			2002						
Traffic Convict	ions and Forfeit	ures for the	loot th						
Date	Loc	cation	last three y	ears (oth	er than parking	g violat	ions)		
		oution		Charge			Penalty		
							1 Charty		
Driver's Licenso	e (list each driver)	, li 1 . 1 . 1							
	(see cach ariver s	ucense held	in the past t	hree years)					10000
State	Licen	se#	77		Endorsements		Expiration Date		
State	Licen	se#	Тур	3	Endorseme	nts	Expir	ation De	ata
State	Licen	se#	Тур	3	Endorseme	nts	Expir	ation Da	ate
State	Licen	se#	Тур	3	Endorseme	nts	Expir	ation Da	ate
A. Have	Vou ever been deni	od a li	Тур				Expir	ation Da	ate
A. Have B. Has a	you ever been deni	ed a license,	Type	vilege to op	perate a motor vel	nicle?			
A. Have B. Has ar C. Is ther	you ever been deni	ed a license,	permit or pri	vilege to opended or re	perate a motor vel	nicle?	YES	□ NO	
A. Have B. Has an C. Is ther you ha	you ever been dening license, permit of any reason you nave applied (as described)	ed a license, or privilege evaluation and the unab	permit or priver been susp	vilege to opended or reather the function	perate a motor velovoked?ons of the job for	nicle? which	YES		
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To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating 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 application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature	Date
Remarks (For office use only)	

This form is courtesy of:



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