

# INTERIOR EXTERIOR BUILDING SUPPLY

## DRIVER'S APPLICATION

### FEDERAL MOTOR CARRIER ADMINISTRATION DRUG & ALCOHOL CLEARINGHOUSE

#### **ONLY CDL DRIVERS:**

BEFORE WE CAN PROCESS ANY NEW CDL DRIVER APPLICATIONS, THE DRIVER MUST COMPLETE THEIR CLEARINGHOUSE REGISTRATION. FMCSA REQUIRES ALL PROSPECTIVE EMPLOYERS TO RUN A FULL QUERY INTO EACH DRIVER'S DRUG AND ALCOHOL HISTORY THROUGH THE CLEARINGHOUSE. IN ORDER FOR INEX TO COMPLETE THIS PROCESS, **THE DRIVER MUST COMPLETE THE STEPS BELOW BEFORE YOU FORWARD THEIR DRIVER APPLICATION FOR PROCESSING:**

1. Visit <https://clearinghouse.fmcsa.dot.gov/register> and click "Go to login.gov".
2. On the login.gov sign in screen, click "Create an account".
3. After creating your login.gov account, continue to the Clearinghouse and complete your Clearinghouse registration.
4. In the Clearinghouse, select your role (Driver) then click Next.
5. Enter your contact and CDL information. (must have a good working email account)
6. Review and accept the Terms and Conditions.
- 7. AFTER WE INITIATE DRIVER'S QUERY, THE DRIVER WILL RECEIVE AN EMAIL NOTIFICATION TO LOG IN AND COMPLETE THE AUTHORIZATION PROCESS. THIS MUST BE DONE PROMPTLY!!**

*Your registration should be complete.*

★ I, \_\_\_\_\_ (prospective driver), attest that I have properly registered for the FMCSA Drug & Alcohol Clearinghouse and understand a full inquiry of my drug and alcohol history will be performed in accordance with DOT regulations. Furthermore, I understand it is my responsibility to complete the authorization process via Clearinghouse once I receive email notification that the process has been initiated.

★ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**\*\*Please note: We will be unable to proceed with your driver application until this process is complete, the form is signed and the driver is registered\*\***

# DRIVER'S APPLICATION FOR EMPLOYMENT

**PLEASE PRINT. ANSWER ALL QUESTIONS.**

COMPANY: Interior Exterior Building Supply

Location applying to Drive for: \_\_\_\_\_  
City of Branch Location

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, OR NON-JOB RELATED DISABILITY.

DATE OF APPLICATION: \_\_\_\_\_

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ S.S. #: \_\_\_\_\_

ADDRESS: (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_

(STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS if different:

(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? \_\_\_\_\_

DATE OF BIRTH (REQUIRED) \_\_\_/\_\_\_/\_\_\_ CAN YOU PROVIDE PROOF OF AGE? YES \_\_\_ NO \_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM SOME OF THE FUNCTIONS OF THE POSITION(S) FOR WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE JOB DESCRIPTION]? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

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 DRUG AND ALCOHOL RULES DURING THE PAST 3 YEARS? YES \_\_\_ NO \_\_\_

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, CAN YOU PROVIDE DOCUMENTATION OF SUCCESSFUL COMPLETION OF DOT SUBSTANCE ABUSE RETURN TO DUTY REQUIREMENTS (INCLUDING FOLLOW-UP TESTS)? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH RESULTED IN IMPRISONMENT WITHIN THE LAST 7 YEARS? (NOTE: SUCH CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED) Yes \_\_\_ No \_\_\_

IF YOU ANSWERED YES TO THE ABOVE, PLEASE ATTACH A SEPARATE PAGE PROVIDING US WITH AN EXPLANATION OF ALL RELEVANT CIRCUMSTANCES.

# EMPLOYMENT HISTORY

**LIST EVERY JOB YOU HAVE HAD IN THE PAST TEN YEARS.  
 BE SURE TO INCLUDE A VALID ADDRESS AND PHONE NUMBER.  
 IF UNEMPLOYED OR SELF-EMPLOYED, PLEASE LIST WITH DATES.  
THERE CANNOT BE ANY GAPS IN 10 YEAR HISTORY  
START WITH LAST EMPLOYER**

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If unemployed during a period, write UNEMPLOYED from date & to date. If in school, write "NAME" of school and dates.

**MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO**

CURRENT EMPLOYER or MOST RECENT EMPLOYER	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

# EMPLOYMENT HISTORY

(Continued, if needed)

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

EMPLOYER/ UNEMPLOYED/ SCHOOL	DATE
NAME	FROM ___ / ___ TO ___ / ___
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? YES / NO

↑  
NO  
DATE  
GAPS  
↓

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_ No \_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & drug testing requirements? Yes \_\_\_ No \_\_\_

Ask for another employment history sheet, if needed.

**FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.**

**MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

<b>DATES</b>	<b>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</b>	<b># FATALITIES</b>	<b># INJURIES</b>	<b>TOW AWAY?</b>
LAST ACCIDENT ____/____/____				
NEXT PREVIOUS ____/____/____				
NEXT PREVIOUS ____/____/____				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE</b>	<b>PENALTY</b>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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) \_\_\_\_\_**

<b>DRIVER</b>	<b>STATE</b>	<b>LICENSE #</b>	<b>TYPE</b>	<b>EXPIRATION DATE</b>
<b>LICENSES</b>				

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Y\_\_ N\_\_

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? Y\_\_ N\_\_

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT PROVIDING DETAILS**

**DRIVING EXPERIENCE**

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)</b>	<b>DATE FROM</b>	<b>DATE TO</b>	<b>APPROXIMATE TOTAL NUMBER OF MILES</b>
<b>STRAIGHT TRUCK</b>				
<b>TRACTOR/ SEMI-TRAILER</b>				
<b>TRACTOR/ TWO TRAILERS</b>				
<b>OTHER</b>				

LIST ALL STATES OPERATED IN FOR THE PAST FIVE YEARS: \_\_\_\_\_

LIST ANY SPECIAL COURSES, AWARDS OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

LIST ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

**PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC**  
 1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
 (251) 433-4111 FAX (251) 433-4323

**FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.**

# OTHER EXPERIENCE AND QUALIFICATIONS

★ TYPE OF TRANSMISSIONS ABLE TO OPERATE:     AUTOMATIC     STANDARD 5 Speed     STANDARD 8 Speed or higher

LIST SPECIAL EQUIPMENT OR MATERIALS YOU CAN WORK WITH: (OTHER THAN THOSE ALREADY LISTED)

---



---

### 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 TAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, AND 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 ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

★ DATE: \_\_\_\_\_

★ APPLICANT'S SIGNATURE: \_\_\_\_\_

### THIS SECTION FOR OFFICE USE ONLY PROCESS RECORD

APPLICANT HIRED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ POINT EMPLOYED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE	
APPLICATION	___	___	___	___	___	___ YES	___ NO
INTERVIEW	___	___	___	___	___	___ YES	___ NO
PAST EMPLOYMENT	___	___	___	___	___	___ YES	___ NO
WRITTEN EXAM	___	___	___	___	___	___ YES	___ NO
ROAD TEST	___	___	___	___	___	___ YES	___ NO
CRIMINAL & TRAFFIC CONVICTIONS	___	___	___	___	___	___ YES	___ NO

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_ REASON FOR TRANSFER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

(CHECK ONE) \_\_\_ DISMISSED \_\_\_ RESIGNED \_\_\_ OTHER (EXPLAIN): \_\_\_\_\_

SUPERVISER: \_\_\_\_\_ TERMINATION REPORT PLACED IN FILE: \_\_\_ YES \_\_\_ NO

PUBLISHED BY: *MOTOR CARRIER CONSULTANTS, INC*  
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
(251) 433-4111 FAX (251) 433-4323

★ = REQUIRED info on each page

# CERTIFICATION OF COMPLIANCE WITH CDL DRIVER'S LICENSE REQUIREMENTS

**NOTICE TO CARRIERS:** The requirements in Part 383 of the Federal Motor Carrier Safety Regulations 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 people, or transports hazardous materials that require placarding.

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

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements which you, as a driver, must comply. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking); you must report it to your employing motor carrier and the state that issued your license within 30 days.

## DRIVER CERTIFICATION:

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS AND THAT THE FOLLOWING LICENSE IS THE ONLY ONE THAT I WILL POSSESS.

★ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

★ Driver's Signature: \_\_\_\_\_

PUBLISHED BY: *MOTOR CARRIER CONSULTANTS, INC*  
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
(251) 433-4111 FAX (251) 433-4323

FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED

# REQUEST FOR CHECK OF DRIVING RECORD

I HEARBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO (PROSPECTIVE EMPLOYER) INTERIOR EXTERIOR BUILDING SUPPLY FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE HEREBY RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

★ APPLICANT SIGNATURE \_\_\_\_\_ ★ DATE \_\_\_\_\_

1. IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604 AND SECTION 607 OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW NO. 91-508, I HEREBY CERTIFY THAT THE INFORMATION REQUESTED BELOW WILL BE USED FOR A "PERMISSIBLE PURPOSE" AS DEFINED IN THE ACT, AND THAT THE INFORMATION RECEIVED WILL BE USED FOR NO OTHER PURPOSE.
2. I FURTHER CERTIFY THAT IF THE APPLICANT NAMED BELOW IS DENIED EMPLOYMENT BASED UPON THE INFORMATION RECEIVED, I WILL IDENTIFY THE SOURCE OF THE REPORT IN ACCORDANCE WITH SECTION 615(A) OF THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF REQUESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

THE FOLLOWING NAMED PERSON HAS MADE APPLICATION WITH OUR COMPANY FOR THE POSITION OF DRIVER. AS IN ACCORDANCE WITH SECTION 391.23, FEDERAL DEPARTMENT OF TRANSPORTATION REGULATIONS, PLEASE FURNISH THE UNDERSIGNED WITH THE APPLICANT'S DRIVING RECORD FOR THE PAST THREE YEARS.

★ NAME OF APPLICANT: \_\_\_\_\_  
★ ADDRESS: \_\_\_\_\_ CITY, ST. \_\_\_\_\_ ZIP \_\_\_\_\_  
★ FORMER ADDRESS: \_\_\_\_\_ CITY, ST. \_\_\_\_\_ ZIP \_\_\_\_\_  
★ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
★ DRIVER LICENSE NUMBER AND STATE: \_\_\_\_\_

## REQUESTED BY

COMPANY Interior Exterior Building Supply TYPED NAME Ted Ecuyer  
ADDRESS 727 S. Cortez St TITLE Safety Director  
CITY New Orleans STATE LA SIGNATURE On File

PUBLISHED BY: *MOTOR CARRIER CONSULTANTS, INC*  
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
(251) 433-4111 FAX (251) 433-4323

FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED



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

(As required by Title 49, Subtitle B, Chapter III, Subchapter B, Part 391, Subpart C §382.703)

**ONLY CDL DRIVERS:**

I hereby provide consent to INTERIOR EXTERIOR BUILDING SUPPLY (carrier name) and its' TPA representative **Motor Carrier Consultants, Inc.**, hereafter referred to as the Company, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse), prior to my employment and anytime during my employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation Information about me exists in the Clearinghouse, the FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me. I also understand that in order to provide specific consent, I must register with the Clearinghouse and provide consent within the Clearinghouse.

I further understand that if I refuse to provide consent for the Company to conduct a query of the Clearinghouse, the 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 Printed Name: \_\_\_\_\_ Driver Signature: \_\_\_\_\_

★ CDL License # \_\_\_\_\_ State of Issue: \_\_\_\_\_ Class: \_\_\_\_\_

★ Driver Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\*Please note: We will be unable to hire driver applicants until the CDL Driver logs back into the Clearinghouse and provides consent for Interior Exterior to conduct a limited query\*\***

# PAST EMPLOYMENT BACKGROUND CHECK

TO (PREVIOUS EMPLOYER) \_\_\_\_\_ DATE: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

★ APPLICANT NAME: \_\_\_\_\_ ★ S.S.N. \_\_\_\_\_

The person named above has applied to this company for employment. The applicant lists your firm as past employer. Please complete the following items.

Dates of employment with your company: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
 DOT Regulated Driver  
 Non-DOT Regulated Driver

## DRUG AND ALCOHOL INQUIRY

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

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This person tested positive or adulterated or substituted a test specimen for controlled substances.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This person committed other violations of Subpart B of Part 382, or Part 40.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.

