

DRIVER'S APPLICATION FOR QUALIFICATION

**BRADY TRUCKING CO.
922 E. Johns Prairie Rd.
Shelton, WA 98584**

The purpose of this application is to determine whether 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.

INSTRUCTIONS TO APPLICANT

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!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years of age.

Date: _____

Name: _____
 (First) (Middle) (Last)

Phone #: _____ Alternate Phone #: _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

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			

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, **and all commercial driving experience for the past ten years.**

Month/Year Month/Year Present or Last Employer:

From: _____ To: _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
 From: _____ To: _____ Name: _____
 Position Held: _____ Address: _____
 Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
 From: _____ To: _____ Name: _____
 Position Held: _____ Address: _____
 Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

Month/Year **Month/Year** **Previous Employer:**
 From: _____ To: _____ Name: _____
 Position Held: _____ Address: _____
 Reason for Leaving: _____ Phone #: _____

Job was designated as a safety sensitive function in a DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40.

DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Motor Vehicle 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

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

Date	Location	Charge	Penalty

Driver's License (list each unexpired commercial motor vehicle operator's license or permit that has been issued to you)

State	License #	Type	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 to operate a motor vehicle ever been suspended or revoked? { YES { NO
- C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? { YES { NO
- D. Have you ever been convicted of a felony? { YES { NO

If the answers to A, B, C, or D is "YES", give details of the facts and circumstances: _____

PERSONAL REFERENCES

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

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

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

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on an introductory period, during which I may be disqualified without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Remarks (for office use only)
