



COMMERCIAL DRIVER APPLICATION

To be Read and Signed by Applicant

Equal Opportunity Employer

In compliance with Federal and State equal employment opportunities 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.

Disclosure - Authorization Driving Record / Background Reports - Rights

I authorize Funston Company Inc to make such investigations and inquire, as part of the employment process and at any time during my tenure of employment with the company, to obtain a driving record, consumer report and/or investigative consumer report (commonly known as background report), which I understand may include but not limited to: social security number verification's; address history; credit reports history; criminal records history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verification's; employment history verification's; personal and professional referenced checks; professional licensing and certification checks; drug/alcohol testing results; and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character; general reputation; personal characteristics; mode of living and credit standing and other related matters as may be necessary in arriving at an employment decision. This information may be obtained from private and public record sources, including, as appropriate; government agencies and courthouses, educational institutions, former employers, personal interviews with sources such as neighbors, friends and associates, and other information sources.

I understand that if offered a job, it may be conditioned on the results of a physical examination, drug test, and/or motor vehicle record. I understand that I will be required, prior to hire, to provide proof of eligibility to work in the United States and information on any relevant criminal convictions. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. *I understand, also, that I am required to abide by all rules and regulations of the company.*

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

This notice serves to full-fill the requirements of 49CFR, part 391.23(1), Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer. I understand I have the right to:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

3. 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 this information.

Applicants Printed Name: _____ Driver's License #: _____ State: _____

Social Security #: _____ Date of Birth: _____

Address: _____

Applicants Signature: _____ Date: _____

Drug & Alcohol – FMCSA Clearinghouse

Funston Company Inc, committed to a controlled substance and alcohol-free workplace. As a prospective employee, on a permanent or temporary basis, all applicants must be given pre-employment tests for controlled substances and will be subject to further testing throughout their period of employment.

By signing below,

- I am authorizing the application process to begin and acknowledge.
- I will have to submit to a pre-employment test.
- I understand that, if my pre-employment results are positive the results will be reported to the FMCSA Clearinghouse
I agree to follow the controlled substance and alcohol policy of the company.

Applicants Signature: _____ Date: _____

* Failure to sign will end the application process.

Clearinghouse CDL Driver's Registration

If you have not already created an account, please go to <https://clearinghouse.fmcsa.dot.gov/register> and register. You must complete the registration process, before you can respond to our consent request. It is the requirement of the FMCSA that Funston Company Inc, conduct pre-employment queries prior to hiring a driver in safety-sensitive function.

Fair Credit Reporting Act Disclosure

In accordance with the provision of Section 604(b)(2)(A) of the *Fair Credit Reporting Act*, Public Law 91-508, as amended by the *Consumer Credit Reporting Act* of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature: _____ Date: _____

Instructions

Please read each question, this application must be completed in its entirety and signed to be considered for employment. If a question does not apply to you, leave field blank or answer NO or NA (Not Applicable).

Full Name: _____ SSN: _____ - _____ - _____

Date of Birth: _____ (Required for Truck Drivers) Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ years/months - (**Stop, here if you have resided at this address for 3 years or more**)

Previous Address: _____ How Long: _____ years/months

Previous Address: _____ How Long: _____ years/months

Emergency Contact Information - In the event of an accident/emergency, provide a contact person with a phone number:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? Yes No

Have you ever been convicted or have a pending charge of a Misdemeanor, a felony or possession of a controlled substance?

Yes No If yes, please explain:

(Conviction of a crime is not an automatic bar to employment. All Circumstances will be considered.)

Position Applying For:

CDL Driver Non-CDL Driver Operator Sales Warehouse Location: (If applicable)

Full Time - Will you be working a part time job? If yes, Explain: _____ **Part Time**

Previously Employed with Company? Yes No

Is there any reason you might be unable to perform the job for which you have applied? Yes No

If yes, explain if you wish:

Drivers Experience & Qualification -List ALL Drivers Licenses held in past **3 years**.

