

Driver Qualification Key for:

Mohamed Mohamed

Return all paperwork to:

Contact: _____

Please Use the Checklist below on all new CDL Driver Applicants



Shari Hughes
Transportation Consultant

Express US DOT & Audit Services, LLC

Phone: 740.243.3835

Fax: 740.888.1846

ExpressUSDOTandAuthority@gmail.com

Driver Name: _____

1st day Driven: _____

DOB: _____

CDL Lic # _____ ST: _____

SSN: _____

CDL EXP Date: _____

_____ PSP Report Pulled and Reviewed

_____ Date of Medical Examination Report
_____ Date expires

_____ Date of Pre-Emp 5-panel DOT drug screen with **CHAIN of CUSTODY** form retained
_____ Date of **Results** which were received by ___Letter___ Fax___ Phone ___ Email

_____ Copy of CDL

_____ Copy of Social Security Card

_____ Copy of Green Card (if applicable)

_____ Application for Employment _____ Hire Date (Annual Review w/ MVR due every anniversary)
_____ signed & dated

_____ complete record of **past 10 years** (all time must be covered NO GAPS i.e., if unemployed, self-employed or out-of-country, note starting and ending dates)

_____ Driving emp history within last **3 years verified** (within 30 days of employment)

_____ Verification from Previous Employers - 3 attempts

_____ Certificate of Drivers Road Test _____ CDL Used

_____ Drivers Road Examination _____ CDL Used

_____ Inquiry to State Agency, Drivers Record (**MVR** from Insurance Company or Express US DOT, Authority & Safety Audit Services, LLC, or have driver get up-to-date MVR when hired) Within 30 days

_____ **Prev 7** Days Hours of Service [for 1st time (with this company) or intermittent driver]

_____ Placed in Random Drug Consortium (if applicable)

Date: _____ **CDL Driver APPLICATION FOR EMPLOYMENT**

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Company: **Sunlight Transportation LLC**

NAME _____ SOC SEC. NO. _____
 (First) (Middle) (Last)

Telephone number: _____ Email: _____

CDL# _____ STATE _____ CLASS _____ EXP DATE _____ DATE OF BIRTH _____

ENDORSEMENTS: HAZMAT _____ TANK _____ DOUBLES _____ TRIPLES _____ OTHER _____

ADDRESS _____ LIVED THERE HOW LONG? _____
 (Street) (City) (State) (Zip)

PREVIOUS ADDRESS: (Total of **3 years addresses MUST** be provided, INCLUDING TIME AT PRESENT ADDRESS)

_____ HOW LONG? _____
 Street City State ZIP

_____ HOW LONG? _____
 Street City State ZIP

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER EXPERIENCE Below: (CLASS OF EQUIPMENT (VAN, TANK, FLAT, ETC.))

TYPE OF EQUIPMENT	Years Exp	APPROX # OF MILES	TOTAL
Straight Truck			
Tractor & Semi Trailer			
Tractor – Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	Nature of Accident Head on, Rear end, upset, etc.	Convicted? Fatalities	Post Acc't Drug/Alcohol Screen? Injuries?
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
 (OTHER THAN PARKING VIOLATIONS) (THE FOLLOWING INFO IS REQUIRED BY FMCSA)

Date	Nature of Violation	Comments

The following **MUST** be filled out:

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **REQUIRED** Yes ____ No ____
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED? **REQUIRED** Yes ____ No ____

Sunlight Transportation LLC

EMPLOYMENT RECORD Driver: Please read directions

IMPORTANT!! You **MUST** go back **10 years** on past employment history. *IF YOU HAVE ANY TIMES YOU WERE **NOT EMPLOYED**, PUT DATES AND REASON, For example: **UNEMPLOYED, OUT OF COUNTRY, FAMILY LEAVE, ETC....**

***DOT Regs require: All time you were not working must be explained.**

SUPERVISORS: Three years of DRIVING employment history MUST BE VERIFIED for ALL CDL applicants.

