

Driver Qualification Application

1. The information you supply on your application must be printed in ink in your own handwriting. Please answer all questions on the application form. **PLEASE PRINT LEGIBLY. DO NOT SEND ANY MEDICAL INFORMATION WITH THIS APPLICATION.** Read and follow all instructions carefully.
2. **VERY IMPORTANT!** The section entitled “**Employment Record**” must be completed correctly. You must list all employers, schools, military service, and all periods of self-employment or unemployment for the most recent **10** full years. Dates, phone numbers, and addresses must be correct with no period of time unaccounted for in the last 10 years.
3. In the section entitled “**Drivers License,**” list all licenses held in the past seven (7) years. In the sections entitled “**Traffic Convictions and Forfeitures**” and “**Accident Record,**” list all tickets and forfeitures and all accidents for the past three (3) years.
List all accidents regardless of fault, severity, or motor vehicle type, be it personal vehicle or business vehicle. We will check your motor vehicle report for the past 10 years, so please be accurate.
4. The section entitled “**Notice, Authorization and Release for Pre-employment Inquiries**” must be **signed and dated.**
5. Please **sign and date the Application at the bottom of both page 8, top of page 9,10, aand 11**
6. Any offer of employment will be conditioned upon successfully completing:
a D.O.T. physical and company medical screening; drug screen; criminal background check; and company road test.

To speed up the application process, please attach COPIES, not originals, of the following documents.

1. Class A CDL
 2. Motor Vehicle Report (driving record)
 3. Accident Report (if accident occurred in the last 3 years)
 4. DD214 (if prior military service within the past 5 years)
 5. School Certificate and Transcripts (if attended in the past 3 years)
 6. Verification of Unemployment (pay records or professional references*)
 7. Verification of Self-employment (tax records or professional references*)
 8. W-2 Forms (if employed by a company that has gone out of business)
- * Professional references: Doctor, Attorney, Minister, Judge, etc.

For Chambers Transportation Services Inc. use only
Applicant Hired: _____
Date Employed: _____
Date of Termination: _____

DRIVER QUALIFICATION APPLICATION INSTRUCTIONS

Please print in ink in your own handwriting.

Note: Please answer or check all questions. If the answer to any question is "No" or "None," do not leave the item blank, indicate "No" or "None." This application will not be considered unless complete.

Date _____

Applicant's Name: Last _____ First _____ Middle _____

Driver Qualification Status Applied For:

Student Driver

Company Driver: Fleet _____

Owner-Operator: Individual or business name _____ Phone: (____) _____
Address _____ City _____ State _____ Zip _____

Contractor Driver: Name of employing contractor _____
Phone: (____) _____
Contractor's Address _____ City _____ State _____ Zip _____

Social Security Number: - - Date of Birth: _____

Present Address: _____ City _____ State _____
Zip _____

How Long There? Years _____ Months _____ Home Phone: (____) _____

Cellular Phone Number: _____ E-Mail Address: _____

In Case of Emergency Notify: Name _____ Address _____

Are you authorized to work in the United States? Yes No Emergency Phone Number: (____) _____

Have you ever applied to be qualified as a driver by Chambers Transportation Services, Inc.? Yes No
If so, when _____

How did you first learn of Chambers Transportation Services Inc.?

Newspaper Friend

Online

Other _____

If referred by a Chambers Transportation Services Inc. driver, list his or her name: _____

