

# CDL DRIVER APPLICATION

# CHECKLIST

Hiring a CDL driver is regulated by federal guidelines. The process is set up to protect the public from unqualified drivers. This paperwork is intended to guide you through the process. You are at the beginning point. HR and others will give assistance and guidance.

In order to speed the process (which could take 30 days from time all paperwork is complete) it is IMPORTANT:

- Be sure the applicant SIGNS and DATES all forms where YELLOW TAGS are attached.
- Review the paperwork prior to turning it in for completeness.
- Secure a **CERTIFIED STATE ISSUED MVR** (Motor Vehicle Report) from the applicant. This is their responsibility and cost to obtain. They can bring it with them for the initial interview. If the applicant has a questionable driving history, consult the TREDIT TIRE HIRING GUIDELINES for CDL drivers. This could help determine if the applicant need go further in the process.
- Secure a current copy of the **DRIVER'S LICENSE & MEDICAL CERTIFICATION**.

1-2  **DRIVER APPLICATION FOR EMPLOYMENT** 391.21  
(Includes basic information needed. This has been consolidated with the standard application to create one.)

3-4  **EMPLOYMENT HISTORY** 391.23(a)(2)&(c)  
(Includes past three years, however if CMV functions (driving a commercial motor vehicle) were conducted prior to this time, the history should go back at least 10 years)

5-8  **REQUIRED DECLARATIONS & DISCLOSURES**

9-10  **INQUIRY FROM PREVIOUS EMPLOYER** 391.23 / 40.25  
(Applicant is required to fill in TOP SECTION and sign for previous employer's to respond to specific safety related questions. If applicant worked in DOT related position for (3) years or more, no further paperwork is needed. If less than (3) years, proceed to pages 11-12)

11-12  **INQUIRY FROM (2<sup>ND</sup>) PREVIOUS EMPLOYER**  
(If applicant worked for more than (1) employer in a DOT related position during the past (3) years, the TOP SECTION should be filled out and signed. If more than (2) employers were used. Proceed to AUX 13)

AUX  **INQUIRY FOR MORE THAN (2) PREVIOUS EMPLOYERS**  
(If applicant worked for more than (2) employers in a DOT related position during the past (3) years, the pages (13AUX-14AUX) should be copied for as many employers as needed. The TOP SECTION should be filled in for all employers.)

14  **COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS** 391.5(b)(2) / 383.31  
(Applicant must declare they hold one driver's license, and that they must notify TTW in the event it is revoked, suspended or canceled.)

15  **MULTIPLE EMPLOYER DECLARATION** 395.8(j)(2)  
(Applicant must declare any hours worked in preceding 7 days prior to employment. If they are currently working this should be filled out just prior to employment with TTW.)

16  **MEDICAL EXAMINATION CERTIFICATE / DRIVER'S LICENSE** 391.41 / 391.49  
(Copy the **medical cert card** and **driver's license** and replace this page with copy. Please place page (16) on the bottom to replace this current page. **NOTE: If any MEDICAL WAIVER is issued, a copy should be attached.**)

17-18  **DRIVER ROAD TEST & CERTIFICATION**  
(We are not required by regulations to conduct a driving test, however it is best practice to have an applicant's skills verified. This can be done, prior to drug testing, or an offer of employment. The evaluator IS NOT required to hold a CDL in order to evaluate performance.)

19  **ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS** 391.27  
(Applicant must declare any traffic violations in the last 12 months)

TREDIT TIRE & WHEEL  
 57941 Charlotte Ave  
 Elkhart, Indiana 46517

**COMMERCIAL DRIVER APPLICATION**

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Use backside of sheet for additional addresses**

**SKILLS:** (check the appropriate space for any computer experience which applies)

Word Processing \_\_\_ Years: \_\_\_ / E-mail \_\_\_ Years: \_\_\_ / Internet \_\_\_ Years: \_\_\_ / Tour of Duty \_\_\_ Years: \_\_\_

**EDUCATIONAL BACKGROUND:** Starting with the most recent school attended, provide the following information.

SCHOOL (including city & State)	Years Completed	Completed	Major / Minor

**REFERENCES** (List name and phone number of (3) business / work references who are not related to you, and are not previous supervisors.

