



## APPLICATION FOR CERTIFICATION/DRIVER

=====  
Thank you for considering Dotline Transportation for a career move. We appreciate your interest and desire to process your application with all due speed.

In order to help us, please make sure that you complete each entry of the application and forms provided. Please do not use “N/A” or “Not Applicable”. If the answer is none, please write “None”.

We are asking for you to record ten years of past employment history. If your were unemployed for any period of 30 days or more, please list that unemployment period in the same format and manner as if it were a job and in the “address” section list how that unemployment time can be verified.

Incomplete or missing entries only delay the process, so please take a moment to double check your paperwork before returning it.

We ask that you provide a copy of your Social Security Card, a copy of your CDL, Medical Card and current long form Physical.

To complete the application process please fax to (323) 780-0510 a copy of your **CDL, Social Security Card, and Medical Card**

NOTE: If you have a **WA, PA, WV, CO** Commercial Drivers License (**CDL**), please fax a copy of your Motor Vehicle Record (**MVR**) along with your application.

Owner Operators once you have decided to make the right move and sign on to Dotline, it is very important that you submit legible copies of Bill of Sale, Title, 2290, empty weight ticket, annual inspection, last registration or cab card, and also copies of your Insurance coverage. These are all things we will need from you to get you on the road promptly.

**FAX: 323-780-0510**

Jason Darling  
800-423-3780 Ext. 3035 (Direct)  
jdarling@dotline.net  
Dotline Transportation, Inc.





**DRIVER/INDEPENDENT CONTRACTOR  
CERTIFICATION APPLICATION  
CLASS A  
RETURN FAX # 323-780-0510**

**APPLICANT:** READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT EXCEPT TO THE EXTENT SO DEFINED IN THE COMMERCIAL FEDERAL MOTOR CARRIER SAFETY REGULATIONS. THIS DOCUMENT WILL BE USED TO CERTIFY THE APPLICANT TO MEET THE REQUIREMENTS PRESCRIBED BY THE UNITED STATES DEPARTMENT OF TRANSPORTATION.

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, or non-job related disability.

NOTE: This application **must** be legible and completed by the driver. Do **NOT** use "N/A" or "Not Applicable" as all of the questions and entries are applicable. If the answer is none, use "None" as the answer. Use a black/blue ink pen.

Owner Operator \_\_\_\_\_ Lease Purchase \_\_\_\_\_ Company Driver \_\_\_\_\_ Team \_\_\_\_\_ Solo \_\_\_\_\_

Who Referred You? \_\_\_\_\_ Team Partners Name: \_\_\_\_\_

YOUR NAME (Print) \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Social Security #. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CDL Number: \_\_\_\_\_ State: \_\_\_\_\_ Endorsements \_\_\_\_\_ Expires: \_\_\_\_\_

Medical Card Expires: \_\_\_\_\_ Do you have a copy of your current long form physical? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

List any names (AKAs) you have also been known as: \_\_\_\_\_

Did/Do you have a driver license under any of these other names? [ ] Yes [ ] No [ ] Not sure

Have you ever had a DUI or DWI? [ ] Yes [ ] No if Yes, Date: \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? [ ] Yes [ ] No If Yes, Date: \_\_\_\_\_

Are you familiar with the Motor Carrier Safety regulations? [ ] Yes [ ] No

Can you read and speak English sufficiently to converse with the general public, to understand traffic signs and signals in the English language, to respond to official inquiries and to make entries on reports and records? [ ] Yes [ ] No

List your addresses of residency for the present and past 3 years: (Current address first)

\_\_\_\_\_  
(Street) (City) (State & Zip Code)  
How long at this residence: \_\_\_\_\_ years \_\_\_\_\_ months

\_\_\_\_\_  
(Street) (City) (State & Zip Code)  
How long at this residence: \_\_\_\_\_ years \_\_\_\_\_ months

\_\_\_\_\_  
(Street) (City) (State & Zip Code)  
How long at this residence: \_\_\_\_\_ years \_\_\_\_\_ months





## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete name, mailing address, street number, city, state and zip code. Applicants to drive a Class A commercial motor vehicle (GVWR 26,001lbs or above) in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicles. A total of the 10 prior years of work history should be listed. Unemployment periods of two weeks or longer must be listed. Verification of unemployment may be required at a later time.

