

# IDM TRUCKING — INC —

73 RAILSIDE DR  
WEYERS CAVE VA 24486  
(540) 234-9185  
FAX (540) 234-9318

Dear Applicant,

Thank you for your interest in our company. We are often looking for dependable, professional drivers.

Enclosed is our Driver's Application for Employment, Employment Verification and Safety Performance History, Pre-employment Urinalysis Consent Agreement and a Disclosure & Authorization Form – FMCSA PSP. Please fill out the application in full. **Please sign and date** each form and provide your **Social Security #** where it is needed. Please fill out the **Yellow** highlighted areas on the forms that are highlighted.

Return these items along with a Photocopy of your CDL, Medical Card, and a recent copy (within 30 days) of your motor vehicle record. After receiving these items processing of your application will begin. You will be called when this processing is completed. Please feel free to call if you have any questions or if you have not heard from us in a timely fashion.

Thank you,

Management

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company IDM Trucking  
Address 73 Railside Dr.  
City Weyers Cave State Virginia Zip 24486

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 authorize you to make such investigations and inquiries of 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 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 \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
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? \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial 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)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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.

<sup>†</sup>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 more than 8 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**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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	Equipment Type	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 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**

Highest Grade Completed \_\_\_\_\_

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: \_\_\_\_\_





## EMPLOYMENT VERIFICATION AND SAFETY PERFORMANCE HISTORY

**From**  
Contact Safety Director  
Fax # 540-234-9318  
Phone # 540-234-9185  
97 Railside Drive  
Weyers Cave, VA 24486

First Request Date \_\_\_\_\_  
**To**  
Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Fax # \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

The person named below has applied to this company for employment. Please answer as many questions as possible. Applicant signature authorizing release of information is found at the end of this inquiry.

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

Position Applied For: \_\_\_\_\_

### Company Reported

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Last Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### Applicant Reported

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Last Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### Please check the appropriate response:

- |                                                                      |                                    |                                    |                                 |
|----------------------------------------------------------------------|------------------------------------|------------------------------------|---------------------------------|
| 1. Employed:                                                         | <input type="checkbox"/> full time | <input type="checkbox"/> part time | <input type="checkbox"/> casual |
| 2. Is this person eligible for rehire?                               | <input type="checkbox"/> yes       | <input type="checkbox"/> no        |                                 |
| 3. Did this person have repeated and/or major disciplinary problems? | <input type="checkbox"/> yes       | <input type="checkbox"/> no        |                                 |
| 4. Is applicant related to you?                                      | <input type="checkbox"/> yes       | <input type="checkbox"/> no        | If yes, how? _____              |
| 5. Did this person hold a DOT sensitive position?                    | <input type="checkbox"/> yes       | <input type="checkbox"/> no        |                                 |

### IF EMPLOYED AS A DRIVER - PLEASE CONTINUE

6. No documentation possible due to above names applicant did no work for a DOT regulated employer or in a DOT regulated position within the preceding 3 years. ☐
7. Equipment operated: ☐ tractor semi-trailer ☐ tractor double-trailer ☐ straight truck ☐ other \_\_\_\_\_
8. Was action ever taken against this person for accidents or other safety issues while at this job? ☐ yes ☐ no
9. The following information is required by Part 382.405 and Part 40.25 of the Federal Motor Carrier Safety Regulations. Please indicate an affirmative response by making an "X" after the question / statement if within the past 3 years of any of the following apply to the above named applicant:
- |                                                                                                                                                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| a. Had an alcohol test with a result of 0.04 or higher alcohol concentration?                                                                                             | <input type="checkbox"/> |
| b. Had a verified positive test for a controlled substance?                                                                                                               | <input type="checkbox"/> |
| c. Violated any other DOT agency drug / alcohol regulations?                                                                                                              | <input type="checkbox"/> |
| d. Have you ever received information from a previous employer that the applicant violated DOT drug or alcohol regulations while with that employer?                      | <input type="checkbox"/> |
| e. Reported for duty or remained on duty in a safety-sensitive function while having an alcohol concentration of 0.04 or greater?                                         | <input type="checkbox"/> |
| f. Used alcohol while performing safety-sensitive functions?                                                                                                              | <input type="checkbox"/> |
| g. Used alcohol within 4 hours of performing safety-sensitive functions?                                                                                                  | <input type="checkbox"/> |
| h. Used alcohol within 8 hours following an accident which required the driver to take a post-accident alcohol test, when the driver had not yet been tested?             | <input type="checkbox"/> |
| i. Reported for duty or remained on duty in a safety-sensitive function while using any controlled substance unless prescribed by a licensed medical practitioner?        | <input type="checkbox"/> |
| j. Reported for duty or remained on duty in a safety-sensitive function after testing positive or adulterating or substituting a test specimen for controlled substances? | <input type="checkbox"/> |
| k. Refused to submit to any DOT required alcohol or controlled substance test?                                                                                            | <input type="checkbox"/> |

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

10. Within the 3 years preceding, was the applicant named above involved in any accident(s) as defined by 390.5 (DOT Recordable Accidents) of the Federal Motor Carrier Safety Regulations? If so, please answer the data elements below:

- a. Date of accident(s):                      1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_
- b. Nearest city / town and state to where the accident occurred:
- 1st accident \_\_\_\_\_
- 2nd accident \_\_\_\_\_
- 3rd accident \_\_\_\_\_
- c. Number of injuries, if any:              1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_
- d. Number of fatalities, if any:            1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_
- e. Whether any hazardous materials, other than fuel from the fuel tanks, were released (mark space with an "X" if applicable):
- 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

11. Although voluntary, if your policy allows it, please list the nature of any other accidents not meeting the definition of 390.5:

Additional Comments:

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the completion of this form to make an investigation and inquiry of my previous employment records. I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

## PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-employment testing requirement apply to driver-applicant for this company.

### 391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as prequalification condition.
- (c) Prior to collection of urine sample under Section 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for Pre-Employment Urinalysis Consent Agreement.

\_\_\_\_\_  
APPLICANT'S NAME (Type or Print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

WITNESSED BY:

\_\_\_\_\_  
COMPANY REPRESENTATIVE'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month DAY YEAR



## MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

**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/she has forfeited bond or collateral during the preceding 36 months. Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**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/she shall so certify (Section 391.27).

### COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

<b>NAME OF DRIVER: (PRINT)</b>		<b>SOCIAL SECURITY NUMBER:</b>		<b>DATE OF EMPLOYMENT:</b>	
<b>HOME TERMINAL (CITY AND STATE)</b> Weyers Cave, VA		<b>DRIVER'S LICENSE NUMBER</b>		<b>STATE</b>	<b>EXPIRATION DATE</b>
<b>DATE OF BIRTH</b>					
<b>IS THIS A COMMERCIAL DRIVER'S LICENSE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 36 months.					
DATE	OFFENSE	<input type="checkbox"/>	LOCATION	TYPE OF VEHICLE OPERATED	
<b>IF YOU HAD NO VIOLATIONS, CHECK THE FOLLOWING BOX</b>					
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 36 months.					
<b>Date of Certification</b>		<b>Driver's Signature</b>			

### COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Signature

Date

Printed Name

Safety Director

Title

IDM Trucking

97 Railside Dr. Weyers Cave, VA 24486

Motor Carrier Name

Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

# Motor Vehicles Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)



**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 **IDM TRUCKING** ("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 **IDM TRUCKING** ("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 2/11/2016