NAME	Title	Relationship to You	Phone #	Years Known

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**Driver's License Information: all licenses held, last 3 years:**

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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**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

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**All Accidents, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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**LIST ALL Traffic Violations Convictions, last 3 years: (If none, write NONE)**

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

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

Yes  No If yes; given explanation \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

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Have you ever pled "guilty" or "not contest" to, or been convicted of a crime?  YES  NO (NOTE: answering "yes" to this question does not constitute an automatic bar to employment. Factors concerning the dates, offense, and circumstances will be considered)

If yes: state date(s) and explanation:

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TREDIT TIRE IS AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT HISTORY, last 10 years (383.35) account for gaps between employers:**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_  
Compensation (Starting) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_ / Compensation (Ending) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_  
Compensation (Starting) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_ / Compensation (Ending) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_  
Compensation (Starting) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_ / Compensation (Ending) \_\_ Hourly \_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_

**EMPLOYMENT HISTORY cont.**

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_

8) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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: \_\_\_\_\_

**APPLICATION STATEMENT**

I clarify that all information I have provided in order to apply for and secure work with Tredit Tire & Wheel is true, complete and correct.

I expressly authorize, without reservation, Tredit Tire & Wheel, its representatives, employees and agents to contact and obtain information from all references (personal and professional”, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume’ or job interview. I hereby waive any and all rights and claims I may have regarding Tredit Tire & Wheel, its agents, employees and representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations and organizations for furnishing such information about me.

I understand that Tredit Tire & Wheel does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with our without cause and with or without prior notice, and Tredit Tire & Wheel reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Tredit Tire & Wheel is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any aspect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Tredit Tire & Wheel’s service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT’S SIGNATURE & DATE REQUIRED**

## Declaration of Employment Status

Copy this form to cover additional gaps in employment.

**I understand that I must provide my complete employment history for the past 3 years, including all CDL required positions during the same period. And all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:**

FROM: \_\_\_\_\_ TO \_\_\_\_\_

During this time, I was engaged in the following activity: \_\_\_\_\_

During this time (check if true)  I was not employed by any company or individual. (check if true)  I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

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 all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, **I understand that false or misleading information given in my application or interviews may result in discharge.** I understand also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and /or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) & (e). I also understand my rights as outlined below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

APPLICANT'S SIGNATURE & DATE REQUIRED

## YOUR RIGHTS OF REVIEW

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 any time, 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.”**

Applicant's Signature

APPLICANT'S SIGNATURE & DATE REQUIRED

Date Signed

## TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

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 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 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE & DATE REQUIRED

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave**  
**Elkhart, Indiana 46517**



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).

**Controlled Substance and Alcohol Questionnaire, Consent & Release**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

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

**49 CFR 40.25(j)**

<p><b>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?</b></p>		<p>YES</p>	<p>NO</p>
<p>If YES —</p>	<p><b>Have you successfully completed the return-to-duty process?</b></p>	<p>YES</p>	<p>NO</p>
<p>If YES —</p>	<p><b>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b></p>		

APPLICANT'S SIGNATURE & DATE REQUIRED

\_\_\_\_\_  
 Applicant's Signature Date Signed

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the FMCSA regulations and this company's policies; Pre-Employment, Random, Reasonable Suspicion, Return to Duty & Post Accident.

I certify that, I have read, understand, and agree to abide by the conditions of this consent and release.