**NOTE: List the most recent employment first and work backwards to include ten years to account for all employment and unemployment periods during the ten year period.**

If unemployed, complete the *from* and *to* dates.

### PLEASE COMPLETE A FULL 10 YEAR WORK HISTORY

#### Employment Information (Print Clearly)

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_



Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

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Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_





Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

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Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No

Unemployment Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Were you subject to the FMCSRs While Employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-REGULATED mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? Yes No





## DRIVING INFORMATION

**ACCIDENTS** - List all accidents and incidents chargeable and non-chargeable (preventable/non-preventable) in cars and trucks which occurred during the past three consecutive years, from the date of this application. If none, write "NONE", if your not sure of the date, write "?" for that entry. If you need more room, please add the additional information on a separate sheet of paper and attach to the application.

1. Date: \_\_\_\_\_ (mo/yr) Type Vehicle you were driving: \_\_\_\_\_ Location: \_\_\_\_\_  
Nature of Accident:  Head On  Rear End  Right Lane Change  Left Lane Change  
 Injuries  Fatalities  Backing  Any vehicle towed away  
 Tailgating  While Parked  Pulling out from driveway or side street

Describe what happened (be brief) \_\_\_\_\_  
\_\_\_\_\_

(For company use only) DAC MVR Tic Cy Acc Rpt Other:  P  NP  Undst

2. Date: \_\_\_\_\_ (mo/yr) Type Vehicle you were driving: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Accident:  Head On  Rear End  Right Lane Change  Left Lane Change  
 Injuries  Fatalities  Backing  Any vehicle towed away  
 Tailgating  While Parked  Pulling out from driveway or side street

Describe what happened (be brief) \_\_\_\_\_  
\_\_\_\_\_

(For company use only) DAC MVR Tic Cy Acc Rpt Other:  P  NP  Undst

3. Date: \_\_\_\_\_ (mo/yr) Type Vehicle you were driving: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Accident:  Head On  Rear End  Right Lane Change  Left Lane Change  
 Injuries  Fatalities  Backing  Any vehicle towed away  
 Tailgating  While Parked  Pulling out from driveway or side street

Describe what happened (be brief) \_\_\_\_\_  
\_\_\_\_\_

(For company use only) DAC MVR Tic Cy Acc Rpt Other:  P  NP  Undst

4. Date: \_\_\_\_\_ (mo/yr) Type Vehicle you were driving: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Accident:  Head On  Rear End  Right Lane Change  Left Lane Change  
 Injuries  Fatalities  Backing  Any vehicle towed away  
 Tailgating  While Parked  Pulling out from driveway or side street

Describe what happened (be brief) \_\_\_\_\_  
\_\_\_\_\_

(For company use only) DAC MVR Tic Cy Acc Rpt Other:  P  NP  Undst



**TRAFFIC CONVICTIONS AND FORFEITURES** – List all traffic convictions, forfeitures of bail, and other applicable violations except parking tickets for the past three years.