Any other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any of the above questions were answered yes, please provide the following:

Substance abuse professional's full name \_\_\_\_\_ Telephone \_\_\_\_\_  
Date referred \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## SAFETY PERFORMANCE HISTORY

- There is no safety performance history to report.
- Driver operated a:  Straight Truck  Tractor-Semi trailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_
- Driver did not operate a motor vehicle.
- Reason for leaving employ:  Discharged  Resignation  Lay Off  Military Duty

## ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Mat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

- No accident register data for this driver.
- Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

Signature of person supplying information: \_\_\_\_\_ Title/Date: \_\_\_\_\_

## 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 I WERE EMPLOYED AS A DRIVER) AND ALL OTHER RECORDS OF EMPLOYMENT INCLUDING JOB PERFORMANCE TO MOTOR CARRIER CONSULTANTS, INC. IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE MY FORMER EMPLOYERS FROM ANY AND ALL LIABILITY OF ANY TYPE AS A RESULT OF PROVIDING THE ABOVE INFORMATION.

★ APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ ★  
WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC**  
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
(251) 433-4111 FAX (251) 433-4323

**FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.**

# Motor Carrier Consultants, Inc.



1350 Dauphin Street, Mobile, Al. 36604  
251-433-4111 Fax: 251-433-4323  
1-800-682-2799  
rick@mccionline.net  
www.mccionline.net

*“Serving the Transportation Industry Since 1988”*

---

## **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

### **DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline,

INTERIOR EXTERIOR BUILDING SUPPLY (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Motor Carrier Consultants, Inc.

Motor Carrier Consultants, Inc. can be contacted by mail at P.O. Box 2264 Mobile, AL 36652; or phone: 1-800-682-2799; or website: <http://www.mccionline.net>

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



# AUTHORIZATION TO RELEASE INFORMATION

★ I, \_\_\_\_\_  
Last Name First Name Middle Name

★ \_\_\_\_\_  
Current Address Dates Lived Here

★ \_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

★ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

★ \_\_\_\_\_  
Date of Birth Other Names Used (including maiden name) Years Used

★ \_\_\_\_\_  
Social Security Number Driver's License # State

★ \_\_\_\_\_  
Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

★ \*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications  
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

★ \_\_\_\_\_  
Printed Name Applicant Signature Date

- CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.
- MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**

**INFORMATION FOR INTELICORP CUSTOMERS ON  
ADDITIONAL STATE LAW REQUIREMENTS**

**IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.**

**THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.**

**1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

**2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUETTS AND NEW JERSEY, you should add the following language to the end of the Authorization:**

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

**3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

*Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:*

**We will be obtaining a consumer report from Motor Carrier Consultants, Inc.; P.O. Box 2264 Mobile, AL 26652; 1-800-682-2799. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.**

**4. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:**

*Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.*

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**§750. Definitions.**

For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.**

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.**

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**5. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN WASHINGTON STATE:**

*Under the Washington Fair Credit Reporting Act, you have the right to ask MCCI for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.*

## **6. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN OREGON:**

*Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request*

### **ADDITIONAL NOTES:**

**A. If you intend to obtain a “credit report” to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A „credit report” is a type of consumer report that contains information on a consumer’s credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:**

<http://www.ncsl.org/research/financial-services-and-commerce/use-of-credit-information-in-employment-2015-legislation.aspx>

**B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state’s laws and regulations in this regard. A good source of information on this topic is:**

<http://www.nelp.org/content/uploads/Ban-the-Box-Fair-Chance-State-and-Local-Guide.pdf>

# CDL DRIVER DATA SHEET

★ Name (Print) \_\_\_\_\_

★ Social Security Number \_\_\_\_\_

★ Motor Vehicle Operator's License Number \_\_\_\_\_

★ Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

FMCSA Regulation §395.8(j)(2) states that 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.

**Instructions:** In the grid below, write the date and all hours worked (ON DUTY), for the past seven days. Write your total hours in the "TOTAL" column.

DAY	Yester day	back 2 days	back 3 days	back 4 days	back 5 days	back 6 days	back 7 days	TOTAL
DATE								
HOURS WORKED								

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 \_\_\_\_\_ ★ \_\_\_\_\_  
 Time Date Last Drove Signature

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Representative

PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC  
 1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
 (251) 433-4111 FAX (251) 433-4323

FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.



# **COPY OF CURRENT DRIVER'S LICENSE**

## **Copy of Front**

**With clear picture of FACE!!  
(or Manager take pic w phone and txt it)**

# **COPY OF CURRENT DOT MEDICAL CARD**

**(or manager take pic w phone and txt it)**

# Drug, Alcohol, and (Private) Contraband Policy For CDL Drivers Employed By INTERIOR EXTERIOR BUILDING SUPPLY

If there are any questions regarding the above stated drug and alcohol policy, you may contact your company representative, Ted Ecuyer, Safety Director @ (504) 355-4077 or Motor Carrier Consultants @ (251) 433-4111.

