

Application For Truck Driving Position

Specialty Delivery & Logistics
 3685 Centre Circle
 Ft. Mill, SC 29715
 704-641-1850 Revised 10/15

Phone Number: _____ Date of Application: ___/___/___

Name: _____
 Address: _____

Social Security Number: _____ Date of Birth: ___/___/___

List your residency for the past 3 years:

Previous Address: _____
 _____ How Long: ____ years

Previous Address: _____
 _____ How Long: ____ years

Previous Address: _____
 _____ How Long: ____ years

Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Cargo Van Sprinter				
Straight Trk.				
Tractor & Semi-Trailer				
Forklift	Gas & Elec.			

Traffic Convictions and Forfeitures for the Past 3 Years

Location	Date	Charge	Penalty

Employment History

List Employment for Last 10 Years

Last Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Second Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Third Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Fourth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Fifth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Sixth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

Yes ____ No ____

A. Do you have a pending charge or past conviction for driving while intoxicated?

Yes ____ No ____

B. Do you have a pending charge or past conviction for possession of a controlled substance?

Yes ____ No ____

C. Have you ever been refused auto liability insurance?

Yes ____ No ____

D. Do you have a pending charge or conviction for any misdemeanor or felony offense?

Yes ____ No ____

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes ____ No ____

Right to Review Investigation

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

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

To Be Read And Signed By Applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 connections 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.

Applicants Signature

Date

Driver's Road Test Examination

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test

Rating of Performance.

_____ **The pretrip inspection (as required by Sec. 392.7)**

_____ **Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.**

_____ **Placing the equipment in operation.**

_____ **Use of vehicles controls and emergency equipment.**

_____ **Operating the vehicle in traffic and while passing other vehicles.**

_____ **Turning the vehicle.**

_____ **Braking, and slowing the vehicle by means other than braking.**

_____ **Backing, and parking the vehicle.**

_____ **Other, Explain:** _____

Type of equipment used in giving the test: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

Date: _____ **20**____ **Examiners' Signature** _____

***Driver's Certification of Violations
Annual Review of Driving Record***

Date	Offense	Location	Type of Vehicle Operated

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name: _____

Driver's Signature: _____

Date of Certification: _____

Annual Review

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that:

- _____ the driver meets the minimum requirements for safe driving, or
- _____ the driver is disqualified to drive a motor vehicle pursuant to 391.15

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Date of Review: _____

Reviewed By: _____

Signature & Title

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____	
Day	Total Time On Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total: _____	
I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was from:	
_____	to _____
Hour/Date	Hour/Date
Signature _____	Date _____

Attach Photocopy of your Drivers License & Social Security Card here:

Driver License: Yes_____

Social Security Card: Yes_____

Certificate of Driver's Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original copy of the certificate in the employing motor carriers driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g)).

Certificate of Road Test	
Driver's Name:	_____
Social Security Number:	_____
Operator's License Number:	_____
State:	_____
Type of Power Unit:	_____
Type of Trailer(s):	_____
If passenger carrier, type of bus:	_____
<p>This is to certify that the above named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving.</p> <p>It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.</p>	
_____ <i>Signature of Examiner</i>	
_____ <i>Title</i>	
_____ <i>Organization and Address of Examiner</i>	

Emergency Contacts

Name: _____ Relation _____

Phone: _____ Text: Yes _____ No _____

Name: _____ Relation _____

Phone: _____ Text: Yes _____ No _____

PREVIOUS EMPLOYMENT VERIFICATION

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 3685 Centre Circle
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 FAX: 803-831-8809

To (Previous Employer): _____ **Date:** _____

Applicant Name: _____ **SS#** _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. **Please complete the following items and return to us as soon as possible.**

Carrier Representative: R. Pat Maloney (Pat.M@SDLdelivery.com) Title: Driver Support Specialist

Dates of Employment: From _____ To _____ **Position:** _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____

Explanation: _____

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

- Had a verified positive drug test result? ___ ___
- Had an alcohol test result with a breath alcohol concentration of .04 or greater? ___ ___
- Refused to submit to an alcohol or drug test? ___ ___
- Had any other violations of DOT agency drug and alcohol testing regulations? ___ ___

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

Substance Abuse Professional	Telephone	Date Referred
Address	City	State Zip

Signature of person supplying information _____
Title/Date

APPLICANT RELEASE AND CONSENT: I, _____,
do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I 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

Right to Review Investigation, Rebuttal & Instructions

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

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

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date