(No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years)

State	License Number	Class	Endorsements	Expiration Date

Do you possess a valid US Department of Transportation Medical Certificate Card? Yes No Expiration Date:

Class of Equipment	Yes No		Type of Equipment (Van, Tank, Flat, Dump, Etc.)	Dates		Approximate Number of Miles
	Yes	No		From	To	
Straight Truck						
Tractor & Semi-Trailer						
Tractor w/Doubles or Triples						
Other						

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked, or suspended? Yes No

If yes, explain:

In the past 10 years, have you been convicted or been on probation for DWI or DUI? Yes No If yes, explain:

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No If yes, explain:

Driving Experience

Accident Record for Previous 3 Years - (Copy of **accident report**, if citation issued or shown being at fault) Check **this box if none**

Date	Nature of Accident	Fatalities	Injuries	Hazardous Spills

Traffic Convictions and Forfeitures for the past 3 years: - (Other than Parking Violations) **Check this box if none**

Location	Date	Charge	Penalty (Points)

Employment History:

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all **employment** for the **last three (3) years**. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).*

Any gaps in employment more than one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

U.S. Military Service: Yes No If yes, what branch of service?

Beginning Date of Active Service: _____ End Date: _____ Date of Discharge from Military Service:

Current Employment Status:

Currently Working **Self Employed** **Unemployed** - List Dates: _____ **Other:**

Company Name: _____ **Phone:** _____

Address: _____ Position Held:

Date Started: Month: _____ Year: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

You **MAY** contact this employer for references/verification of employment prior to hiring.

Please **DO NOT** contact this employer for references/verification of employment at this time.

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:**

Address: _____ Position Held:

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:**

Address: _____ Position Held:

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving:

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:** _____

Address: _____ Position Held: _____

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:** _____

Address: _____ Position Held: _____

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:** _____

Address: _____ Position Held: _____

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Previous Employer: _____ **Phone:** _____

Address: _____ Position Held: _____

From: Month: _____ Year: _____ To: Month: _____ Year: _____ Reason for Leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

***Employment Gaps** - Reason: _____ Dates: _____ to _____

Application Addendum

Federal Motor Carrier Safety Regulations 40.25 (1), the employer must ask the employee whether he or she has tested positive or refused to test on any per-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.

In the previous three (3) years have you:

1. Violated the Alcohol and Control Substance prohibitions under sub-part B of 49CFR Part 40? Yes No
2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR382.605? Yes No N/A

Check all that apply:

I had an alcohol test of 0.04 or higher YES NO N/A

I had a Verified Positive Drug Test YES NO N/A

I refused to test (Including verified adulterated or substituted drug test result YES NO N/A

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

Applicants Signature: _____

Date:

*This application will be considered active for Thirty (30) days.

**If you wish to receive further consideration for employment, you must complete a new application after 30 days.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions:

If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

Certificate of Road Test

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____

State of Issuance: _____ Class: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger Carrier, type of Bus: _____

This is to certify that the above-named driver completed a road test under my
Supervision on _____ (DD/MM/YYYY) consisting of approximately: _____
miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely
operate the type of commercial motor vehicle listed above.

Examiner's Printed Name: _____

Examiner's Signature: _____

Organization and Address of Examiner: _____

Certificate of Training for Entry Level Commercial Drivers

Driver's First Name, Middle Initial, Last Name

I certify that the above-named driver has completed the training requirements set forth in the Federal Motor Carrier Safety Regulations for entry level driver training in accordance with 49 CFR 380.503

- Driver Qualification Requirements (49 CFR 391)
- Hours of Service of Drivers (49 CFR 395)
- Driver Wellness
- Whistleblower Protection (29 CFR 1978)

Certificate Issuance Date_____

CERTIFICATE OF VIOLATIONS & ANNUAL REVIEW

Drivers' Name: _____

CDL# _____ State: _____

1. CERTIFICATE OF VIOLATIONS (49 CFR 391.27)

As required under 49 DFR 391.27, I certify that the following is a true and complete lieu of traffic violation (**other than parking violations**) for which I have been convicted or forfeited bond or collateral during the past twelve months.

DATE _____ **OFFENSE** _____ **LOCATION** _____

TYPE OF VEHICLE OPERATED _____

If no violation are listed above, I certify by entering NONE above, that I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Driver's Signature: _____ **Date:** _____

Motor Carrier's Name: _____

Motor Carrier's Address: _____

2. ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD (49 CFR 391.25)

In accordance with 49 CFR 391.25, all information pertinent to the above driver's safety of operation, including the lieu of violation furnished by him/her in accordance with 49 CFR 391.27 has been reviewed for the past twelve months.

No action required, continue qualification Action taken (see below) Not qualified, remove from service

Action Taken:

Reviewed by _____ Title _____ Date _____

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions:

When using a driver for the first time or intermittently, a signed estimate must be obtained, giving the total time on duty (driving and on duty) during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work.