LAST PREVIOUS-EMPLOYER or reason not working (SEE ABOVE):

COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/ year mo/ year

2nd LAST PREVIOUS-EMPLOYER or reason not working

COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/ year mo/ year

3rd LAST PREVIOUS EMPLOYER: or reason not working:

COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/year mo/year

Sunlight Transportation LLC

4th **LAST PREVIOUS-EMPLOYER or reason not working (SEE ABOVE):**

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COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/ year mo/ year

5th **LAST PREVIOUS-EMPLOYER or reason not working (SEE ABOVE):**

COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/ year mo/ year

6th **LAST PREVIOUS-EMPLOYER or reason not working**

COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/ year mo/ year

7th LAST PREVIOUS EMPLOYER: or reason not working:

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COMPANY _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ FAX _____

(Driver, please call company and get fax no. and address for previous employer)

PHONE _____ CONTACT PERSON _____

POSITION HELD _____ FROM _____ TO _____

(If time employed is known, otherwise estimate as closely as possible) mo/year mo/year

Please use more paper if more room is needed.

This certifies that the information above is true and complete to the best of my knowledge.

Date

X _____
Applicant's Signature

Fair Credit Reporting Act TO BE READ AND SIGNED BY APPLICANT:

In accordance with the provision 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 I, 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 382.143, 391.23 and the Federal Motor Carrier Safety Regulations. (Within 5 days of a written request, you have the right to view any or all replies we obtain from previous employers.) Also, I understand, and give permission to take both pre-employment and Random Drug/Alcohol tests as required by FMCSA (382.601 (b)(2)).

Date

X _____
Applicant's Signature

Note: A Motor Carrier may require an applicant to provide additional information in accordance with the Federal Motor Carrier Safety Regulations

(Section 1) Previous Employer return to:

Attn: _____ Phone: _____
Address: _____ Email: _____

(Section 2) Attn: PREVIOUS EMPLOYER where employed as Driver. Please assist us in our background check as per Part 391 of FMCSR

Company Name _____ Address _____ Attn: _____
City/State _____ Fax: _____ Phone _____

(Section 3) Driver: Complete everything in this section 3:

I authorize all my previous employers to release all information concerning my employment, including Drug and Alcohol Information to this company in connection with my application for employment. All parties involved shall not be held liable for the information that they furnish.

Driver Applicant's Name _____ SSN: _____
Please Print Name

Driver's App Signature **X** _____ Date: _____

Part A

1. The Applicant listed the following dates as times worked for this previous employers: From _____ To _____

(Section 4) PREVIOUS EMPLOYER Section Questions to Verify or ask Previous Employer:

- Are these dates correct? _____ If not, please furnish correct dates From _____ To _____
- What type of work did the applicant do? Driver _____ Dock _____ Other _____
- Type of Driver _____ Company _____ O/O _____ Lease Purchase _____ Trainee _____ Other _____
- Areas of Operation _____ Local _____ Regional _____ OTR _____ Other _____
- Type of Equipment _____ Straight Truck _____ Tractor Trailer _____ Twin Trailer _____ Other _____
- # of DOT record able Accidents _____ # of Preventable Accidents _____ Dates _____
- Reason for Leaving _____ Resigned _____ Laid Off _____ Terminated _____ Other _____
- Eligible for rehire _____ Yes _____ No If no, please explain _____

Part B

- Was applicant subject to Federal Motor Carrier Safety Regulations while with your co? _____ YES _____ NO
- Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? _____ YES _____ NO

Part C Information supplied by previous employer per 49 CFR Part 382.405 (f) and (h)

- Has this person ever tested positive for a controlled substance in the last 3 years? YES NO
- Has this person ever had an alcohol test BAC of .04 or greater in the last 3 years? YES NO
- Has this person ever refused a required test for drugs or alcohol?
(Including adulterated or substituted sample?) YES NO
- Has this person had any violations of DOT agency drug or alcohol testing regulations? YES NO
- Has this person violated any DOT drug and alcohol return-to-duty requirements
(Including follow-up testing) required successful SAP Completion? YES NO

If YES to any of the above questions, please supply the name of the Substance Abuse Professional to whom the driver was referred and any paperwork that applies to the instance being reported.