Name of your Recruiter: _____

PLEASE READ CAREFULLY

- A.** Have you **EVER** been denied a license, permit, or privilege to operate a motor vehicle? Yes..... No
- B.** Has your motor vehicle operator's license, permit, or privilege been suspended or revoked? Yes..... No
- C.** Have you **EVER** been disqualified from driving a motor vehicle under the D.O.T. regulations? Yes..... No
- D.** Have you **EVER** been convicted for driving under the influence of alcohol or drugs?..... Yes..... No
- E.** Have you **EVER** been convicted for possession, sale, or use of a controlled substance?
[date _____]..... Yes..... No
- F.** Have you **EVER** been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.?..... Yes..... No
- G.** Have you **EVER** been convicted of, found not guilty by reason of insanity, plead guilty, or plead no contest for, a felony (as defined by any U.S. or state law) at any time during the seven (7) years before the date of this application?..... Yes..... No
- H.** Are you under indictment or charged for a felony (as defined by any U.S. or state law?)..... Yes..... No
- * Note: A felony conviction will not automatically disqualify you from employment.
- I.** Pursuant to D.O.T. regulations have you, within the three (3) years preceding the date of this application:
- (1) Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated?. Yes..... No
- (2) Undergone a controlled substance test in which a positive result has been verified?. Yes..... No
- (3) Refused to undergo either an alcohol or drug test or had an adulterated or substituted drug test verified? ... Yes..... No
- (4) Had any other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations?..... Yes..... No
- (5) Successfully completed return-to-duty requirements following violation of a D.O.T drug or alcohol regulation?
..... Yes..... No

* This includes all D.O.T. regulated alcohol and drug testing including any pre-employment testing.

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAIL, INCLUDING DATES.

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your current or most recent job and work backwards in order, listing your employers and any periods of unemployment **for at least 10 years** including all full and part-time employment. All time must be accounted for, including military service, school, self-employment, and periods of unemployment. Use supplementary sheets if necessary.

CURRENT EMPLOYER

From: _____ | _____ To: _____ | _____
Phone Number: (_____) _____
Type of Equipment Driven: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____
Reason For Leaving _____
Areas in Which you drove _____

SECOND LAST EMPLOYER

From: _____ | _____ To: _____ | _____
Phone Number: (_____) _____
Type of Equipment Driven: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____
Reason For Leaving: _____
Areas In Which You Drove: _____

THIRD LAST EMPLOYER

From: _____ | _____ To: _____ | _____
Phone Number: (_____) _____
Type of Equipment Driven: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____
Reason For Leaving _____
Areas in Which you drove _____

FOURTH LAST EMPLOYER

From: _____ To: _____
Phone Number: (_____) _____
Type of Equipment Driven: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____
Reason For Leaving: _____
Areas In Which You Drove: _____

FIFTH LAST EMPLOYER

From: _____ To: _____
Phone Number: (_____) _____
Type of Equipment Driven: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____
Reason For Leaving _____
Areas in Which you drove _____

Use separate sheets for additional employment history, if necessary.

GENERAL DRIVING RECORD

To date, I have driven trucks for _____ years, covering approximately _____ miles.

The date of my last accident while driving a commercial vehicle was _____/_____/_____.
Month Date Year

Since that time, I have driven approximately _____ accident free miles.

During the last three years, I have driven regularly in the following states: _____

SAFE DRIVING AWARDS, ETC.

Date	Kind of Award	Presented By	While Employed By	In Recognition Of

EDUCATION / TRAINING

List driver training courses or driving schools attended: School Name: _____

School Start Date: _____/_____/_____

Address of School: _____

Graduation Date: _____/_____/_____

Can you read English? Yes No Speak English? Yes No Write English? Yes No

DRIVERS LICENSE: LIST ALL DRIVERS LICENSES HELD IN PAST SEVEN YEARS

State	License Number	Class Endorsements	Expiration Date

If you have held a drivers license in any other name within the last 10 years, please provide the other name(s):

Last _____ First _____ Middle _____

TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING VIOLATIONS: LIST FOR PAST THREE YEARS

Includes On-Duty or Off-Duty and while in either a commercial or personal vehicle. **If none, must write "NONE."**

Date	City/State	Charge — if speeding, how fast?	Penalty

ACCIDENT RECORD

List **all** accidents within the past **three** years regardless of whether it involved a commercial or personal vehicle. Include preventable and non-preventable accidents and any that involved property damage. **If none, must write "NONE."**