Date	Location (City, State)	Charge (Describe)	Penalty	Company Use Only
				1
				2
				3
				4
				5

Do you have any citations, summons, or tickets pending or not listed above?  YES  NO

(Note: If more space is needed, use a separate sheet of paper and attach it to this application)

**EDUCATION** – Include public and private education to include company provided education and training.

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 & Location): \_\_\_\_\_

Other Training (Subject/Year Completed): \_\_\_\_\_

Safety Awards: \_\_\_\_\_

**DRIVING EXPERIENCE**

Type of Unit	From (yr)	To (yr)	Estimated miles	Local?	Line?	OTR?
3 Axle Tractor (w/sleeper)						
53' Van Trailer (w/Tandem Axle)						
Other:						
Other:						
Other:						
Other:						

A. List all States operated in, during the last five years: \_\_\_\_\_

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No Initials\_\_\_\_\_

C. Has any license, permit or privilege ever been suspended or revoked?  Yes  No Initials\_\_\_\_\_

D. Is your CDL presently pending a suspension, termination, or restriction for any reason?  Yes  No Initials\_\_\_\_\_

E. You are required to report any court ordered wage garnishments which are active, before starting work. Initials\_\_\_\_\_

**READ CAREFULLY AND UNDERSTAND THE FOLLOWING STATEMENT BEFORE SIGNING**

This certifies 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.

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 my employment/contract starting, I understand that false or misleading information given in my application or interview(s) may result in discharge/contract cancellation. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)





### Certification of Violations

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.

#### **IF YOU HAVE NO VIOLATIONS, THEN PUT "NONE" IN THE BOX**

POV)	Date of Conviction	Offense (Describe)	Location (City & State)	(CMV or
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: **If none, write "NONE"**.  Additional convictions listed on attached form(s)  
 CMV=Commercial Motor Vehicle  
 POV=Non Commercial Motor Vehicle

\_\_\_\_\_  
 (Date) (Signature) (Printed Name)

### **Driving Record Review**

#### **To be completed by the Safety Department.**

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she:

- Meets minimum requirements for safe driving – State and Federal Standards
- Meets minimum requirements for safe driving – Company Standards
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance.

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_







**CERTIFICATION OF COMPLIANCE**

49 CFR Parts 833 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 Driver License:** You, as a commercial vehicle driver, may not Posses 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 state 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 Cancellations:** 49 CFR 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, suspension or cancellation 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.

**Company policy requires** that all drivers supply readable copies of all tickets received in a car or truck, commercial or private vehicle and all Police (DOT) Safety Inspections for any commercial motor vehicle must be submitted to the company safety office. This includes company, lease, and owner operator vehicles. The readable copies are to be submitted with the next Trip Envelope turned in, or sooner. Copies of front and back pages are required on all tickets, summons and inspections submitted. This includes all vehicles, private, company, and owner operators.

**The following license is the only one I will possess:**

License Number: \_\_\_\_\_ State \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expires: \_\_\_\_\_

**Driver Certification:** I certify that I have read and understood the above requirements and the license Information I have provided is accurate, to the best of my knowledge.

\_\_\_\_\_  
Driver’s Signature Printed Name Date

**Other Driver Licenses and Permits held since January 1, 1971**

**MUST ATLEAST PUT YOUR CURRENT CDL INFORMATION**

State	License Number	Class	From (yr)	To (yr)	Reason License No Longer Active
1					
2					
3					
4					
6					

[ ] I have listed additional licenses information on the reverse side of this form



## Drug and Alcohol Testing **NOTIFICATION & CONSENT**

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). The regulations and company policy also require that all prospective drivers be subjected to blood alcohol concentration tests.

I understand that, if I test positive for use of controlled substances or alcohol. I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company who will report whether the test result was negative or positive to the company. The breath alcohol technician will report the results of the alcohol test directly to the company and the company will in turn release that information to my substance abuse professional should one be required. The results of either test will not be released to any additional parties, except as provided in § 40.81, without my written authorization.

I hereby agree to submit to a urine drug test and a breath alcohol concentration test.

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

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
Applicant's signature



**DRUG AND ALCOHOL TESTING – SUMMARY**

In accordance with United States Title 49 parts 40 and 300-399 it is required that we affirm driver qualifications, drug and alcohol testing results, and other information. In order to accomplish these actions we are requesting that you provide the following information:

**IF YOU HAVE NOT ATTENDED ANY CLASSES, SEMINARS, OR SCHOOLS, THEN MARK "NONE IN THE BOX"**

List all truck schools attended in the past two years.

