

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: Quality Driver Solutions, Inc.

Address: 1908 Central Drive Suite D

City Bedford State TX Zip 76021

(answer all questions- please print)

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.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Phone # _____ Cell Phone# _____ Emergency # _____

List your addresses of residency for the past 7 years.

Current Address	_____	_____	_____	How Long?	_____
	Street	City	State & Zip Code		yr./mo.
Previous Addresses	_____	_____	_____	How Long?	_____
	Street	City	State & Zip Code		yr./mo.
	_____	_____	_____	How Long?	_____
	Street	City	State & Zip Code		yr./mo.
	_____	_____	_____	How Long?	_____
	Street	City	State & Zip Code		yr./mo.

Emergency Contact: Name _____ Relation _____ Phone Number _____

Do you have legal right to work in the United States ? Yes No

Date of Birth _____ Can you provide proof of age? Yes No
(Required for Commercial Drivers)

Have you worked for this company before? Yes No Where? _____

Dates: From: _____ To: _____ Rate of Pay: \$ _____ Position: _____

Reason for leaving: _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: \$ _____

Have you ever been bonded? _____ Name of bonding Company _____

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 the 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 who drive a commercial motor vehicle* in the intrastate or interstate commerce shall also provide an additional 7 year's 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.)

Please provide employment history for the past 10 years. Explain gaps longer than 30 days.

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY		STATE	ZIP	
CONTACT PERSON			PHONE	REASON FOR LEAVING
Subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No			Subject to drug/alcohol testing req per 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			What License Required? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY		STATE	ZIP	
CONTACT PERSON			PHONE	REASON FOR LEAVING
Subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No			Subject to drug/alcohol testing req per 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			What License Required? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY		STATE	ZIP	
CONTACT PERSON			PHONE	REASON FOR LEAVING
Subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No			Subject to drug/alcohol testing req per 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			What License Required? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY		STATE	ZIP	
CONTACT PERSON			PHONE	REASON FOR LEAVING
Subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No			Subject to drug/alcohol testing req per 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			What License Required? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY		STATE	ZIP	
CONTACT PERSON			PHONE	REASON FOR LEAVING
Subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No			Subject to drug/alcohol testing req per 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			What License Required? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle 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	HAZMAT SPILLS (CIRCLE ONE)	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

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 _____

YES _____

NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

YES _____

NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU 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)

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 completed 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 from liability in responding to inquiries and releasing information in connection with my application. In the event that false or misleading information given in my application or interview, may result in discharge. I understand that I am required to abide by all rules and regulations of the Company.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is "at will"- that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date

Applicant's Signature

**TO BE COMPLETED BY QDS D.O.T. COMPLIANCE COORDINATOR
PROCESS RECORD**

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACE IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DATE: _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to
QUALITY DRIVER SOLUTIONS, INC for the purposes of investigation
 (Prospective Employer)
 as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier
 Safety Regulations. You are released from any all liability which may result from
 furnishing such information.

Date _____ Applicant's Signature _____
 Print Name _____

DRIVERS DO NOT FILL OUT BELOW

NAME AND ADDRESS OF PREVIOUS EMPLOYER: _____

THIS FORM WAS (check appropriate box)

Mailed, Date _____

Faxed, Date _____

Received by Phone, Date _____

Ph#: _____ Name of Person Contacted _____

Dear Sir/Madam:

The below named individual has made application to this company for a position as a _____
 and states that he/she was employed by you as _____
 from (m/y) _____ to (m/y) _____

We appreciate your time in completing, in confidence, the information requested below. Please fax
 fax back to 817-545-1631. Thank you for your courtesy.

Sincerely,
QUALITY DRIVER SOLUTIONS, INC.
1908 Central Dr Suite D
Bedford, TX 76021

Name of Applicant: _____ Social Security # : _____

1. Employed from (m/y) _____ to (m/y) _____ as _____ at wage or salary
 of \$ _____ .
2. **Equipment Operated:**

<input type="checkbox"/> Tractor/Trailer _____ % driven	<input type="checkbox"/> Bus	Type of Trailer:	<input type="checkbox"/> Van	<input type="checkbox"/> Tanker
<input type="checkbox"/> Straight Truck _____ % driven	<input type="checkbox"/> Other _____		<input type="checkbox"/> Reefer	<input type="checkbox"/> Flatbed
<input type="checkbox"/> Doubles _____ % driven (ex; 80% TT 20% ST)			<input type="checkbox"/> 53'	<input type="checkbox"/> 48'
			<input type="checkbox"/> 28'	
3. Was he/she a safe and efficient driver? Yes No
4. Reason for leaving?: Discharged Resignation Lay Off Military Other
5. Was his/her general conduct satisfactory? _____ Eligible for Re-Hire: Yes No Upon Review
6. Number of accidents for past three years: None DOT Recordable Accidents : _____

