



Date \_\_\_\_\_

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

**Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!!**

Position applying for; Check One:  Company Driver  Owner Operator  
 Driver for Owner Operator

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State & Zip)

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

Phone Number (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Ph. No. (\_\_\_\_) \_\_\_\_\_

Relation: \_\_\_\_\_ Emergency Address: \_\_\_\_\_

Physical Exam Exp. Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Email address: \_\_\_\_\_ Alt. Ph. No. \_\_\_\_\_

Three Years Previous Address:  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, give dates:

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

Reason for leaving? \_\_\_\_\_

Have you ever worked for this company under another name? \_\_\_\_\_

If so, under what name? \_\_\_\_\_

### **Education and Employment History**

**Please circle the highest grade completed:**

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

**NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT**

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Class	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked?  
Yes  No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  
Yes  No
- D. Have you ever been convicted of a felony?  
Yes  No   
\*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

If the answer to A, B, C or D is "YES", give details \_\_\_\_\_

**Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*Codysur Trucks, Inc., in compliance with Federal and State equal employment opportunity laws, assures qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer:  
 Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs \* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

### Driving Experience

Class of Equipment	Circle type Of Equipment	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-trailer	Van, Tank, Flat, Dump, Refer			
Tractor-two trailers	Van, Tank, Flat, Dump, Refer			
Tractor-three trailers (Triples)	Van, Tank, Flat, Dump, Refer			
Other				

List states operated in, for the last five years: \_\_\_\_\_

Are you able to travel into Canada? Yes  No

Do you have proper documentation to travel into Canada? Yes  No

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### **Accident Record for past three years (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	#of Fatalities	# of People Injured



***To Be Read and Signed by Applicant***

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*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

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*Applicant's Signature*

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*Date*

**Remarks (For office use only)**

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**CERTIFICATE OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

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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 more, 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 license 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.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION**  
Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocations 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: 1) your employing 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.

The following license is the only one I will possess:

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

**DRIVER'S CERTIFICATION:** I certify that I have read and understand the above requirements.  
Driver's Name (Printed): \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_  
Carrier Official (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Carrier Signature \_\_\_\_\_ Title \_\_\_\_\_  
Codysur Trucks, Inc.  
Carrier

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

**Codysur Trucks, Inc.  
30351 E. Business 77  
San Benito, TX 78586  
Tel. (956) 276-9656  
Fax (956) 276-0166**

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. In addition, credit reports and criminal histories will also be obtained if deemed necessary by the Motor Carrier's authorized representative.

**I hereby give consent for a consumer report for employment purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employee, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer, insurance company or health care facility contacted by the above named Motor Carrier representative to furnish any and all information. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and worker's compensation in accordance with the American with Disabilities Act. This report will include information as my character, work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.**

I authorize the above named Motor Carrier representative to make such investigations and inquiries of my personal, employment, financial, criminal and 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, law enforcement agencies and all other persons, entities and institutions from any and 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
APPLICANTS PRINTED NAME:

\_\_\_\_\_  
SOCIAL SECURITY NUMBER:

\_\_\_\_\_  
APPLICANTS SIGNATURE:

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

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

\_\_\_\_\_  
TITLE:



# 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 Name: \_\_\_\_\_  
(print)

ID Number: \_\_\_\_\_

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

- 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?

Check one:  Yes  No

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

Check one:  Yes  No

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

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



# ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice:

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: Codysur Trucks

Driver/Applicant Name: \_\_\_\_\_

(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

2. Check type of test:  Alcohol  Controlled Substance

3. Check reason for test:  Pre-employment  Random  Reasonable suspicion/cause  
 Post-accident  Return to duty  Follow-up

4. Appointment instructions/comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

\_\_\_\_\_  
Driver/Applicant's Signature

\_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

## *Alcohol And Drug Employee's Certified Receipt*

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Employee's Name

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Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked ( P ) items:

- \_\_\_\_\_ 1. The designated person to answer questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers subject to Part 382.
- \_\_\_\_\_ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- \_\_\_\_\_ 4. Specific information concerning prohibited driver conduct.
- \_\_\_\_\_ 5. Circumstances under which a driver will be tested.
- \_\_\_\_\_ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- \_\_\_\_\_ 7. The requirement that tests are administered in accordance with Part 382.
- \_\_\_\_\_ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- \_\_\_\_\_ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart 0 procedures.
- \_\_\_\_\_ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- \_\_\_\_\_ 11. Information on the affects of alcohol and controlled substances use on :
  - an individuals health
  - work
  - personal life
  - signs and symptoms of a problem
  - available methods of intervening when a problem is suspected

\_\_\_\_\_ 12. Optional information:

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Employee's Signature

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Date

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Authorized Employer Representative

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Date



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE  
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/> Check here if CDL Holder is requesting results on self
--

\_\_\_\_\_ ,  
Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
Print Motor Carrier's Name (956) 276-4840  
Phone Number

30351 E. Business 77 San Benito, TX 78586  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver  <b>X</b>	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.**



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*



# Employment Verification

1<sup>ST</sup> REQUEST  2<sup>ND</sup> REQUEST \_\_\_\_\_ 3<sup>RD</sup> REQUEST \_\_\_\_\_

Carrier Name: Codysur Trucks Contact Person: Safety  
Address: 30351 E. Business 77 City, State, Zip: San Benito, TX 78586  
Phone #: 956 276 4840 Fax #: 956 276 0166

## EMPLOYEE INFORMATION AND RELEASE

### Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, 391 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired.

I \_\_\_\_\_, hereby authorize this Company to release all records of employment.  
(Print Name)

Including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employed from: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Applicant's Signature \_\_\_\_\_ SSN or ID Number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Today's Date \_\_\_\_\_

**APPLICANT: PLEASE DO NOT FILL OUT PAST THIS LINE**

### Section I-Past Employer to Complete: DOT REGULATED DRUG & ALCOHOL INFORMATION

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

If no Drug and Alcohol information is available on above named applicant check here.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results?)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test results of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.  |                          |                          |



# Employment Verification

**SECTION II-Past Employer to Complete: ACCIDENT INFORMATION**

Please provide the following information as required by 391.23 (d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named Driver/Applicant was involved within the past three years while under your employment.

*If there is no accident information for this driver, please check here.*

Date	Location (Please give city/town or most near & State)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

**SECTION III-Past Employer to Complete: EMPLOYEE WORK HISTORY INFORMATION**

Please provide the following information on the above name Driver/Applicant;

He/She was employed for you as a: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles/ Triples  Bus  Other

Explain: \_\_\_\_\_

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

Was he/she a: Full Time Driver? Yes  No  Part Time Driver? Yes  No   
Other? Yes  No

General areas traveled: \_\_\_\_\_

While under your employment was he/she:

- a. Bonded: Yes  No
  - b. Convicted of any traffic violations: Yes  No
- If yes, please list all, including date and type: \_\_\_\_\_

- c. License(s) suspended, revoked or denied: Yes  No
- If yes, please explain: \_\_\_\_\_

Reason for leaving:  Discharged  Resignation  Laid Off  Other \_\_\_\_\_

Would this employee be eligible for rehire: Yes  No  Upon Review   
Please explain: \_\_\_\_\_

**Representative Supplying Information:**

Print Name	Title
Signature	Date

*Your timely response is appreciated.*

**Motor Carrier's**  
**MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION**

**MOTOR CARRIER INSTRUCTIONS:** For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

**§391.23 Investigation and inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

**§391.51 General requirements for driver qualification files. (b)(9)(i)** For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

**RETENTION:** This form is to be kept in the driver's qualification file for 3 years.

**MOTOR CARRIER VERIFICATION:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: \_\_\_\_\_ Driver's Identification Number: \_\_\_\_\_  
(e.g., driver's license, employee ID)

Expiration Date of Medical Certificate: \_\_\_\_\_

Medical Examiner's Name: \_\_\_\_\_

National Registry Number: \_\_\_\_\_

NRCME Certification Date: \_\_\_\_\_

Motor Carrier: \_\_\_\_\_

Location: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Motor Carrier Representative Signature