School Name	City/State	Area code & Phone Nbr.

List all companies which you were road tested at, attended orientation, attended training but DID NOT work during the last two years.

**IF THE ANSWER IS NONE, THEN PLEASE STATE "NONE" IN THE BOX**

Company Name	City/State	Area code & Phone Nbr.

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

\_\_\_\_\_  
(Driver's Printed Name)

\_\_\_\_\_  
(Date)



## DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which contains public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records: as well as information from DAC concerning previous driving record requests made by other from such state agencies and state providing driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me with DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

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

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

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

\_\_\_\_\_  
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, you 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))

Prospective Employee: \_\_\_\_\_

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

The prospective employee is required by Sec. 40.25 (j) to respond to the following:

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?

Circle one:      Yes      No

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

Circle one:      Yes      No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUEST FOR CRIMINAL RECORD

Have you ever been convicted of a felony? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

If yes, please give us a brief description:

Have you ever been convicted, or are any charges pending, for driving while under the influence of alcohol, narcotic drug, amphetamines or derivatives thereof? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

Have you ever been convicted, or are any charges pending, for reckless or careless operation of a motor vehicle? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

Have you ever been refused any type of insurance or been denied bonding? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

Have you ever been discharged or suspended? **YES**\_\_\_\_ **NO**\_\_\_\_ Date:\_\_\_\_\_

**Additional Comments**

By submitting this application I certify that I personally completed this application and that all of the information is true and correct. I hereby request and authorize Carrier Companies and their agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, education background, alcohol or drug results, or failure to submit to any alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own freewill and hold harmless of all liability all companies, agents and associated parties for the use of this application. As part of our consideration of your application, the DOT requires companies to investigate your employment background. As part of this investigation, they may obtain consumer reports about you from DAC Services. DAC does not make any decisions concerning your employment with these companies and will not know the specific reasons why they may decide not to hire you. In the event you are not hired based on information contained in your consumer report, the companies them selves will tell you. We will also advise you of your right to obtain a free copy of the consumer report from DAC and your right to dispute the accuracy of or completeness of your report. Your consent for these companies to obtain the report from DAC is required. Although you have a right to withhold your consent, companies will not consider your application if you withhold your consent.

I have read the above release and I give permission to obtain consumer reports about me from DAC. **YES**\_\_\_\_ **NO**\_\_\_\_

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

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

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

\_\_\_\_\_  
Date





**APPLICANT AGREEMENT**

**CAL – CLEVE, LTD.**

**dba. / DOT-LINE TRANSPORTATION**

**3601 Valley Park Drive El Reno, OK. 73036 Phone ~ 800-423-3780 Ext.3035 • Fax ~ 323-780-0510**

**Please read this agreement and sign below if you understand and agree to its terms.  
If you have any questions or need explanation, please ask now.**

I UNDERSTAND AND AGREE THAT THE DEPARTMENT OF TRANSPORTATION (DOT) PHYSICAL EXAMINATION SHALL INCLUDE SUBSTANCE SCREENING.

I UNDERSTAND AND AGREE THAT CAL – CLEVE, LTD., HEREINAFTER REFERRED TO AS THE “COMPANY”, RESERVE THE RIGHT TO USE SUBSTANCE ABUSE TESTS, 1) AT RANDOM, 2) FOR REASONABLE CAUSE, 3) AFTER ANY ACCIDENT AND 4) DURING RE-CERTIFICATION OF PHYSICALS – ACCORDING TO DOT REGULATIONS OR COMPANY POLICY.

**I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PAST OR PRESENT EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY 382.413, 391.23 and 391.25 OF THE MOTOR CARRIER SAFETY REGULATIONS.**

I also understand and agree that the Company or its Agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers and persons named in the EMPLOYMENT HISTORY section of this document from all liability for any damage because they furnish such information.