Please indicate city, date and if there was a Hazmat spill.
 Non-Recordable Accidents: _____ Preventable Accidents: _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability To get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____
 TITLE _____
 DATE _____

**FOR PROSPECTIVE EMPLOYER'S RECORD
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
 3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____
_____ hereby authorizes: _____
_____ Date of Birth _____
Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(Date of employment application)

Prospective Employer: **Quality Driver Solutions, Inc.**

Attention: **DOT Compliance**

Telephone: **817-545-1611**

Street: **1908 Central Drive Suite D**

City, State, Zip: **Bedford, TX 76021**

In compliance with DOT Regulation 49 CFR part 40 Section §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: **817-545-1631**

Prospective employer's confidential email address: **gaby@qualitydriversolutions.com**

Applicant's Signature

Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver **was not** subject to Department of Transportation testing requirements while employed by this employer, please check here
and complete bottom of Section 2, **sign and return**.

If driver **was** subject to Department of Transportation testing requirements from _____ to _____

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did a previous employer report a drug and alcohol rule violation? | <input type="checkbox"/> | <input type="checkbox"/> | |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name of Person Providing Information in Section 2: _____

Signature: _____ Title: _____

Phone Number: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

Complete below when information is obtained. _____ Date

Information received from: _____ Method: Fax Mail Email Telephone (circle one)

Recorded by: _____ Other _____

Date: _____

PREVIOUS EMPLOYER COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

FELONY DISCLOSURE

Have you ever been fired or asked to resign by employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please explain,
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please explain the circumstances including the nature of the crime, date of conviction, and the city and state in which you were convicted. You are not required to list sealed, expunged, or statutorily eradicated convictions. Applicants from Virginia should limit their responses to the past seven years.
Have you ever been convicted of a misdemeanor involving violence, harassment, stalking, theft, forgery, embezzlement, larceny, or dishonesty? (Note: A conviction is not an absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please explain the circumstances including the nature of the crime, date of conviction, and the city and state in which you were convicted. You are not required to list sealed, expunged, or statutorily eradicated convictions. Applicants from Massachusetts and New Hampshire should limit their responses to the past five years. Applicants should limit their responses to the past seven years.
Have you ever been dishonorably discharged from or disciplined by the armed services as result of an accusation of harassment, stalking, theft, or dishonesty? (Note: A "yes" answer is not an absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please explain the circumstances. Applicants from California, Colorado, Idaho, Kansas, Missouri, Montana, Nevada, New York, Ohio, Pennsylvania, Rhode Island, Washington (state), and West Virginia should not respond to this question.
Have you ever been disciplined or terminated from employment for violating either your employer's policies or the government's laws prohibiting harassment (of any type), discrimination, workplace violence, or weapons in the workplace? (Note: A "yes" answer is not absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , please explain the circumstances, including any exoneration through a grievance or appeals procedure or any subsequent litigation.
In the event of employment, I understand the falsification of this form will results in action up to and including termination.	
Print Name:	
Signature:	Date:

Note: A drug screen test is required for employment.
 Government regulation requires that we verify your identity and employment authorization (Form I-9) within (3) working days of your date of hire. Please be prepared to submit proper documentation. Please advise us in advance if you need any type of special accommodation to complete this Application for Employment or to take any pre-employment tests.

QUALITY DRIVER SOLUTIONS, INC.

Consumer Disclosure and Authorization Form Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as USAIntel and/or Frasco Profiles, and to the release of such background reports to Quality Driver Solutions, Inc. (QDS) and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if QDS hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from USAIntel and/or Frasco Profiles, and/or other consumer reporting agencies.

I understand that information contained in my employment or contract application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluation background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: lay enforcement and all other federal, state and local agencies, learning institutions (including public and private schools colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of QDS.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such a right under the applicable state law) a copy of your background report if one is obtained by the Company.

Applicant Name: (Please Print) _____

Applicant Signature: _____ Date: _____

Quality Driver Solutions Inc., Policy Statements

Release Consent of Information

I, _____, authorize Quality Driver Solutions, Inc., to make copies/distribute my complete Driver's Qualification File (D.Q.F), including Drug and Alcohol results to any client in connection with the driver lease contract. I agree to release all legal responsibility in accordance with Quality Driver Solutions, Inc., and its associates.

