

DTG DRIVER PRE-QUALIFICATION CHECKLIST

1. _____ CONSOLIDATED DRIVER APPLICATION 4 pages
2. _____ CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE 2 pages
3. _____ DRIVER'S LICENSE (**applicant brings to interview**)
4. _____ DRIVING RECORD (**applicant brings to interview**)
5. _____ MEDICAL CARD (**current**)
6. _____ ABSTRACT OF DRIVING RECORD RELEASE

*NOTE: DRIVERS MUST COMPLETE AND BRING THE APPLICATION TO THE INTERVIEW ALONG WITH AN UNEXPIRED DRIVER'S LICENSE AND A CURRENT DRIVING RECORD. DRIVING RECORDS MUST BE GENERATED WITHIN A WEEK OF THE INTERVIEW.

DTG Enterprises, Inc.
CONSOLIDATED DRIVER APPLICATION

(per 49 CFR 391.21)

P.O. Box 14203 Mill Creek, WA 98082 Phone: (425) 549-3000 HR Fax: (425) 549-2063

In compliance with Federal, State and local equal opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability status or any other classification protected by law. The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391.

PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME WHERE REQUIRED.

FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.

Please print all answers.

I am applying for: Hook Truck Tractor-Trailer Grapple Non-DOT

Date of Application: _____ **Date Available to Provide Services:** _____

Name: First _____ **Middle** _____ **Last** _____

Address _____

City _____ **State** _____ **Zip** _____ **How Long There?** _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ **Social Security Number:** _____ - _____ - _____

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

Emergency Contact Name: _____ **Phone #:** _____ **Relationship:** _____

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If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 **Street** _____
City _____ **State** _____ **Zip** _____ **Dates: From** _____ **To** _____

2 **Street** _____
City _____ **State** _____ **Zip** _____ **Dates: From** _____ **To** _____

3 **Street** _____
City _____ **State** _____ **Zip** _____ **Dates: From** _____ **To** _____

Use backside of sheet for additional addresses

Driver's License Information: List all unexpired commercial motor licenses held for the last 3 years

State _____ **Number** _____ **Expiration Date** _____

State _____ **Number** _____ **Expiration Date** _____

State _____ **Number** _____ **Expiration Date** _____

Experience:

_____ **to** _____
Type of vehicle driven _____ **Dates** _____ **Approximate mileage driven** _____

_____ **to** _____
Type of vehicle driven _____ **Dates** _____ **Approximate mileage driven** _____

_____ **to** _____
Type of vehicle driven _____ **Dates** _____ **Approximate mileage driven** _____

All Accidents, last 3 years: (If none, write NONE. Please provide additional information back if needed.)

Date _____ Describe _____ Fatalities _____ Injuries _____
Date _____ Describe _____ Fatalities _____ Injuries _____
Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE. Please provide additional information back if needed.)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No If yes; please explain: _____

Have you ever had any driver license or permit denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; please explain: _____

Employment History, last 10 years (49 CFR 383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Position/Job Title: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____
 Address: _____ Position/Job Title: _____
 City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, 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(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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.”

 Print Name

 Social Security Number

 Applicant's Signature

 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

 Name

 Name

 Title

 Date

 Title

 Date

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment Results Received: _____

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Email _____

49 CFR 40.25(j)

<p>Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?</p>		YES	NO
<p>If YES —</p>	<p>Have you successfully completed the return-to-duty process?</p>	YES	NO
<p>If YES —</p>	<p>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</p>		

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

.....

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Previous Employer's Name & Mailing Address _____

Telephone # _____ Fax # _____

I, _____, hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to DTG Enterprises, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that the information to be released by my previous employer, includes all records of employment, including assessments of my job performance, ability, and fitness, including dates of any and all alcohol or drug tests.

Applicant's Signature _____ Date _____

Company: DTG Enterprises, Inc.
Address/City/State/Zip: PO Box 14203, Mill Creek, WA 98082
Telephone Number: 425-549-3000 Fax Number: 425-549-2063
Contact Person & Title _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

SAFETY PERFORMANCE HISTORY

1. Did applicant listed above work for you as a _____ from _____ to _____ (mm/yyyy)? YES or NO
2. If employed as a driver, what type of motor vehicle did he/she drive for you? _____
3. Accidents? YES or NO If YES, please give date(s) and a brief description of each accident: _____
4. Why did this employee leave your company? _____
5. Would you re-employ this person? YES or NO
6. Additional Comments: _____

DRUG AND ALCOHOL TEST HISTORY

7. Was the driver subject to Department of Transportation testing requirements while employed by you?
YES or NO (If no, sign and date on question 15.)
8. From _____ to _____ (mm/yyyy) Applicant was subjected to the Department of Transportation testing requirements.
9. Has the applicant had an alcohol test that results higher than 0.04? (Refer to 49 CFR 382.201 on Alcohol Concentration)? YES or NO
10. Has the applicant ever tested positive on a controlled substance that a licensed medical practitioner did not give clearance as defined in 382.107? YES or NO
11. Has the applicant ever refused to submit to a test for post-accident, follow-up alcohol, random, controlled substance, or reasonable suspicion testing? YES or NO
12. Has the applicant been involved in any violations of FMCSR sections 382 or sections 40 that has not been addressed in questions 9-11? YES or NO
13. If applicant violated any of the DOT drug and alcohol regulations, did the applicant complete the SAP (Substance Abuse Professional) program while under your employment? YES or NO or NOT APPLICABLE (If yes, please send documentation)
14. After successfully completing the SAP rehabilitation program, and while under your employment, did the applicant violate sections 382 or sections 40 again? YES or NO
15. Additional Comments: _____

Person providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

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