APPLICANT'S SIGNATURE & DATE REQUIRED

\_\_\_\_\_  
 Applicant's Signature Date Signed

TREDIT TIRE WITNESS \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

FORMER EMPLOYER # 1

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANT'S SIGNATURE & DATE REQUIRED

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please return to: **Human Resource, DEB WERTZ, TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 154 Confidential Fax: (574) 522-3274**  
**E mail: HR@Tredittire.com**

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO PREVIOUS ACCIDENT HISTORY

- Did applicant work for you from    /    /    to    /    /    YES or NO    IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following:
  - Company Driver? \_\_\_\_ Owner/Operator? \_\_\_\_ Other? \_\_\_\_
  - Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_
- Accidents? YES or NO    IF YES, please give date(s) and brief description of each accident:
 

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO    IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete the bottom section by signing and return.
- Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

- Any alcohol tests with a result of 0.04 or greater?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any verified positive controlled substances test results?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any adulterated or substituted a test specimen for test?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any refusal to submit to post accident, random,      YES or NO      If yes, please give date(s): \_\_\_\_\_  
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- If yes to any above, did this person complete a SAP      YES or NO      If yes, please give date(s): \_\_\_\_\_  
prescribed rehabilitation program, including return to  
duty & follow up tests? If YES, please send documentation  
with this form.

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.

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: **Human Resource Manager, TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 154 Confidential Fax: (574) 522-3274**  
**E mail: HR@Tredittire.com**

TO BE COMPLETED BY TREDIT TIRE & WHEEL

**1<sup>ST</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

**2<sup>ND</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

**3<sup>RD</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

INFORMATION WAS RECEIVED BY: (check one) \_\_\_ FAX      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

**FORMER EMPLOYER # 2**  
(IF NEEDED)

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**APPLICANT'S SIGNATURE & DATE REQUIRED**

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please return to: **Human Resource Manager, TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 154 Confidential Fax: (574) 522-3274**  
**E mail: HR@Tredittire.com**

TO BE COMPLETED BY FORMER EMPLOYER

**INQUIRY INTO PREVIOUS ACCIDENT HISTORY**

- Did applicant work for you from    /    /    to    /    /    YES or NO    IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following:
  - Company Driver? \_\_\_\_ Owner/Operator? \_\_\_\_ Other? \_\_\_\_
  - Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_
- Accidents? YES or NO    IF YES, please give date(s) and brief description of each accident:
 

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO    IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete the bottom section by signing and return.
- Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

- Any alcohol tests with a result of 0.04 or greater?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any verified positive controlled substances test results?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any adulterated or substituted a test specimen for test?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- Any refusal to submit to post accident, random,      YES or NO      If yes, please give date(s): \_\_\_\_\_  
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40?      YES or NO      If yes, please give date(s): \_\_\_\_\_
- If yes to any above, did this person complete a SAP      YES or NO      If yes, please give date(s): \_\_\_\_\_  
prescribed rehabilitation program, including return to  
duty & follow up tests? If YES, please send documentation  
with this form.

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.

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: **Human Resource Manager, TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 154 Confidential Fax: (574) 522-3274**  
**E mail: HR@Tredittire.com**

TO BE COMPLETED BY TREDIT TIRE & WHEEL

**1<sup>ST</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

**2<sup>ND</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

**3<sup>RD</sup> ATTEMPT**

This form was (check one) \_\_\_ FAXED to previous employer      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

BY: \_\_\_\_\_

INFORMATION WAS RECEIVED BY: (check one) \_\_\_ FAX      \_\_\_ MAILED      \_\_\_ OTHER      DATE \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

ADDITIONAL FORMER  
EMPLOYERS  
(MAKE ADDITIONAL COPIES AS NEEDED)

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANT'S SIGNATURE & DATE REQUIRED

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please return to: **Human Resource Manager, TREDIT TIRE & WHEEL**  
57941 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 154 Confidential Fax: (574) 522-3274  
E mail: HR@Tredittire.com

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO PREVIOUS ACCIDENT HISTORY

- Did applicant work for you from / / to / / YES or NO IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following:
  - Company Driver? \_\_\_ Owner/Operator? \_\_\_ Other? \_\_\_
  - Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete the bottom section by signing and return.

- Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

- Any verified positive controlled substances test results?    YES or NO            If yes, please give date(s): \_\_\_\_\_
- Any adulterated or substituted a test specimen for test?    YES or NO            If yes, please give date(s): \_\_\_\_\_
- Any refusal to submit to post accident, random,            YES or NO            If yes, please give date(s): \_\_\_\_\_  
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40?    YES or NO            If yes, please give date(s): \_\_\_\_\_
- If yes to any above, did this person complete a SAP        YES or NO            If yes, please give date(s): \_\_\_\_\_  
prescribed rehabilitation program, including return to  
duty & follow up tests? If YES, please send documentation  
with this form.

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.

Company Representative Providing Information: Printed Name: \_\_\_\_\_ Title \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: **Human Resource Manager, TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave. Elkhart, Ind. 46517    Phone: (574) 293-0581 ext. 154    Confidential Fax: (574) 522-3274**  
**E mail: HR@Tredittire.com**

TO BE COMPLETED BY TREDIT TIRE & WHEEL

**1<sup>ST</sup> ATTEMPT**  
 This form was (check one) \_\_\_ FAXED to previous employer    \_\_\_ MAILED    \_\_\_ OTHER    DATE \_\_\_\_\_  
 BY: \_\_\_\_\_

**2<sup>ND</sup> ATTEMPT**  
 This form was (check one) \_\_\_ FAXED to previous employer    \_\_\_ MAILED    \_\_\_ OTHER    DATE \_\_\_\_\_  
 BY: \_\_\_\_\_

**3<sup>RD</sup> ATTEMPT**  
 This form was (check one) \_\_\_ FAXED to previous employer    \_\_\_ MAILED    \_\_\_ OTHER    DATE \_\_\_\_\_  
 BY: \_\_\_\_\_

INFORMATION WAS RECEIVED BY:    (check one) \_\_\_ FAX    \_\_\_ MAILED    \_\_\_ OTHER    DATE \_\_\_\_\_

# 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 transports 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, 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 **POSSESS 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 the state of issuance that you no longer want to be licensed by that state.

## 2 NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR

**CANCELLATION:** Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required 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 your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your licensed). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

APPLICANT'S SIGNATURE & DATE REQUIRED

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## Drivers Statement of On-Duty Hours

**(To be completed upon hire)**

**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 immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 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 \_\_\_\_\_

Day	1	2	3	4	5	6	7	
Date								
Hours Worked								<b>Total Hours</b>

I hereby certify that the information given above is current 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  
 time

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S SIGNATURE & DATE REQUIRED**



**TREDIT TIRE & WHEEL  
DRIVER'S ROAD TEST EXAMINATION**

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The road test shall be given by the TREDIT TIRE or a person designated by it. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- \_\_\_\_\_ The pre-trip inspection (as required by 49 CFR 392.7).
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing and parking the vehicle.
- \_\_\_\_\_ Other, explain: \_\_\_\_\_

Type of equipment used in giving the test: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

**CERTIFICATE OF DRIVER'S ROAD TEST**

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

**CERTIFICATION OF ROAD TEST**

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on (Date) \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Organization and Address of Examiner)

\_\_\_\_\_

**ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS**

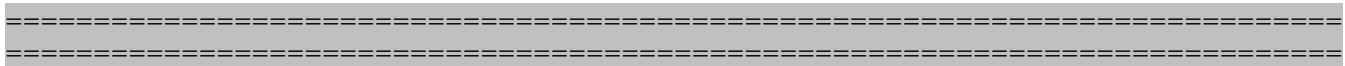
In accordance with 49 CFR 391.27, I \_\_\_\_\_ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	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 required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver's Signature)



**ANNUAL REVIEW OF DRIVING RECORD**

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

**TREDIT TIRE & WHEEL**  
**57941 Charlotte Ave**  
**Elkhart, Indiana 46517**

\_\_\_\_\_  
**REVIEWED BY**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TITLE**