Eckblad Trucking and Shop Services, LLC.

33149 State Hwy 19

PO Box 355

Henderson, MN 56044

Tel: 507-248-3110 ext. 2 Fax: 507-248-3114

COMMERCIAL DRIVER APPLICATION

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

Date: _____

Name: First_____ Middle_____ Last_____

Address _____ Home telephone: _____

City_____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

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

1 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

2 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

3 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

Use backside of sheet for additional addresses

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

State_____ Number_____ Expiration Date _____

State_____ Number_____ Expiration Date _____

State_____ Number_____ Expiration Date _____

Experience:

_____ _____ to _____ _____
Type of vehicle driven | Dates | Approximate mileage driven

_____ _____ to _____ _____
Type of vehicle driven | Dates | Approximate mileage driven

_____ _____ to _____ _____
Type of vehicle driven | Dates | Approximate mileage driven

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

Date_____ Describe_____ Fatalities_____ Injuries_____

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Date_____ Describe_____ Fatalities_____ Injuries_____

List all Traffic Violations Convictions, last 3 years: **(If none, write NONE)**

Date_____ **Violation**_____ **State**_____ **Commercial Vehicle: Yes / No**

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Date_____ **Violation**_____ **State**_____ **Commercial Vehicle: Yes / No**

Date_____ **Violation**_____ **State**_____ **Commercial Vehicle: Yes / No**

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

☐ **Yes** ☐ **No** **If yes; state of issuance; explanation:** _____

_____

Employment History, last 10 years (383.35)—account for gaps between employers: **(If owner/operator, list carriers leased to)**

1) **Employer:**_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip code:_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..

2) **Employer:**_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:**_____

City, State, Zip code: _____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..

3) Employer:_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip code: _____**Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..……..……...

4) Employer:_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:**_____

City, State, Zip code_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..……..……...

5) Employer:_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip code:_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..……..……...

6) Employer:_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip Code:_____**Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

……..……..……...

7) Employer:_____ **Dates:** _____**to**_____

Address: _____ **Supervisor:** _____

City, State, Zip code:_____ **Telephone:** _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ **Yes** ☐ **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ **Yes** ☐ **No**

Reason for Leaving: _____

_____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

_____ _____

Applicant's Signature **Date Signed**

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

_____
Name

_____ _____
Title **Date**

Application reviewed for completeness by:

_____
Name

_____ _____
Title **Date**

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

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COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name _____ _____ _____
First Middle Last

Address _____ **Home Telephone** _____

City_____ **State** _____ **Zip** _____ **Cell Telephone** _____

Date of Birth _____ **Social Security Number** _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?		**YES**	**NO**
If YES —	**Have you successfully completed the return-to-duty process?**	**YES**	**NO**
If YES —	**Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.**		

_____ _____
Applicant's Signature **Date Signed**

TO BE COMPLETED BY EMPLOYER:

_____ _____
Received by: **Reviewed by:**

_____ _____ _____ _____
Title: **Date:** **Title:** **Date:**

The Federal Motor Carrier Safety Regulations require <u>all</u> previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ **DATE:** _____
Former Employer's Name

_____
Mailing Address

_____
City / State / Zip

_____ _____
Telephone # Fax Number

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

Applicant's Signature & Date _____ _____

Witness's Signature & Date _____ _____

REQUEST FROM:
Company: _____
Address/City/State/Zip: _____
Telephone Number: _____ Fax Number: _____
Contact Person & Title _____ _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

<u>INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS</u>

- Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO IF NO, please explain:
  _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
  Type of truck(s) and/or truck/tractor(s) operated: _____
  Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:
  _____
- Why did this employee leave your company?
  _____
- Would you re-employ this person? YES or NO IF NO, please explain:
  _____
- Additional comments:
  _____

<u>INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS</u>

- Alcohol tests with a result of 0.04 or greater? ……. YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results? … YES or NO If yes, please give date(s): _____
- Refusals to be tested? …… YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required? ……... YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____