

COMPANY NAME: _____ DRIVER NAME: _____

APPLICATION

COMPANY NAME _____

COMPANY ADDRESS _____

FULL NAME _____

ADDRESS _____ # YEARS? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

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

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

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

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.

LICENSE INFO			
License #	State	License Class	Expiration Date
EXPERIENCE			
Type of Equipment	Years of Experience		
Sedans/SUV's			
Limousines			
Mini Bus/Motor Coach			
Straight Truck			
Tractor Trailer			

COMPANY NAME: _____ DRIVER NAME: _____

ACCIDENTS				
Date	Nature of Collision (Head On Rear End)	Number of Fatalities	Number of Injuries	Chemical Spill

VIOLATIONS			
Date Convicted	Violation	State Violation Occurred In	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle or has such permit or privilege been suspended or revoked?

YES

NO

If yes, explain

COMPANY NAME: _____ DRIVER NAME: _____

EMPLOYMENT RECORD

**Must go back 3 years for all employers, 10 years for driving jobs.*

LAST EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

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 this 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

2ND TO LAST EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

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 this 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

COMPANY NAME: _____ DRIVER NAME: _____

EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

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 this 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

EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

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 this 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

COMPANY NAME: _____ DRIVER NAME: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries into 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.”

Driver Signature

Date

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.

COMPANY NAME: _____ DRIVER NAME: _____

PREVIOUS EMPLOYER SAFETY CHECK

EMPLOYER: You have been identified as having employed or used the listed driver within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to DOT-regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23, we request that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

APPLICANT:

Name: _____ Social Security Number _____

Driver Signature _____ Date _____

Authorizes:

Previous Employer: _____ Address _____

City _____ State: _____ Zip: _____ Phone: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years.

To: Limo & Bus Compliance on behalf of: (prospective employer) _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as email, or letter sent to: file@lbcfleet.com LBC Fleet, Safety & Compliance
2132 W Angelo Way
Queen Creek, AZ 85142

PREVIOUS EMPLOYER:

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? Yes No

If yes, what type? _____

2. Reason for leaving your employment:

Discharged Resignation Lay Off Military Duty

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

No Accidents to Report

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

COMPANY NAME: _____ DRIVER NAME: _____

Please provide information concerning any other accidents involving the applicant:

ALCOHOL AND CONTROLLED SUBSTANCE TESTING:

Driver was not subject to the Department of Transportation testing requirements while employed by this employer.

Driver was subject to the Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior employers in the previous 3 years prior to the application date shown on page 1.

COMPLETED BY:

Name: _____ Title: _____

Signature: _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER OR LBC:

Attempt 1 DATE: _____ SENT BY: _____ METHOD: Faxed Mailed Emailed Phone

Attempt 2 DATE: _____ SENT BY: _____ METHOD: Faxed Mailed Emailed Phone

Attempt 3 DATE: _____ SENT BY: _____ METHOD: Faxed Mailed Emailed Phone

Attempt 4 DATE: _____ SENT BY: _____ METHOD: Faxed Mailed Emailed Phone

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Date: _____

Method: Fax Mail Email Telephone

COMPANY NAME: _____ DRIVER NAME: _____

MVR AND BACKGROUND CHECK CONSENT FORM

I consent to the release of my Motor Vehicle Records (MVR) and Background Check Information to the company listed below (The Company) or its agent. I understand the company will use these records to evaluate my suitability to fulfill duties that may be related to my position. I also consent to the review, evaluation, and other use of any MVR or Background Check that I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

I understand that my employer may utilize Limo & Bus Compliance LLC to collect and review my motor vehicle report and/or background check, including contacting current and former employers. I give consent for Limo & Bus Compliance, The Company, or its agent to act on my behalf while collecting any reports needed to verify my driving history or background information. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by any of the following companies or The Company listed below:

Limo & Bus Compliance LLC
2132 W Angelo Way
Queen Creek, AZ 85143

Accutrace, Inc
1495 Highlands Blvd, Ste 106
Coatesville, PA 19320

IntelliCorp Records, Inc
3000 Auburn Dr, Ste 410
Beachwood, OH 44122

Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any. If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report will include your driving, safety inspection and performance history from the FMCSA.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer 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.

THE COMPANY

Company Name: _____

Company Address: _____

APPLICANT

Applicant Full Printed Name: _____ License Class _____

Applicant Signature: _____ Date: _____

Phone: _____ Drivers' License Number: _____ State: _____

Full Address: _____ County: _____

Date of Birth: _____ SSN: _____ Email Address: _____

This consent shall remain in effect for the duration of your employment or until revoked in writing to the above named companies.

AR, CA, MA, ME, MN, NE, NH, NJ, NY OK, WA residents use your state specific form.

Driver Certification of Violations and Annual Review

**Attach Motor Vehicle Record (All Drivers) and Clearinghouse Query (if CDL) to this Form*

MOTOR CARRIER 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 has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

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 shall so certify. (Section 391.27)

If no violations have occurred in the last 12 months check here:

DATE	LOCATION	VEHICLE	OFFENSE

I certify this document to be an accurate record of all traffic citations the past 12 months.