Date	Type of Vehicle	Nature of Accident (Headon,Rear end,etc.)				Fatalities Yes/No	Injuries Yes/No	Amount of Property Damage	City/State	Employer
			Preventable	Non-Preventable	Hazardous					

List 3 Personal References (other than relatives or past employers):

Name _____ Address _____
 Occupation _____ Phone (____) _____
 Name _____ Address _____
 Occupation _____ Phone (____) _____
 Name _____ Address _____
 Occupation _____ Phone (____) _____

List any addresses you have maintained during the past three years other than your present address:

1. Street _____ City _____
 State _____ Zip _____ How long? _____
 2. Street _____ City _____
 State _____ Zip _____ How long? _____
 3. Street _____ City _____
 State _____ Zip _____ How long? _____

Job Analysis

Position Title: Semi-Tractor Driver **Dictionary of Occupational Titles:** 904.383-010

Department: Driver Services **Reports to:** Operations

Job Summary:

- a. Position requires a **Medical Examiners Certificate** as required under Sub-part E, section 391 of the Federal Motor Carriers Safety Regulations.
- b. Position requires the physical demand(s) of **continuous sitting for periods up to 10 hours**, in the seat and cab of a tractor (truck) during various **weather** and **altitude (mountain elevations)** driving conditions.
- c. Position requires the physical demand(s) of occasional **walking, kneeling, squatting, stooping, reaching, grasping, pushing, pulling, and climbing**, as necessary **to enter/exit a truck cab and trailer cargo area** and perform **equipment inspections** as required under Part 396 of the Federal Motor Carrier Safety Regulations.
- d. Position requires the physical demand(s) of occasional **walking, standing, bending, crouching, squatting, grasping, reaching, rotating and lifting/carrying up to 75 pounds** a distance of **1 – 53 feet**. This may also include **lifting above the shoulder and head level**. The essential function(s), include, but are not limited to, monitoring loading and unloading activity, handling and securing cargo or installing safety devices (**tire chains**) as required by the Federal Motor Carriers Safety Regulations.
- f. Position requires the physical demand of **wrist pronation** and **supination** as necessary to operate commercial motor vehicle controls.

Equipment / Tools:

Equipment – Tractor-Trailer, tractor controls, fifth-wheel and trailer slider release, trailer landing-gear, pen, map(s), calculator, logbook.

Work Environment:

Position is subject to irregular work schedules, occasional temperature and weather extremes, long trips, short notice for trip assignments, tight delivery schedules, delays enroute and other stresses and fatigue related to driving a large commercial motor vehicle on crowded streets and highways. Noise intensity level(s) is mild, which are normal decibels for outdoor or indoor work.

Performance Dimensions and Essential Task: This job analysis group essential functions and task by domain. The following scale defines percentage of workday for each domain as occasional, frequently and continuously and indicates the limits of weight(s) lifted/carried or force exerted (in pounds).

PHYSICAL REQUIREMENTS

Do you have a current D.O.T. physical certificate? Yes No *If yes, please provide the following:*

Name of Doctor _____ Address _____ Exam Date _____ Expires _____

All driver candidates seeking employment with Chambers Transportation Services, Inc. must be physically able to perform the essential job functions listed in the driver's job analysis.

ARE YOU ABLE TO:

Complete written logs and written time sheets?

YES NO

Physically conduct pre-trip inspections of a tractor and trailer?

YES NO

NOTE: Please do NOT submit any medical information. We will not be able to process any application accompanied by unsolicited medical information.

NOTICE, AUTHORIZATION AND RELEASE FOR PRE-EMPLOYMENT INQUIRIES

I understand that as a condition of processing my application for employment, Chambers Transportation Services, Inc. is requiring that I authorize Chambers Transportation Services, Inc. or its designees to conduct certain pre-employment inquiries. I understand that, prior to signing this Notice, Authorization and Release, I have the right to end the application process and not submit to the items set forth below.

