

# Application for Employment

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address \_\_\_\_\_ (Please specify year(s) and month(s))  
(If less than three(3) years, list all previous addresses in the past three(3) years below. Attach a separate sheet if necessary)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Position applying for \_\_\_\_\_ Full Time Part Time Temporary

Who referred you \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you worked for this company before YES NO From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Where \_\_\_\_\_ Position Held \_\_\_\_\_

---

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last School attended \_\_\_\_\_  
(Name) (City/State)

Describe any truck driving, transportation or other related experience that may help in your work for this company

List any other courses or training

List special equipment or other training you might have had

## Employment History

All driver applicants to drive in interstate commerce must provide the following on ALL past employers during the preceding 3 years: the past employers name, address, dates of employment (explain all gaps), and the reason for leaving employment. Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce must provide an additional 7 years of information on those past employers for whom the applicant operated such vehicle.

Employer		Dates	
Name		From: Month/Year	
Address			
City	State	Zip	TO: Month/Year
Contact Person		Phone #	
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?			Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No			
Employer		Dates	
Name		From: Month/Year	
Address			
City	State	Zip	TO: Month/Year
Contact Person		Phone #	
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?			Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No			
Employer		Dates	
Name		From: Month/Year	
Address			
City	State	Zip	TO: Month/Year
Contact Person		Phone #	
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?			Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No			
Employer		Dates	
Name		From: Month/Year	
Address			
City	State	Zip	TO: Month/Year
Contact Person		Phone #	
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?			Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No			
Employer		Dates	
Name		From: Month/Year	
Address			
City	State	Zip	TO: Month/Year
Contact Person		Phone #	
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?			Yes    No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40?    Yes    No			

\*Include vehicles having a GVWR of 26,001 lbs. or more designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity placarding.

## Driver Experience and Qualification

List ALL Drivers Licenses or permits held in the last three (3) years

State	License Number	Class	Endorsement(s)	Expiration Date

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No  
 2) Has any license, permit or privilege ever been suspended or revoked?                      Yes    No

If you answered "Yes" to 1 or 2, attach a statement giving facts and circumstances.

## Driver Experience

Class of Equipment	Type of equipment (Van, Tank, Flat)	From Month/Year	To Month/Year	Approximate Number of Miles
Auto (Passenger)				
Straight Truck				
Tractor & Semi-Trailers				
Tractor & Two-Trailers				
Motor Coach-Bus				
Other-Please Specify				

## Accident Record

List ALL accidents in the past three (3) years. Attach separate sheet if more space is required.

Date	Nature of Accident (Head-on, Rear-end, ect.)	Property Damage Yes/No	Personal Injury Yes/No

## Traffic Convictions and Forfeitures

List ALL in the past three (3) years (other than parking tickets). Attach separate sheet if more space is required.

Date	City and State	Charge	Penalty

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. 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 for all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

#### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

---

---

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**





## **EMPLOYEE ALCOHOL AND DRUG STATEMENT**

---

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug and 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive function for you, until and unless the employee documents successful completion of the return-to-duty process (See 40.25(b)(5) and (e))

---

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

The employee is required by Sec. 40.25 to respond to the following question:

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?

Check one      Yes      No

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## Record of Road Test and Certification

Evaluator Name \_\_\_\_\_

Date of Test \_\_\_\_\_

Driver Name \_\_\_\_\_

SSN \_\_\_\_\_

License Number \_\_\_\_\_

State \_\_\_\_\_

Power Unit Type \_\_\_\_\_

Trailer Type \_\_\_\_\_

Miles Driven \_\_\_\_\_

Completion Time \_\_\_\_\_

Pre-Trip Inspection	Pass	Fail	N/A
Service Brakes			
Trailer Brakes			
Steering			
Lighting and Reflectors			
Tires			
Horns			
Windshield Wipers			
Mirrors			
Coupling Devices			
Reviews and signs the last Vehicle inspection Report			
Coupling/Uncoupling	Pass	Fail	N/A
Has knowledge of coupling/uncoupling			
Performs coupling operations properly			
Performs uncoupling operations properly			

Motor Vehicle Description	Pass	Fail	N/A
Uses proper procedures to place vehicle in operation			
Understands and uses vehicles controls properly			
Understands and uses emergency equipment properly			
Operates the vehicle in traffic in a safe and appropriate manner			
Passes other vehicles in a safe and appropriate manner			
Performs turns properly			
Applies brakes properly			
Knows and can slow the vehicle by means other than braking			
Backs the vehicle properly			
Parks the vehicle properly			

Comments \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Certification of Road Test

Driver Name \_\_\_\_\_

SSN \_\_\_\_\_

License Number \_\_\_\_\_

State \_\_\_\_\_

Power Unit Type \_\_\_\_\_

Trailer Type \_\_\_\_\_

This is to certify that the driver listed above was given a road test under my supervision on \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that the driver listed above possesses sufficient driving skill to operate safely the type of motor vehicle listed above.

Examiner's Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_



## Certification of Compliance with Driver License Requirements

**Motor Carrier:** As stated in Part 383 Section 3: "These rules apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States."

**Drivers:** The Federal Motor Carrier Safety Administration requires that you must comply with the following:

- 1) **You may possess only ONE license.** Part 383 Section 21 states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

If you have more than one license you must notify the state that issued the license that you wish to close your record and no longer wish to be licensed by that state.

- 2) **You must notify your employer of license suspension, cancellation or revocation the next business day.** Part 383 Section 33 states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification." **In addition Part 383 Section 31 states:** "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify 1) an official designated by the State or jurisdiction which issued such license AND 2) his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license". **The notification to the State official and employer MUST be made in writing.**

Please indicate the only license you will possess below:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

By signing this form: I certify that I have read and understood the requirements listed above.

Driver's Name (Print) \_\_\_\_\_

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

**Certification of Violations and Annual Review of Driving Record**

**Motor Carrier:** Section 391.25 states: "each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period." Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**Driver:** Section 391.27 states: "Each driver shall furnish the list required in accordance with paragraph (a) of this section. 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."

**Driver – Please complete the Certification of Violations part**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date	Offense	Location	Type of Vehicle Operated

If you have **not** had any violations please check this box

By completing and signing this form: I certify that the above information is a true and complete list of all traffic violations for which I have been convicted, forfeited bond or collateral during the past twelve (12) months (except those I have provided under 383).

If no violations are listed above: I certify that I have not been convicted, forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months (except those I have provided under 383).

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

**Motor Carrier – Please complete the Annual Review of Driving Record**

Please review the information listed above and any other information as described in Section 391.25 of the Federal Motor Carrier Safety Regulations and complete the requested information below.

I have hereby review the driving record of the above named driver in accordance with Section 391.25 and find that he/she: Select one of the following

- Meets the 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 \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_

Motor Carrier Address \_\_\_\_\_