

# APPLICATION FOR DRIVER QUALIFICATION

## AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

**Company applying for:** GoPetro Transport LLC

Company driver  Owner Operator

Part Time  Full Time

*No application will be processed unless its completed in full!!!!*

**COMPLETE THE FIRST 3 ½ PAGES COMPLETELY, AFTER THAT ONLY THE HIGHLIGHTED SECTIONS.**

**X Date:** \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ **Home #** (\_\_\_\_\_) \_\_\_\_\_ (Area) \_\_\_\_\_

**(Current Address)** Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Address**  
(Past 3 Years) Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Drivers License Number & State** \_\_\_\_\_ / \_\_\_\_\_ **License Expiration Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Place of Birth: (city)** \_\_\_\_\_ **(state)** \_\_\_\_\_

**Spouses Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Notify in Case of Emergency:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_ **Relationship** \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I authorize your 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 employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected 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.

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

**EMPLOYMENT RECORD FOR PAST TEN (10) YEARS**

**Begin with your present job or most recent and work backwards in order. All ten years must be accounted for.**

Current or Most Recent Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Are you Presently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we call your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do you want to change employers? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp. Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Second Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Fourth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Fifth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Sixth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Seventh Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

**Must be COMPLETE 10-year history, if unemployed for any period of time - state unemployed. ALL addresses & phone Numbers MUST be listed for Application to be processed.**

**LICENSE**

List All Drivers license/permits held in the past

State	License Number	Type	Expiration Date

Check Endorsements that you have: \_\_\_ Combinations \_\_\_ Hazardous Materials \_\_\_ Air Brakes

**TRAFFIC CONVICTIONS/FORFEITURES**

List all vehicle moving traffic convictions and forfeitures for the past 3 years (If none write none)

Date	Location (ST)	Charge	Penalty

**ACCIDENT RECORD**

List all accidents/incidents with vehicles for the past 3 years, include all preventable and non-preventable whether or not on MVR (IF NONE WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable		Fatalities		Injuries		Amount of Damage
			Yes	No	Yes	No	Yes	No	

**NATURE AND EXTENT OF EXPERIENCE**

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				
Straight Truck				
Dump Truck				
Other (Specify)				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes \_\_\_ No \_\_\_
- C. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes \_\_\_ No \_\_\_
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug? Yes \_\_\_ No \_\_\_
- E. Have you ever been refused liability insurance? Yes \_\_\_ No \_\_\_
- F. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
- G. Have you ever been convicted of a Misdemeanor? Yes \_\_\_ No \_\_\_
- H. Have you ever been disqualified to drive by Federal Regulations? Yes \_\_\_ No \_\_\_
- I. In the three years prior to the date of this application, ( for DOT-regulated testing ) :
  - 1. Have you ever had an alcohol test with a result of 0.04 or higher? Yes \_\_\_ No \_\_\_
  - 2. Have you ever had a verified positive drug test? Yes \_\_\_ No \_\_\_
  - 3. Have you ever refused to be tested? Yes \_\_\_ No \_\_\_
  - 4. Have you ever violated any DOT drug and alcohol testing regulation? Yes \_\_\_ No \_\_\_
  - 5. If "yes" to any of the above items, did you complete the return-to-duty process? Yes \_\_\_ No \_\_\_