I FURTHER UNDERSTAND THAT AS A RESULT OF MAKING THIS APPLICATION FOR CERTIFICATION, MY CRIMINAL RECORD MAY BE EXAMINED BY THE COMPANY OR ITS AGENTS. I HEREBY AUTHORIZE THE COMPANY OR ITS DESIGNATED AGENTS TO MAKE ANY LAWFUL EXAMINATION OF MY CRIMINAL RECORD.

I UNDERSTAND THAT AT ANY TIME IN THE FUTURE, WHETHER MY EMPLOYMENT WITH THE COMPANY IS IN EFFECT OR HAS BEEN TERMINATED, UPON REQUEST OF ANY PARTY OR ANY SURETY, THE COMPANY MAY FURNISH REPORTS AND INFORMATION RELATIVE TO MY RECORD AND SERVICES WITH, THE COMPANY. I AGREE THAT THIS INFORMATION MAY BE FURNISHED WITHOUT ANY LIABILITY OR DAMAGES ON BEHALF OF THE COMPANY.

AS PART OF THE CERTIFICATION PROCESS, A MEDICAL EXAMINATION, INCLUDING DRUG TESTING, WILL BE REQUIRED AFTER A CONDITIONAL OFFER IS REACHED. I FURTHER AGREE TO PROVIDE ACCESS TO PREVIOUS MEDICAL RECORDS IF REQUIRED.

WITHHOLDING, OMITTING, OR FALSIFYING ANY CIRCUMSTANCES OF INFORMATION ABOUT MY PAST OR PRESENT HEALTH, OR ANY POSITIVE DRUG TEST RESULT, MAY RESULT IN DENIAL OF CERTIFICATION OR TERMINATION OF MY EMPLOYMENT.

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYERS (S) WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(D) AND (E). I UNDERSTAND I HAVE THE RIGHT TO:

1. REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS;
2. HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RE –SEND THE CORRECT INFORMATION TO THE PROSPECTIVE EMPLOYER; AND HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER (S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FOR CERTIFICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY WRITTEN OR VERBAL MISREPRESENTATIONS OR OMISSION OF ANY FACT IN MY APPLICATION FOR CERTIFICATION, RESUME OR ANY OTHER MATERIALS SUBMITTED TO THE COMPANY OR IN SUBSEQUENT INTERVIEWS MAY RESULT IN DENIAL OF CERTIFICATION OR TERMINATION OF MY EMPLOYMENT.

I AGREE TO FURNISH ANY ADDITIONAL INFORMATION AND COMPLETE ANY EXAMINATIONS THAT MAY BE REQUIRED TO COMPLETE MY CERTIFICATION.

I CONSENT TO THE PROCUREMENT AND USE OF ANY CONSUMER REPORTS, INCLUDING REPORTS FROM DAC SERVICES, INC., DEEMED NECESSARY BY CAL – CLEVE, LTD., ITS AGENTS, OR SUBSIDIARIES IN THEIR CONSIDERATION OF MY APPLICATION.

I UNDERSTAND THAT THIS APPLICATION IN AND OF ITSELF DOES NOT CONSTITUTE AN EMPLOYMENT OFFER BETWEEN THE COMPANY AND ME.

I UNDERSTAND AND AGREE THAT THIS APPLICATION FOR CERTIFICATION IN NO WAY OBLIGATES THE COMPANY TO CERTIFY ME AS AN EMPLOYEE AND THAT THIS IS NOT AN APPLICATION FOR EMPLOYMENT, UNTIL AN OFFER OF EMPLOYMENT IS REACHED.

I HAVE READ AND I UNDERSTAND ALL OF THIS AGREEMENT.

THIS CERTIFIES 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.

