

**\*DRIVER'S APPLICANT INFORMATION SHEET\***

- Be at least 24 years of age.
- Must have at least 3 years of driving experience.

**ALL APPLICATIONS MUST BE COMPLETED IN BLUE OR BLACK INK ONLY.**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

**Note: After you have filled out the application, we will need to make a copy of your driver's license before you leave.**

**\*If you can not answer a required field please put "N/A" for not applicable**

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (print)  
 Company **Quality Logistics, Inc.**  
 Address **645 Leonard Rd.**  
 City **Duncan** State **SC** Zip **29334**

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 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 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 \_\_\_\_\_

This form is made available with the understanding that J J Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J J Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

## 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 Long? \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ yr mo

**Previous Addresses**

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 yr mo

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 yr mo

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 yr mo

Do you have the legal right to work in the United States? Yes No N/A

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)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 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.)

EMPLOYER			DATE			
NAME	FROM	TO	MO	YR	MO	YR
ADDRESS	POSITION HELD					
CITY	STATE		ZIP			
CONTACT PERSON			PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE 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						

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO YR		TO MO YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE 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	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO YR	TO MO YR	POSITION HELD	
ADDRESS			SALARY/WAGE	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE 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	POSITION HELD	
ADDRESS			SALARY/WAGE	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE 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	POSITION HELD	
ADDRESS			SALARY/WAGE	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE 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	POSITION HELD	
ADDRESS			SALARY/WAGE	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE 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	POSITION HELD	
ADDRESS			SALARY/WAGE	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE 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	

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† 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 8 or more passengers (including the driver), 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**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 \_\_\_\_\_
- 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 SEMI-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	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 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 are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Essential Job Functions needed to be a driver at  
Quality Logistics, Inc.**

1. Driver must be at least 21 years of age, in accordance with section 391.11(b)(2) of the Federal Motor Carrier Safety Regulations.
2. Driver must have and keep an acceptable driving history as based on Safety Policy & Procedures manual page 1.01.
3. Driver must be able to read and speak the English language, in accordance with section 391.1 (b)(2) of the Federal Motor Carrier Safety Regulations.
4. Driver must have a commercial driver's license and other appropriate endorsements and state requirements, to be carried in the cab while the driver is in service.
5. Driver must be able to qualify physically, and obtain a Medical Examiner's Certificate, under the requirements of subpart E, section 391 of the Federal Motor Carrier Safety Regulations.
6. Driver must be able to sit for extended periods of time in a truck.
7. Driver must be able to walk, bend, reach, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections required under section 396.13 of the Federal Motor Carrier Safety Regulations.
8. Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as grasp, lift, and handle heavy equipment as necessary, to ensure safety during both the hooking and dropping process of tractor and trailer combinations.
9. Driver must be able to walk, bend reach, push, pull, stoop, and squat, as well as climb on or into trailer.
10. Driver must be able to familiarize him or herself with, and be able to comply with all applicable federal, state, local, and company rules and regulations.
11. Driver must be able to report for dispatch at time specified, and to maintain contact with dispatch office as required.
12. Driver must be able to complete daily logs and all necessary trip reports, fuel reports, damage reports, and other paperwork required by company, to be turned in as instructed.
13. Driver must be able to familiarize him or herself and be able to comply with, the proper methods of loading and unloading for the various cargos to be transported.
14. Driver must be able to follow company guidelines in regards to acceptable conduct when dealing with customers, fellow employees, and the motoring public.

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Driver's Signature

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Date



2131 Woodruff Road Suite 2100-182  
 Greenville SC 29607  
 864-879-7770 Phone  
 864-879-7550 Fax

## ESSENTIAL JOB FUNCTIONS WORKSHEET COMMERCIAL TRUCK DRIVER (CLASS A & B)

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied. Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability who can perform these essential functions with or without reasonable accommodations.

These statements/questions pertain only to the essential functions of the job for which you are applying.

1. Can you sit and drive as is required for an 11-hour shift?  
 YES       NO
2. Can you perform repetitive motion tasks with your hands and wrists?  
 YES       NO
3. Can you push and pull levers or objects that require 100 lbs. of force or more?  
 YES       NO
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?  
 YES       NO
5. If required, are you able to reach and lift 60 lbs. above your head?  
 YES       NO
6. Can you climb stairs to safely get in and out of a truck or with a load regularly?  
 YES       NO
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?  
 YES       NO
8. If required, are you able to lift and move 100 lbs. or more?  
 YES       NO
9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part §391.41 of the Federal Motor Carrier Safety Regulations?  
 YES       NO  
 If Yes, please explain: \_\_\_\_\_

For any No answers to questions 1-8 above, please explain below:

\_\_\_\_\_

*Prompt and reliable attendance is a job requirement.  
 I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Social Security Number



# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: N/A  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

- 1) 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 agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide /obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



2131 Woodruff Road Suite 2100-182  
Greenville SC 29607  
864-879-7770 Phone

Please return to:

Fax (804) 879-7550  
vboron@qlog.net

**Driver Applicant:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Verification Information** (please complete)

Date Hired: \_\_\_\_\_ Company DOT #: \_\_\_\_\_ Hours / week \_\_\_\_\_  
 Last worked: \_\_\_\_\_ Position Held: \_\_\_\_\_ Miles / week \_\_\_\_\_

