

AMERITRANS COMPANY DRIVER QUALIFICATION FORM



P. O. BOX 92274
ALBUQUERQUE, NM 87199
915-852-8889 915-852-8987

Consideration of qualified driver are made without regards to the driver's sex, race, color,
national origin, marital status, age, region or non-job related disability.

Today's Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Business Name (DBA): _____

Tax Payers Identification Number if DBA: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Previous: Address: _____ How Long? _____
(Go back 3 years) Street City State Zip

Address: _____ How Long? _____
Street City State Zip

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial 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 #	TYPE	EXPIRATION DATE

HAZ MAT Endorsement? YES _____ NO _____ If YES HAZ MAT expiration date: _____

In what areas have you operated: (check all that apply):

Midwest East Coast West Coast All 48 States Canada Mexico

Have you ever had your license revoked or suspended? YES _____ NO _____

If so, when, where and why (please explain)? _____

Have you ever been convicted of a felony? YES _____ NO _____

If so, when, where and why (please explain)? _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? YES _____ NO _____

DRIVING/EMPLOYMENT HISTORY INFORMATION

To drive in interstate commerce you must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code

To drive a commercial motor vehicle*in interstate commerce you shall also provide an additional 7 years' information on those employers for whom you operated such vehicles.

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and reason.

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?			YES	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?			YES	NO

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and reason.

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?			YES	NO
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NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and reason.

USE THIS SHEET FOR ADDITIONAL DRIVING HISTORY INFORMATION (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?			YES	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?			YES	NO

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and reason.

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ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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?			YES	NO

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ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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?			YES	NO

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and reason.

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 10,000 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EQUIPMENT EXPERIENCE

Equipment Class: (Please Check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long ?	Total Miles (Approx.)
Tractor & Semi-Trailer			
Tractor w/ Two Trailers			
Straight Truck			
Other			

ACCIDENTS AND VIOLATIONS

ACCIDENTS IN THE PAST THREE YEARS (List most recent first – attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____

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TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduated? (yes or no)	When?

Have you ever served in the military? YES NO If so, when and where? _____

PERSONAL REFERENCES

Please provide three personal references. These references should not be people related to you nor former supervisors.

Name	Years Known	Phone Number

CAREFULLY READ THE FOLLOWING AND SIGN BELOW

By signing this statement, I certify that this driver qualification form has been completed by me, and all the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquires into my employment, financial, personal, or medical history as might be needed to make a contractual decision.

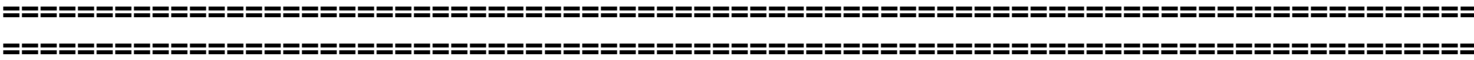
I hereby release my former employers, healthcare providers and school from any and all liability in making response to these inquires and from releasing the requested information.

In the event 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 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

Comments:

- ____ 1. Independent Contractor Agreement
- ____ 2. Copy CDL (front and back)
- ____ 3. Copy of Social Security Card
- ____ 4. Permanent Resident Card (if applicable)
- ____ 5. Form I-9
- ____ 6. Form W-9
- ____ 7. Direct Deposit Form
- ____ 8. Medical Card Short and Long Form
- ____ 9. Drug Screen
- ____ 10. MVR
- ____ 11. Copy of License Cab Card
- ____ 12. Proof of Insurance
- ____ 13. Form 2290
- ____ 14. Annual Vehicle Inspection
- ____ 15. Bill of Sale or Owner Ship
- ____ 16. Certificate of Title and Registration

Truck Information

Unit _____

Year _____

Make _____

VIN _____

Tire Size _____

Color _____

Plate's _____