Date of Birth

Drivers License #

State

Driver Name

Driver Signature

Date

On 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 the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she 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 the 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

Reviewed by: Print Name

Reviewed by: Signature

Date

HOURS OF SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

<u>DAY</u>	<u>TOTAL TIME ON DUTY</u>
Yesterday	_____
2 Days Ago	_____
3 Days Ago	_____
4 Days Ago	_____
5 Days Ago	_____
6 Days Ago	_____
7 Days Ago	_____
TOTAL HOURS	_____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from:

Complete with start and end time of last shift for any employer

_____ to _____
(Time/Date Work Started) (Time/Date Work Ended)

Driver Signature: _____

Date: _____

COMPANY NAME: _____ DRIVER NAME: _____

FEDERAL MOTOR CARRIER SAFETY REGULATIONS

**Required for all drivers.*

I _____, hereby acknowledge that I have access to a copy of the Federal Motor Carrier Safety Regulations available to me at the company office. In addition a copy of regulations are available at <https://www.law.cornell.edu/cfr/text/49/subtitle-B/chapter-III/subchapter-B> to view electronically and free of charge.

I agree to familiarize myself with the Federal Motor Carrier Safety Regulations of the US Department of Transportation, Subchapter B, Chapter 3, Title 49.

Driver Signature

Date

COMPANY NAME: _____ DRIVER NAME: _____

ROAD TEST AND CERTIFICATE

**Required for Non-CDLs, recommended for all drivers - Provide a copy to the driver certified.*

Company: _____

Company Address: _____

Driver Name: _____ SSN: _____

Driver's License #: _____ State: _____

ROAD TEST

	<u>Pass/Fail</u>
Pre-trip Inspection per 392.7:	P / F
Coupling and Uncoupling, if applicable:	P / F
Placing the CMV in operation	P / F
Use of the CMV controls and emergency equipment	P / F
Operating the commercial motor vehicle in traffic and while passing other motor vehicles	P / F
Turning the motor vehicle	P / F
Braking, and slowing the commercial motor vehicle by means other than braking	P / F
Backing and parking the commercial motor vehicle	P / F

OVERALL: PASS / FAIL

Type of vehicle: _____

Approximate distance of road test: _____

This is to certify that the above-named driver was given a road test under my supervision. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle list above.

Print Name

Signature

Title

Date

COMPANY NAME: _____ DRIVER NAME: _____

RECEIPT OF CONTROLLED SUBSTANCE AND ALCOHOL TESTING POLICY

**Required for CDLs, recommended for all drivers*

I _____, hereby acknowledge that I have received a copy of the Company's Drug and Alcohol Testing Policy, including applicable parts as required by section 382.601 of the FMCSA regulations.

Driver Signature

Date

Alcohol and Controlled Substance Release

**CDL Drivers Only*

We are required by 49 CFR Part 382 to perform alcohol and controlled substances testing on all persons who operate a commercial motor vehicle and hold a commercial driver's license in the United States, Canada or Mexico.

You are required to submit to alcohol and controlled substances testing in accordance with the provisions in 49CFR Part 382. You are about to submit samples for alcohol and/or controlled substance testing. Your test is being given for the following reason(s).

Pre-Employment: You are required to pass a pre-employment controlled substance test prior to performing any safety sensitive function for this company. Employment may be contingent upon satisfactory results.

Post-Accident: You are required to take an alcohol and controlled substances test following any accidents that meet the requirement for post-accident drug and alcohol testing.

Return-to-Duty: Prior to returning to duty, you must undergo an alcohol or controlled substances abuse test with negative results.

Random: We are required to do random alcohol and controlled substances testing in accordance with minimum testing rates found in 49 CFR Part 382.305.

Drug

Alcohol

Reasonable Suspicion: We can conduct alcohol and controlled substances testing on an employee when we have reasonable suspicion that he/she is violating the provisions for use of these substances. Reasonable suspicion is based on behaviors, appearance, speech, body movement or body odors.

Unannounced after Return-to-Duty: You will be subject to unannounced alcohol and controlled substances testing following any return to duty and will consist of at least six tests within the first 12 months.

Employees who refuse to submit to alcohol and controlled substances testing will not be permitted to perform or continue to perform safety sensitive functions. Refusal to submit means: failure to provide adequate breath for the breath test, failure to provide adequate urine for a controlled substances test after notice of testing has been given, or engages in conduct which obstructs the testing process.

I understand that I am about to submit to an alcohol and/or controlled substances test. I agree to be tested and understand that a positive test will terminate my ability to perform any safety sensitive job functions in accordance with 49 CFR Part 40 and 382. My records will be kept confidential.

Driver Signature: _____

Date: _____

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

**CDL Drivers Only*

I hereby provide consent to the company listed below and its representatives to conduct limited queries, at the company's discretion, of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a limited 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.

Company Name

Driver Name

Driver Signature