Authorization to Release Work Records, Other Records and Drug and Alcohol Test Results: I hereby authorize, without liability, any person, including but not limited to previous employers, educational institutions, third party agencies selected by Chambers Transportation Services, Inc. to receive information, or any other institution to furnish Chambers Transportation Services, Inc. information relating to any accidents in which I was involved in addition to any information they may have concerning my character, habits, ability, financial responsibility, job performance, and reasons for leaving employment. I further authorize any law enforcement agency or court of record to furnish Chambers Transportation Services, Inc. information concerning my motor vehicle record, or any felony or misdemeanor of which I have been convicted. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me as a result of furnishing such information. In addition, I hereby authorize Chambers Transportation Services, Inc. to obtain from my prior employers during the three (3) year period preceding the date of this application, information about me regarding alcohol tests with a concentration result of 0.04 or greater, positive drug test results, refusals to be tested (including verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion of return-to-duty requirements following violation of a D.O.T. drug or alcohol regulation. I hereby authorize and consent to the release of this information by my prior employers Chambers Transportation Services, Inc. in person, by telephone, in writing or by other method of transmission ensuring confidentiality.

Consumer Reports: I understand that a consumer report(s) and/or investigative consumer report(s) may be obtained in connection with my application for and/or continued employment with Chambers Transportation Services, Inc. These reports may contain the following types of information: employment history, motor vehicle record, criminal conviction record, character, general reputation, personal characteristics, mode of living and/or credit and indebtedness collected from federal, state, and other agencies that maintain such records; as well as information from any third party agency deemed appropriate by Chambers Transportation Services, Inc. concerning previous driving record requests made by others from such state agencies, and state provided driving records. I understand that a criminal conviction will not necessarily bar me from employment.

Drug and Alcohol Testing: I understand that in the event that I am given a conditional offer of employment (or an offer of contract for services) I understand that, pursuant to federal and state law, I will be required to undergo alcohol and drug testing. I understand that I will be required to provide urine, hair or other biological samples to be tested for the presence of controlled substances. If employed or contracted, I will be required to submit to drug and/or alcohol tests as required by Chambers Transportation Services, Inc.'s Controlled Substance and Alcohol Use and Testing Policy and/or federal and state regulations. In the event of post-accident drug testing, I understand that any sample submitted for testing pursuant to Chambers Transportation Services, Inc. policy, shall become the property of Chambers Transportation Services, Inc.

Pre-employment Full Medical Examination: I understand and agree that, in the event I am given a conditional offer of employment, Chambers Transportation Services, Inc. may condition acceptance of that offer on my satisfactory completion of Chambers Transportation Services, Inc.'s full medical examination. This examination will be conducted by a physician chosen by Chambers Transportation, Inc. Satisfactory completion of the medical examination means obtaining a D.O.T. Medical Examiner's Certificate of three months or more and a determination that I can perform the essential functions of the position of Long Haul Semi-Tractor Driver. I further understand, that as a part of this medical examination, follow-up inquiries may be made, which may include obtaining and reviewing prior medical records and/or worker's compensation records. I understand that providing false, misleading, or incomplete information during this or any medical examination may be grounds for disqualification or, if employed, termination of employment.

Applicant Rights: I have the right to make a request to any third party agency deemed appropriate by Chambers Transportation Services, Inc. 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 which any third party agency deemed appropriate by Chambers Transportation Services, Inc. has previously furnished within a two year period preceding my request. I also understand that I have the right to review information provided by previous employers, to have any errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Chambers Transportation Services, Inc. and to have a rebuttal statement attached if the previous employer and I cannot agree on the accuracy of the information. If hired (or contracted), I understand that periodic consumer reports may be ran pursuant to company policy and that this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under federal and, where applicable, such as California or Washington, state Fair Credit Reporting Acts, as well as additional information on your rights under the applicable laws.

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. Any false, misleading, or incomplete statement of the information requested in this application shall be sufficient grounds for denial of employment or if hired or contracted, discharge from employment.