VERIFICATION Completed by: _____ Title _____

Date _____ Previous employer name of person providing verification: _____

1st Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____
2nd Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____
3rd Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____

(Section 1) Previous Employer return to:

Attn: _____ Phone: _____
Address: _____ Email: _____

(Section 2) Attn: PREVIOUS EMPLOYER where employed as Driver. Please assist us in our background check as per Part 391 of FMCSR

Company Name _____ Address _____ Attn: _____
City/State _____ Fax: _____ Phone _____

(Section 3) Driver: Complete everything in this section 3:

I authorize all my previous employers to release all information concerning my employment, including Drug and Alcohol Information to this company in connection with my application for employment. All parties involved shall not be held liable for the information that they furnish.

Driver Applicant's Name _____ SSN: _____
Please Print Name

Driver's App Signature **X** _____ Date: _____

Part A

1. The Applicant listed the following dates as times worked for this previous employer: From _____ To _____

(Section 4) PREVIOUS EMPLOYER Section Questions to Verify or ask Previous Employer:

- Are these dates correct? _____ If not, please furnish correct dates From _____ To _____
- What type of work did the applicant do? _____ Driver _____ Dock _____ Other _____
- Type of Driver _____ Company _____ O/O _____ Lease Purchase _____ Trainee _____ Other _____
- Areas of Operation _____ Local _____ Regional _____ OTR _____ Other _____
- Type of Equipment _____ Straight Truck _____ Tractor Trailer _____ Twin Trailer _____ Other _____
- # of DOT record able Accidents _____ # of Preventable Accidents _____ Dates _____
- Reason for Leaving _____ Resigned _____ Laid Off _____ Terminated _____ Other _____
- Eligible for rehire _____ Yes _____ No If no, please explain _____

Part B

- Was applicant subject to Federal Motor Carrier Safety Regulations while with your co? _____ YES _____ NO
- Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? _____ YES _____ NO

Part C Information supplied by previous employer per 49 CFR Part 382.405 (f) and (h)

- Has this person ever tested positive for a controlled substance in the last 3 years? YES NO
- Has this person ever had an alcohol test BAC of .04 or greater in the last 3 years? YES NO
- Has this person ever refused a required test for drugs or alcohol? (Including adulterated or substituted sample?) YES NO
- Has this person had any violations of DOT agency drug or alcohol testing regulations? YES NO
- Has this person violated any DOT drug and alcohol return-to-duty requirements (Including follow-up testing) required successful SAP Completion? YES NO

If YES to any of the above questions, please supply the name of the Substance Abuse Professional to whom the driver was referred and any paperwork that applies to the instance being reported.

VERIFICATION Completed by: _____ Title _____

Date _____ Previous employer name of person providing verification: _____

1st Attempt: Date _____ by: Phone _____ Fax _____ Mail _____ Email _____
2nd Attempt: Date _____ by: Phone _____ Fax _____ Mail _____ Email _____
3rd Attempt: Date _____ by: Phone _____ Fax _____ Mail _____ Email _____

(Section 1) Previous Employer return to:

Attn: _____ Phone: _____

Address: _____ Email: _____

(Section 2) Attn: PREVIOUS EMPLOYER where employed as Driver. Please assist us in our background check as per Part 391 of FMCSR

Company Name _____ Address _____ Attn: _____

City/State _____ Fax: _____ Phone _____

(Section 3) Driver: Complete everything in this section 3:

I authorize all my previous employers to release all information concerning my employment, including Drug and Alcohol Information to this company in connection with my application for employment. All parties involved shall not be held liable for the information that they furnish.