**Driver Class (check):**      **Driver Type (check):**      **Truck (check):**      **Area Driven (check):**  
 Company: \_\_\_\_\_ Solo: \_\_\_\_\_ Tractor-Trailer: \_\_\_\_\_ OTR \_\_\_\_\_  
 Lease: \_\_\_\_\_ Team: \_\_\_\_\_ Straight Truck: \_\_\_\_\_ Regional: \_\_\_\_\_  
 Own/Op: \_\_\_\_\_ Student: \_\_\_\_\_ Other: \_\_\_\_\_ Local: \_\_\_\_\_  
 Other: \_\_\_\_\_ Other: \_\_\_\_\_

**Eligible for rehire?**      **Was he/she terminated?**      **Subject to FMCSRs?**      **Subject to DOT D&A?**  
 Yes \_\_\_\_\_ Yes \_\_\_\_\_ Yes \_\_\_\_\_ Yes \_\_\_\_\_  
 No \_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_\_  
 Review \_\_\_\_\_

Loads Hauled: \_\_\_\_\_ Trailers Hauled: Flatbed \_\_\_\_\_ Van \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Reefer \_\_\_\_\_ Other (describe): \_\_\_\_\_

Was the applicant involved in any accidents/incidents while employed?				YES / NO	Please describe
Has the employee had any work related injuries while employed by you?				YES / NO	
Date	Nature of Accident/Incident	Preventable	Injuries/Fatalities	Amount of Damage	

**Drug and Alcohol** (to be accompanied by an appropriate drug and alcohol release)

*In the three years prior to the date of the employee's signature (on the release), for DOT-regulated testing:*

- |   |  |     |        |
|---|--|-----|--------|
| 1 | Did the employee have alcohol tests with a result of 0.04 or higher?                                   | Yes | No     |
| 2 | Did the employee have verified positive drug tests?  | Yes | No     |
| 3 | Did the employee refuse to be tested?  | Yes | No     |
| 4 | Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | Yes | No     |
| 5 | Did a previous employer report a drug and alcohol rule violation to you?                               | Yes | No     |
| 6 | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A | Yes No |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports, follow-up testing record).

Info provided by (Signature): \_\_\_\_\_ Title, Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Comments: \_\_\_\_\_



2131 Woodruff Road Suite 2100-182  
Greenville SC 29607  
864-879-7770 Phone  
864-879-7550 Fax

## TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I authorize Quality Logistics, Inc. to make inquiries to my personal, employment, financial, including my drug /alcohol tests conducted under 49CFR, Parts 382 or 391 and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and any other person from all liability in responding to the 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.

In accordance with FMCSR 40.25(j) I hereby certify that I have not tested positive or refused to test for controlled substances (drugs) or alcohol use including pre-employment tests at any time in the past three (3) years. This certification includes all jobs, including those for which I may have applied but did not obtain.

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

Printed Name: \_\_\_\_\_ Signed Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Signed: \_\_\_\_\_

# HireRight

## DAC Trucking

Trucking Industry  
DOT D/A Disclosure and Authorization

Send to Fax Number 800.257.8069

<b>HireRight Customer:</b>	
Company Name:	<u>Quality Logistics Inc.</u>
Company Contact Name:	<u>Lorrie Keefe</u>
Fax Number:	<u>(864) 379-7550</u>
HireRight Account Code:	<u>MRZZC</u>

### Part I—Disclosure and Authorization for Release of Information for Employment Purposes— 49 CFR Part 391.23, DOT Drug and Alcohol Testing

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and telephone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, Social Security number and signature.

Previous DOT-Regulated Employer	City	State	Telephone Number

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part 2—FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23, you have certain rights regarding the safety performance history information that will be provided to prospective employers. (1)(i) You have the right to review information provided by previous employers. (ii) You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to prospective employers. (iii) You have 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. (2) Drivers who have previous DOT-regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

# Quality Logistics, Inc.

## Pre-Employment Drug Screen Agreement

The first ninety days following your hire date are considered a probationary period. If you choose to resign or are terminated before the ninety days have past, you will be charged a fee of \$90.00 for the cost of your pre-employment drug screen and/or physical.

I \_\_\_\_\_, agree to pay the costs of my drug screen and/or physical in the event that I resign or am terminated within the first ninety days of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## URINALYSIS & HAIR SAMPLE CONSENT FORM

I understand, as a pre-qualification condition, I am required by DOT to submit to a controlled substance test.

I agree to provide a urine sample and, if requested, a hair sample at a location and time designated by the company, to be tested for controlled substances.

I understand if I test positive for use of controlled substances, I am not medically qualified to drive a commercial motor vehicle or perform safety-sensitive functions.

The results of the controlled substance test will be maintained by the company designated Medical Review Officer who will report to the company whether the test results were negative or positive. I authorize the Medical Review Officer to release the test results to Quality Logistics, Inc.

I understand that by signing this form I also consent to drug screens for the following circumstances:

- Random
- Reasonable Suspicion
- Post Accident
- Return to Duty
- Follow-up

I agree to submit to the required controlled substance urinalysis and hair sample.

---

Applicant's signature (Print and sign)

Applicant's SS#

---

Date

**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 Quality Logistics, Inc. ("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 Quality Logistics, Inc. ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*



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Greenville SC 29607  
864-879-7770 Phone  
864-879-7550 Fax

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR  
EMPLOYMENT PURPOSES**

Disclosure

Quality Logistics (the "Company") may request from a consumer reporting agency and for employment related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_