Applicant's Name (Print)

Social Security No.

Signature

Date of Birth

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **Chambers Transportation Services, Inc.** for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

I hereby authorize my previous employer to release and forward all information on my Alcohol and Controlled Substances Testing/Training records and any other records requested to CHAMBERS TRANSPORTATION SERVICES, INC. in compliance with Section 382.405 (f through h) and Section 382.413 (a through g).

SS # _____ X _____
 _____ (date) _____ (print full name)
 _____ X _____
 _____ (date) _____ (applicant's signature)

APPLICANT - DO NOT COMPLETE ANYTHING BELOW THIS LINE

Dear Sir/Madam:

The below named individual has applied to **CHAMBERS TRANSPORTATION SERVICES, INC.** for a position as a DRIVER and states that he/she was employed by _____ as _____
 _____ COMPANY NAME
 from _____ to _____.

Name of Applicant _____ Social Security # _____

We appreciate your time in completing, in confidence, the information requested below.

Sincerely, CHAMBERS TRANSPORTATION SERVICES, INC.

1. Employed from _____ to _____ as (OTR/REGIONAL/LOCAL DRIVER)
2. Did he/she drive a commercial vehicle for you?
 Straight Truck? _____ Tractor/Semi-Trailer? _____ Bus? _____ Other? (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your company: Discharged _____ Resignation _____ Lay Off _____
 Military Duty _____ Explain (if Necessary): _____
5. Was his/her general conduct satisfactory? _____ Eligible for Rehire? _____

Please indicate your opinion by placing an X in the appropriate column:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
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Disposition, Tact, Ability to Get Along with Others

Initiat8.544 345.P5()JTJETBT1 0 0 1.78.536 250.01 Tm()JTJETq0 -0.12 612.12 792.12 reW* n0 g30.15 205.17 0.48 0.48004 ref

- 1. Has this person ever tested positive for a controlled substance in the past three years? YES NO
 - 2. Has this person had an alcohol test with a B.A.C. of 0.04 or greater in the past three years? YES NO
 - 3. Has this person ever refused a required test for drugs or alcohol in the past three years? YES NO
 - 4. Has this person had other violations of D.O.T. agency Drug & Alcohol Regulations in the past three years?
..... YES NO
 - 5. Has this person violated a D.O.T. drug or alcohol regulation in the past three years? YES NO
 - a. If yes, has this person successfully completed follow-up and return to duty testing? YES NO
(This includes any information obtained from previous employers relating to drug or alcohol testing.)
- * This includes all pre-employment testing.

If you answered YES to any of the above questions, please give the SAP's name, address, and phone number for further reference:

NAME _____
ADDRESS _____ ZIP _____
PHONE NUMBER _____

SIGNATURE X _____
Title _____ Date _____

**DISCLOSURE TO EMPLOYMENT APPLICANT & STAFF REGARDING
INITIAL & ANNUAL PROCUREMENT OF INVESTIGATIVE & DRIVER'S
LICENSE REPORTS**

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Please be advised that we may obtain an investigative report including information as to your character, general reputation, and personal characteristics. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 business days of the date on which we receive the request from you or within 5 business days of the time the report was first requested.

By your signature below, you hereby authorize us to obtain a driver's license report and / or an investigative report about you in order to consider you for employment.

Applicant's Name _____ Male ___ Female ___

Applicant's Signature _____

Applicant's Address _____

City _____ State _____ Zip _____

Applicant's Former Address if current is less than 7 years _____

City _____ State _____ Zip _____

Social Security Number _____

Birth date _____

Driver's License # _____ State Issued _____

Employer's Name _____

Contact Name _____ Ph# _____ Fax# _____

Please check all that apply: Driver's License Report ___ Investigative Background Report ___
States to be checked: _____

**PLEASE FAX TO: (704) 875-3490
NATIONWIDE TESTING ASSOCIATION
Help Line: (800) 452-0030
Date: _____**