Driver Applicant's Name _____ SSN: _____
Please Print Name

Driver's App Signature **X** _____ Date: _____

Part A

1. The Applicant listed the following dates as times worked for this previous employer: From _____ To _____

(Section 4) PREVIOUS EMPLOYER Section Questions to Verify or ask Previous Employer:

1. Are these dates correct? _____ If not, please furnish correct dates From _____ To _____
2. What type of work did the applicant do? _____ Driver _____ Dock _____ Other _____
3. Type of Driver _____ Company _____ O/O _____ Lease Purchase _____ Trainee _____ Other _____
4. Areas of Operation _____ Local _____ Regional _____ OTR _____ Other _____
5. Type of Equipment _____ Straight Truck _____ Tractor Trailer _____ Twin Trailer _____ Other _____
6. # of DOT record able Accidents _____ # of Preventable Accidents _____ Dates _____
7. Reason for Leaving _____ Resigned _____ Laid Off _____ Terminated _____ Other _____
8. Eligible for rehire _____ Yes _____ No If no, please explain _____

Part B

1. Was applicant subject to Federal Motor Carrier Safety Regulations while with your co? _____ YES _____ NO
2. Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? _____ YES _____ NO

Part C Information supplied by previous employer per 49 CFR Part 382.405 (f) and (h)

1. Has this person ever tested positive for a controlled substance in the last 3 years? YES NO
2. Has this person ever had an alcohol test BAC of .04 or greater in the last 3 years? YES NO
3. Has this person ever refused a required test for drugs or alcohol?
(Including adulterated or substituted sample?) YES NO
4. Has this person had any violations of DOT agency drug or alcohol testing regulations? YES NO
5. Has this person violated any DOT drug and alcohol return-to-duty requirements
(Including follow-up testing) required successful SAP Completion? YES NO

If YES to any of the above questions, please supply the name of the Substance Abuse Professional to whom the driver was referred and any paperwork that applies to the instance being reported.

VERIFICATION Completed by: _____ Title _____

Date _____ Previous employer name of person providing verification : _____

1st Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____
 2nd Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____
 3rd Attempt: Date _____ by : Phone _____ Fax _____ Mail _____ Email _____

Previous 7 Days - Statement of On-Duty Hours

Sunlight Transportation LLC

(for newly hired & *intermittent* drivers)

Driver Name: _____ **1st day Driven:** _____

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediate preceding 7 days [from the 1st time to drive for a new company] and time at which such driver was last relieved from duty prior to beginning work for such Carrier. Rule 305.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days [from the 1st time to drive for a new company], **including work for a non-motor carrier (job)**, must be recorded on this form.

This is a record of the previous 7 days before driving for the above company.

Start with yesterday's date:

DAY	1	2	3	4	5	6	7	TOTAL HOURS Driven or Worked LAST WEEK
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief.

X _____

Driver's Signature

_____ Date: **1ST DAY TO DRIVE**

DO NOT FILL THIS FORM OUT UNTIL THE FIRST DAY TO DRIVE HAS BEEN DETERMINED!

THE 1ST DAY TO DRIVE MUST BE AFTER PRE-EMPLOYMENT DRUG RESULTS ARE VERIFIED

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a Motor Carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) & (9) of the Federal Motor Carrier Safety Regulations **include** time performing any other work in the capacity of, or in the employ or service of, a common, contract or private Motor Carrier, also [INCLUDING] performing **any compensated work for any NON-motor carrier** entity. (circle one)

Are you currently working for another employer Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver **X** _____
Driver's Signature Date

Witness: _____
Company Representative Date

CDL Drivers **Compliance & Safety Manual**
and **Drug & Alcohol Info. Packet**
Acknowledgement

Sunlight Transportation LLC

Printed Name of CDL Driver

This is to certify that I have received this Handbook and will take it upon myself to study and familiarize myself with the contents.

Additionally, I authorize my employer to pull an MVR at anytime for compliance and regulation purposes.

Driver's Signature

Date