



**Applicant:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_\_

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be leased on, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23.

In order to enable Packard Transport, Inc. to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Packard Transport, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Packard Transport, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Packard Transport, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **APPLICANT SIGN HERE:** \_\_\_\_\_

**APPLICANTS- DO NOT WRITE BELOW THIS LINE**

**Company:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Driver was qualified under Federal Department of Transportation as:**

Type of work	Team Driver	Equipment Operated	Areas Driven	Commodities
( ) Company Driver	( ) 1st seat	( ) Tractor Trailer	( ) Local	( ) General
( ) Driver for O/O	( ) 2nd seat	( ) Straight Truck	( ) OTR	( ) Other
( ) Owner Operator		( ) Dry Van ( ) 48' ( ) 53'	( ) Regional	
		( ) Flat Bed ( ) Other	# of states ____	

Full Time ( ) Part Time ( )

**Dates of Employment:** \_\_\_\_\_ To \_\_\_\_\_  
Additional dates: \_\_\_\_\_ To \_\_\_\_\_

During the employment period indicated above, company records indicate that this individual was involved in \_\_\_\_\_ accidents, of which \_\_\_\_\_ were found to be preventable, per FMCSR 390.5

P( ) NP( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N  
P( ) NP( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N  
P( ) NP( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N

Was any hazardous material released on the above accidents? Y/N

Did the above individual have any late pick-ups/deliveries? ( ) YES ( ) NO How many? \_\_\_\_\_

Did the above individual have any log Problems? ( ) YES ( ) NO What type: \_\_\_\_\_

Did the above individual have any Customer Complaints? \_\_\_\_\_

Did the individual leave? ( ) Voluntary ( ) Involuntary If so, why? \_\_\_\_\_

Eligible for rehire? ( ) YES ( ) upon review ( ) NO If so, why? \_\_\_\_\_

Workman's Comp Claims? ( ) YES ( ) NO If yes, what type?: \_\_\_\_\_

**In compliance with Federal DOT Regulations 49 C.F.R. Sections 40.25,382.405, & 382.413:**

\_\_\_\_The above individual was NOT in your employee during the past 3 years as prescribed by Federal DOT Regulations.

\_\_\_\_As per Federal DOT Regulations, the above individual tested as follows during the previous three years:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? ( ) YES ( ) NO
- b. Has this individual had a controlled substance test with a positive result in the past 3 years? ( ) YES ( ) NO
- c. Has this individual refused a controlled substance test and/or alcohol within the past 3 years? ( ) YES ( ) NO
- d. Has this individual ever had an adulterated or substituted drug test verified? ( ) YES ( ) NO
- e. Has this individual ever violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulations? ( ) YES ( ) NO
- f. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? ( ) YES ( ) NO

**Verified by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_