

# MINIMUM DRIVER QUALIFICATION INFORMATION

**Company** Gilbertson Transport  
**Address** 905 NE 68<sup>th</sup> St C2  
**City** Vancouver **State** Wa **Zip Code** 98665

*The purpose of this document is to determine whether or not the driver is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.*

## Instructions to Driver

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date \_\_\_\_\_ Position applying for; Check One:  Contractor  Driver  Contractor's Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Age\* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**Physical Exam Expiration Date:** \_\_\_\_\_

**Current & Three Years Previous Addresses:**

	From	To
	From	To
	From	To
	From	To

Have you worked for this company before?  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4      Post-Graduate: 1 2 3 4

# Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  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?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  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?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  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?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  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?  Yes  No

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  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?  Yes  No

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

# Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three years (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Type	Endorsements	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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES  NO
- D. Have you ever been convicted of a felony\*?..... YES  NO

If the answers to A, B, C or D is "YES", give details \_\_\_\_\_

\* Disclosure of this information does not automatically exclude the driver from consideration

# To Be Read and Signed by Driver

*It is agreed and understood that any misrepresentation given on this document shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not, And I release the employers and persons named herein from all liability for any damages on account of their furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*This certifies that the above information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Driver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**

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*Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.*