



DRIVER APPLICATION

Instructions: Print this entire file... Complete... Fax to: (404) 350-9407

Thank You!

Star Coaches, Inc.

Driver Qualification File Checklist

Name _____

Hire Date _____

- ___ 1. Application for Employment
- ___ 2. Previous Employment Background Check - 3 years Drug/alcohol - past 2 years
 - A. _____ a. _____
 - B. _____ b. _____
 - C. _____ c. _____
- ___ 3. Copy of License
- ___ 4. Motor Vehicle Record (MVR)
- ___ 5. Release Form for Obtaining MVR
- ___ 6. Pre-employment Drug Screen
- ___ 7. Copy of Recent Physical
- ___ 8. DOT Medical Card
- ___ 9. Copy of Social Security Card
- ___ 10. Hours of Service Record for First Time Drivers
- ___ 11. Receipt for Fed Mtr Carrier Safety Regulation Book
- ___ 12. Receipt for Policy on Substance Abuse
- ___ 13. W-9 Tax Form
- ___ 14. Star Coach Road Test / Driver Training
- ___ 15. Certificate of Compliance ___ 16. Disclosure Statement
- ___ 17. Violations Disclosure ___ 18. Sleeper Contract

Application for Employment

Company _____ Street Address _____

City, State, and Zip Code _____

Name _____
First, Middle, Last

Address _____
Street City ST Zip

Date of Birth ____/____/____ Social Security No. ____-____-____

Address(es) for the past three years

1.	Street	City	ST	Zip	How Long?
2.	Street	City	ST	Zip	How Long?
3.	Street	City	ST	Zip	How Long?

EXPERIENCE & QUALIFICATIONS—DRIVER (Attach sheet if more space is needed)

LICENSE

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 every been suspended or revoked? Yes No

If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.

Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Second Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Third Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fourth Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fifth Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Sixth Last Employer: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:

- (i) The right to review information provided by previous employers;*
- (ii) 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;*
- (iii) 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 the information.*

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

Yes. I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

No. I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

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.

Today's Date: _____ Applicant's Signature: _____

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

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

and states that he/she was employed by you as _____ from _____ to _____.

Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____

Tractor-Semitrailer _____ Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

(Name of Former Employer)

Date: _____

You are hereby authorized to give to _____
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Name: _____
Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

_____ states that he/she was employed by you as _____ from _____ to _____.
You please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped addressed envelope.

Very truly yours,

Safety Department

Is the employment record with your company correct as stated above? _____

What kind(s) of work did the applicant do? _____

Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semitrailer _____ Other (specify) _____

Was the applicant a safe and efficient driver? _____

Give the dates of vehicle accidents in which he/she was involved. _____

Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

Was the applicant's general conduct satisfactory? _____

Is the applicant competent for the position sought? _____

Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Professional habits	_____	_____	_____	_____	_____
Working skill	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____

Remarks: _____

Signature: _____

Title of Company: _____

(Detach here for your records)

(Name of Former Employer) _____ Date: _____

I am hereby authorized to give to _____

(Name of Prospective Employer)

Information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Motor Vehicle Drivers
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:

