

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____ (FIRST) _____ (MIDDLE) _____ (Maiden Name, if any) _____ (LAST)
 ADDRESS _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ HOW LONG? _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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 and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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 and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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 and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or 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 understand, also, that I am required to abide by all rules and regulations of the Company.

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 that I have the right to:

- Review information provided by current/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."

DATE _____

APPLICANT'S SIGNATURE _____

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.

DATE _____

APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



COMMERCIAL DRIVER QUESTIONNAIRE #11

1. POLICYHOLDER'S NAME				[REDACTED]		[REDACTED]		[REDACTED]		
POLICYHOLDER'S ADDRESS										
DRIVER'S FIRST NAME				MIDDLE INITIAL	LAST NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
LICENSE NUMBER			STATE		Prior State And Operator's Number If Less Than 3 Years		Date First Licensed Or Date Of Permit	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE HIRED	JOB TITLE		DRIVER'S INSURANCE COMPANY			HOME PHONE NUMBER		

3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.

	YES	NO
Has driver:	<input type="checkbox"/>	<input type="checkbox"/>
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
OHIO ONLY: Had any auto insurance refused, cancelled or expired for:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Material misrepresentation in application or in submission of claims?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Been required to file evidence of financial responsibility in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Received a ticket for speeding, a PBJ (PJC in NC), or any other vehicle code violation within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)	<input type="checkbox"/>	<input type="checkbox"/>
(e) Ever receive any felony convictions? Give date, description and penalty.	<input type="checkbox"/>	<input type="checkbox"/>
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed.	<input type="checkbox"/>	<input type="checkbox"/>
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
(h) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Describe all accidents regardless of who was at fault under No. 8 below.	<input type="checkbox"/>	<input type="checkbox"/>
(i) FOR MD ONLY: Refused to submit to a chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c), (d), (g), (h) & (i), ask for 3 year record only.)
 (NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)
 (NOTE FOR WI ONLY: Question 3(f) not applicable.)

Details for "Yes" answers:

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed

5. Does driver take home any company autos on a regular basis? Yes No If yes, what vehicle(s)

6. Does driver have any restrictions on license? Yes No If yes, what are the restrictions?

7. Were MVRs/CLUEs ordered on any/all drivers? Yes No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION

AGENT: Do you consider this an acceptable risk?

Agent's Signature

<p>WARNING:</p>	<p>it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</p>
<p>APPLICANT:</p>	<p>Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p>APPLICANT:</p>	<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p>
<p>APPLICANT:</p>	<p>Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p>APPLICANT:</p>	<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.</p>
<p>APPLICANT:</p>	<p>It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p>
<p>APPLICANT:</p>	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p>APPLICANT:</p>	<p>Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.</p>

COMMITTEE MEMBER SIGNATURE: I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.

DRIVER'S SIGNATURE **Date**

POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE **Date**

Title

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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?
Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

This form is courtesy of:



30(001a)
New 9/04

TO:

It is understood that my job position/employment requires me to drive a (company owned vehicle) (my own car on company business). I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. I also understand I have the right to see a copy of my Motor Vehicle Report.

By this letter I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records.

(Printed Name of Employee) _____

Signature _____

Date _____

Drivers License Number: _____

State License is issued in: _____

Date of Birth _____