DATE \_\_\_\_\_

APPLICANT’S SIGNATURE \_\_\_\_\_





# PREVIOUS EMPLOYER VERIFICATION REQUEST

## DOT-LINE TRANSPORTATION

3601 Valley Park Drive El Reno, OK. 73036 Phone ~ 800-423-3780 Ext.3035 • Fax ~ 405-262-4030

LAST NAME:	FIRST NAME:	SOCIAL SECURITY #:
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I hereby authorized you to release all information regarding my service, character and conduct while under your employ and you are released from any and all liability which may result from furnishing such information. In order for **DOTLINE TRANSPORTATION** (Prospective Employer) to comply with a background investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulation, I do hereby consent to **DOTLINE TRANSPORTATION** to obtain from my prior employers the information pertaining to me. I hereby authorize and direct my previous employers to release such information to **DOTLINE TRANSPORTATION** via personal interviews, telephone interviews, fax, email or any other form or material that ensures confidentiality.

APPLICANT'S SIGNATURE:	DATE:
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-----STOP-----APPLICANT, DO NOT WRITE BELOW THIS LINE-----STOP-----

TO:	ATTN:	PHONE:	FAX:
FROM:	ATTN:	PHONE:	FAX:
1 <sup>ST</sup> ATTEMPT:	2 <sup>ND</sup> ATTEMPT:	3 <sup>RD</sup> ATTEMPT:	

Dates Employed/Leased: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Former Employers D.O.T. #: \_\_\_\_\_ MC#: \_\_\_\_\_

<u>TYPE OF WORK</u>	<u>EQUIPMENT OPERATED</u>	<u>AREAS DRIVEN</u>	<u>COMMODITIES</u>
<input type="checkbox"/> OWNER OPERATOR <input type="checkbox"/> DRIVER FOR O/O <input type="checkbox"/> COMPANY DRIVER <input type="checkbox"/> TRIP LEASER <input type="checkbox"/> TRAINEE <input type="checkbox"/> CASUAL <input type="checkbox"/> NON-DRIVING <input type="checkbox"/> HAD OWN AUTHORITY	<input type="checkbox"/> DRY <input type="checkbox"/> 48' <input type="checkbox"/> 53' <input type="checkbox"/> REFFER <input type="checkbox"/> FLATBED <input type="checkbox"/> TANKERS <input type="checkbox"/> CONTAINERS <input type="checkbox"/> STRAIT TRUCK <input type="checkbox"/> SPECIALIZED TRAILER <input type="checkbox"/> OTHER	<input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> SOUTHWEST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> MID-WEST <input type="checkbox"/> LOCAL	<input type="checkbox"/> GENERAL <input type="checkbox"/> BULK <input type="checkbox"/> HAZARDOUS <input type="checkbox"/> OVERSIZED

Did the applicant have accidents while employed/leased?    No     Yes

If Yes, Please Explain Below.

Dates:	Preventable?	Description
_____	No    Yes	_____
_____	No    Yes	_____
_____	No    Yes	_____







# PREVIOUS EMPLOYER VERIFICATION REQUEST CONT.

## DOT-LINE TRANSPORTATION

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<u>GENERAL CONDUCT</u>	<u>SAFE &amp; EFFICIENT</u>	<u>REASON FOR LEAVING</u>	<u>REHIREABLE</u>
<input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> UNSATISFACTORY	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> RESIGNED <input type="checkbox"/> LAID OFF <input type="checkbox"/> TERMINATED <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UPON REVIEW

### DRUG & ALCOHOL

- Was this person employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).  
 YES  NO
- This person had an alcohol test with a result of 0.04 or higher alcohol concentration  
 YES  NO
- This person tested positive, adulterated or substituted a test specimen for controlled substances  
 YES  NO
- This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.  
 YES  NO
- This person committed other violations of Subpart B of Part382 or Part 40  
 YES  NO
- This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, information is enclosed  
 YES  NO
- This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested.  
 YES  NO

Any other remarks: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