★ I, \_\_\_\_\_, understand and agree to abide by the above requirements and statement as a condition of employment.

★ \_\_\_\_\_  
Signature of Driver

★ \_\_\_\_\_  
Date

This **Policy** and these programs are made for the maximum safety and well being of all drivers, other personnel, and the general public. Your assistance and cooperation for the achievement of this goal is vitally important.

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

\_\_\_\_\_  
Effective Date

★ \_\_\_\_\_  
Driver's Signature of Agreement

\_\_\_\_\_  
Date

Published By: *Motor Carrier Consultants, Inc*  
1350 Dauphin Street/PO Box 2264 Mobile, AL 36652-2264  
Phone: (334) 433-4111 Fax: (334) 433-4323  
FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT.  
ANY OTHER USE OR DUPLICATION IS PROHIBITED.

**Determination that  
CDL Driver Applicant/Currently  
Employed Driver Is Fit**

Prior to releasing driver for said examination, The **Company** requests them to sign a consent form. This consent form will apply to any D.O.T. required drug/alcohol screen performed while driver is employed by **The Company**.

**Consent Form**

Voluntary Submission for Physical Examination, Breath/Saliva Analysis, (when performed under the guidelines specified in CFR 49, §382.303) and/or Urine Analysis and the Release of Said Results.



I, \_\_\_\_\_, voluntarily agree to undergo a physical examination, including a urine test and/or breath/saliva test (when performed under the guidelines specified in CFR 49, §40) by a doctor, medical center, hospital, or medically qualified personnel.

I hereby authorize the release of the results of the examination to **The Company** and its representatives. By this authorization, I do hereby release any doctor, hospital, medical center, clinic, medical personnel, etc. and **The Company** or any of its representatives from any and all liabilities arising from the release or use of the information contained in my physical exam and test results.



\_\_\_\_\_  
Driver's Signature



\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

**COMPANY INSTRUCTIONS:** Each motor carrier shall at least once 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 violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required 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).

<b>COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS</b>			
NAME OF DRIVER (PRINT)	SOCIAL SECURITY NUMBER	EMPLOYMENT DATE	
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 past 12 months			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>No violations</b> <input type="checkbox"/>			
If no violations are listed above, I certify that I have not been convicted nor 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: _____		Driver's Signature _____	

## FOR OFFICE USE ONLY

### COMPLETED BY COMPANY REPRESENTATIVE – ANNUAL REVIEW OF DRIVING RECORD

**COMPANY 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 named 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name


\_\_\_\_\_  
Company Address

**SHOULD YOU DECIDE TO LEAVE EMPLOYMENT WITHIN 90 DAYS OR ARE DISCHARGED FOR CAUSE DURING THIS PERIOD, YOU AGREE TO REIMBURSE THE COMPANY FOR ALL EXPENSES INCURRED IN ESTABLISHING AND MAINTAINING YOUR ELIGIBILITY, INCLUDING, BUT NOT LIMITED TO, ALL COSTS RELATING TO DRUG TESTING, BACKGROUND CHECKS AND MEDICAL EXAMINATIONS. SUCH EXPENSES MAY BE DEDUCTED FROM ANY SUMS DUE TO YOU AT THE TIME OF YOUR LEAVING EMPLOYMENT.**

**THESE EXPENSES ARE LISTED, BUT NOT LIMITED TO, THE FOLLOWING:**

<b>PRE-EMPLOYMENT DRUG TESTING</b>	<b>\$ 75.00</b>
<b>D.O.T. PHYSICAL</b>	<b>\$ 50.00</b>
<b>M.V.R.</b>	<b>\$ 15.00</b>
<b>DRIVERS FILES (COMPLETED)</b>	<b>\$ 20.00</b>
<b>TOTAL</b>	<b>\$160.00</b>

 **I, \_\_\_\_\_, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REQUIREMENTS AND STATEMENTS AS A CONDITION OF EMPLOYMENT.**

 **SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC**  
1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264  
(251) 433-4111 FAX (251) 433-4323

**FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.**