(Applicant's Signature)

(Date)

Rights to Review Information from Previous Employer

In accordance with section 391.23 of the Federal Motor Carrier Safety Regulations, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information. You have 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

(Applicant's Signature)

(Date)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions 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 1, 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.

(Applicant's Signature)

(Date)

Fair Credit Reporting Act Disclosure

I, _____, hereby certify that I have received a copy of the following Fair Credit Reporting documents:

- ◆ *Disclosure Regarding Background Investigation*
- ◆ *A Summary of Your Rights under the Fair Credit Reporting Act.*
- ◆ *A Summary of Your Rights under California Civil Code Section 1786.22 (CA Applicants Only).*

(Applicant's Signature)

(Date)

Statement for Background Check

I hereby consent to Quality Driver Solutions, Inc., (QDS) and its affiliates to independently research my character, background, education, and past employment. This includes contacting references, and records maintained by both private and public organizations. It may also include workers' compensation and insurance information.

I release QDS and its agents from any legal responsibility, claims, or lawsuits relating to QDS examine and/or defend, indemnify and hold harmless QDS from any legal responsibility, claims, or lawsuits which may result, including investigating, or actions from QDS taken as a result of its study.

I understand that failure to provide any prior employment I had within the last (10) ten years or to give false or misleading information, either on my application or this form, may be motive for termination.

(Applicant's Signature)

(Date)

Motor Vehicle 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 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. **POSSESSES 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 your state of issuance that you no longer want to be licensed by that state.

- 2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Section 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 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: _____

Notes: _____

**INTERMITTENT OR MULTIPLE-EMPLOYER DRIVERS
DRIVER STATEMENT OF ON-DUTY HOURS**

INSTRUCTIONS: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the driver's total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier (see Section 395.8(j)(2) Federal motor Carrier Safety Regulations). NOTE: Hours for any **compensated** work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restrictions(s) _____

Type of License _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year

Driver's Signature Date

EMPLOYMENT CHECKLIST FOR MULTIPLE-EMPLOYER DRIVER

The qualification file for a multiple-employer driver employed under the rules in Section 391.63 must include the following forms and must be retained for 3 years after the person's employment by the motor carrier ceases.

- 1. Medical Examiner's Certification** - The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Section 391.43
Published by: J.J. Keller & Associates, Inc.- Neenah, WI Book No. 2B or 646-FS-C2 _____
- 2. Certificate of Driver's Road Test** - The certificate of the driver's road test issued to the driver pursuant to Section 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.31.
Published by: J.J. Keller & Associates, Inc. - Neenah, WI Form No. 13-F _____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

A motor carrier must ensure that a multiple-employer driver is currently participating in drug and alcohol testing programs as required by Part 382 of the Federal Motor Carrier Safety regulation.

Verify participation in current drug and alcohol testing program for driver's regular motor carrier's employment program. _____

Information regarding individual results of alcohol and controlled substance testing shall be maintained in a secure location with controlled access.

Processed By: _____ Date: _____
(Carrier Agent)

**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 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVERS 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

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provide under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.
(If you have no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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 provide under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

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 review 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 Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

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.

QUALITY DRIVER SOLUTIONS, INC.

PERSONAL PHYSICIAN DESIGNATION FORM

Employee Name

Social Security Number

In case of injury or illness at work, I choose to receive medical treatment from my own physician.

I comprehend that labor Code Section 4600 defines my "Own Physician" as my "Regular Physician and Surgeon: who has formerly directed my medical treatment and who retains medical records, including my medical history."

Physician's Name _____

Physician's Address _____

Physician's Telephone Number _____

At this time I do not have a designated physician []

Employee Signature

Today's Date

Quality Representative

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Applicant Name: _____

PART 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each Employer shall notify a driver that the alcohol or controlled substances test is required by this part. No Employer shall falsely represent that a test is administered under this part.

You are hereby notified the following test(s) will be administered in compliance with the Federal Motor Carrier Safety Regulations:

- *Pre-Employment *Random *Post Accident/Injury *Return-to-Duty**

Applicant Signature: _____ Date: _____

QDS Representative: _____ Date: _____



PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST 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 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. If the employee admits that he or she had a positive test or a refusal to test, the Employer must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to duty process. (see Sec. 40.25(b)(5) and (e))

The applicant is required by Sec. 40.25(j) to respond to the following questions:

- 1) 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

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

I certify that the information provided above is true and correct.

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Quality Driver Solutions Inc (QDS) ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize QDS _____ ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**