Printed Name: _____

Day	Total Time on Duty
1	
2	
3	
4	
5	
6	
7 (last Day)	

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 _____ in

Signature of Applicant: _____ Date: _____

Driver's Acknowledgment and Receipt

I have read and received a copy of [Funston Company Inc](#) policies and procedures. I understand that failure to comply with [Funston Company Inc](#) policies and procedures, may result in disciplinary action, penalties and or termination of employment.

Company & FMCSA Policy and Procedures (All Personnel)

Driver Orientation

Hours of Service

ELD's

Personal Conveyance

General Safety Rules for the Drivers

Company Vehicles

Commercial Vehicles

Roadside DOT Inspections Procedures

Preventable Accidents Procedures

Post-Accident

Defensive Driving

Driver's Signature

Driver's Name Printed

Company Representative Signature _____ Date _____

**** Signed copy to be placed in drivers file ****

Drug & Alcohol Clearinghouse Consent for Limited Queries

Notice To Driver:

The commercial Driver's License Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers, who have violated the FMCSA's drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such violations or not, each motor carrier for whom you drive for are required to check whether the Clearinghouse has any information about you, both at the **"Time of Hire" and "Annually"**.

When conducting an annual inquiry, [Funston Company Inc](#) has the right to request a "Limited" report that only indicates, if the Clearinghouse has any information about you. It does not release any violations or testing information. In order for the company to request a limited report, we must have your written authorization per 382.701(b).

If a limited query conducted by [Funston Company Inc](#) indicates that drug or alcohol violation information about you exists in the Clearinghouse, FMCSA will not disclose that information to [Funston Company Inc](#). You will be required to log in to the Clearinghouse website within **24 hours** to grant electronic consent for to obtain my full Clearinghouse record.

Driver's Authorization

I, _____ hereby provide consent to [Funston Company Inc](#) conduct a limited annual query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists. This consent is valid from the date shown below until my employment with ceases or I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382.

I further understand that, if I refuse to provide consent for [Funston Company Inc](#) to conduct a limited query of the Clearinghouse, [Funston Company Inc](#) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I understand that, if a limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours via the Clearinghouse website for [Funston Company Inc](#) to obtain my full query. Refusal to provide consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

Date: _____

*** This consent form must be retained until 3 years after the date of the last limited query**



DQ FILE New Hire Checklist

Driver Name: _____

- _____ APPLICATION: 10 YEAR EMPLOYMENT HISTORY
- _____ COPY OF DRIVERS LICENSE
- _____ COPY OF MEDICAL CARD
- _____ CERTIFICATE OF DRIVERS ROAD TEST
- _____ CERTIFICATE OF TRAINING ENTRY LEVEL COMMERCIAL DRIVERS
- _____ COMPLETED PREVIOUS EMPLOYMENT INVESTIGATION
- _____ MVR DISCLOSURE / AUTHORIZATION FORM
- _____ CERTIFICATE OF VIOLATION & ANNUAL REVIEW
- _____ CURRENT MVR
- _____ HOURS OF SERVICE
- _____ PRE-EMPLOYMENT DRUG TEST RESULTS & COC
- _____ DRIVER'S ACKNOWLEDGMENT RECEIPT
- _____ CLEARINGHOUSE AUTHORIZATION FORM
- _____ PSP REPORT



DQ File Update Sheet

Driver Name: _____

Date of Hire: _____ Exit Date: _____

Pre-Employment Drug Test Results Date: _____ MVR Date: _____

SS#: _____ - _____ - _____ DOB: _____

DRIVERS LICENSE #: _____ State: _____ Class: _____ EXP Date: _____

MEDICAL CARD EXP Date: _____ NATIONAL REGISTRY CHECKED _____

DRIVERS LICENSE EXP Date: _____ - _____ - _____ DRIVERS LICENSE EXP Date: _____ - _____ - _____

DRIVERS LICENSE EXP Date: _____ - _____ - _____ DRIVERS LICENSE EXP Date: _____ - _____ - _____

DRIVERS LICENSE EXP Date: _____ - _____ - _____ DRIVERS LICENSE EXP Date: _____ - _____ - _____

DRIVERS LICENSE EXP Date: _____ - _____ - _____ DRIVERS LICENSE EXP Date: _____ - _____ - _____

DRIVERS LICENSE EXP Date: _____ - _____ - _____ DRIVERS LICENSE EXP Date: _____ - _____ - _____

MEDICAL CARD EXP Date: _____ - _____ - _____ MVR EXP Date: _____ - _____ - _____

MEDICAL CARD EXP Date: _____ - _____ - _____ MVR EXP Date: _____ - _____ - _____

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