

# APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY SECTION 391 - D.O.T. SAFETY REGULATIONS

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

Motor Carrier:

Carolina Tank Lines, Inc.  
3255 Maple Avenue / PO Box 2827  
Burlington, NC 27216  
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.  
705 Cross Street / PO Box 690  
Russellville, AL 35653  
256-740-5538

## I. GENERAL

Please Print Plainly And Complete All Blanks

Name:	_____	Home Phone:	_____
	First Middle Last		
Email:	_____	Cell Phone:	_____
Current Address:	_____		
	Number Street City State Zipcode		
Other Addresses:	_____		
Past 3 Years	Number Street City State Zipcode		
	Number Street City State Zipcode		

Date Of Birth	Social Security No.	Height	Weight	Marital Status	Single	Married
- -	- -	' "	lbs.	(Circle One)	Divorced	

Name Of Spouse:	_____	Telephone:	_____
	First Middle Last		
Emergency Contact:	_____	Telephone:	_____
	First Last Relationship		

Give Three Personal References: (Other Than Relatives)

Name:	_____	Daytime Phone:	_____
Name:	_____	Daytime Phone:	_____
Name:	_____	Daytime Phone:	_____

Military Status					
Have you served in the U.S. Armed Forces?	_____	Branch?	_____	Dates: From	_____ To _____
DD214 Narrative reason for discharge:	_____				
Honorable Discharge?	Yes	No	Any Medical Disability as a result of service?	Yes	No

Educational Background					
Type Of School	Name and City/State	Graduated?		Yrs. Attended	Major?
Grade		Yes	No		
High School		Yes	No		
College		Yes	No		
Graduate		Yes	No		
Trade School		Yes	No		
Driving School		Yes	No	Graduation Date: / /	

## II. Driving Experience

LICENSE			
List "ALL" Drivers Licenses / Permit Held In The Past			
State	License Number	Type	Expiration Date

Traffic Convictions / Forfeitures			
List "ALL" Vehicle Moving Traffic Convictions And Forfeitures For The Past Three Years ( If None, Write None )			
Date	Location ( State )	Charge	Penalty

Accident Record						
( If None, Write None )						
List "ALL" Accidents / Incidents With Vehicles For The Past Three Years, Include Preventable And Non-Preventable, Whether Or Not MVR						
Date	Type Of Vehicle	Nature Of Accident Head-on, Rear-end, Etc	Preventable	Fatalities	Injuries	Amount Of Property Damage
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	

Tractor Trailer Experience				
Type	Trailer Length	Approx Number Of Miles	Years Of Experience	States Operated In
Dry Van				
Refridgerated				
Tanker				
Total Driving Experience				

Show special courses or training that you received that helped you as a driver: \_\_\_\_\_

Which Safe Driving awards do you hold and from whom?: \_\_\_\_\_

( Circle One )

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 narcotic drug, amphetamine or derivative thereof?	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) Have you ever been refused a security bond?	Yes / No

If you answered "YES" to any question "A" through "I", please give details: \_\_\_\_\_

Current Or Most Recent Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you presently employed? Yes / No ( Circle One ) May we call your current employer? Yes / No

Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_

Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_

# Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Second Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_

Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_

# Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Third Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_

Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_

# Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Fourth Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_  
 Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_  
 # Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Fifth Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_  
 Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_  
 # Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Sixth Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_  
 Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_  
 # Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Seventh Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_  
 Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_  
 # Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Eighth Last Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_  
 Position: \_\_\_\_\_ Date From: \_\_\_\_\_ To \_\_\_\_\_ Rate Of Pay: \_\_\_\_\_  
 Why did you change employers? \_\_\_\_\_ # Of States Driven In? \_\_\_\_\_  
 # Of Accidents? \_\_\_\_\_ # Of Worker's Comp Claims? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Name Of Person Who Referred You?: \_\_\_\_\_

\_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Sign Name  
 \_\_\_\_\_  
 Dated

How Did You Hear About Us? (choose one)

- Television Commercial
- Friend (who referred you)
- Walk-In
- Facebook
- Craigslist
- YouTube Video
- Other (please explain below)

\_\_\_\_\_

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

Motor Carrier:

Carolina Tank Lines, Inc.  
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Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.  
705 Cross Street / PO Box 690  
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256-740-5538

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In connection with your application for employment with Carolina Tank Lines, Inc./Fleet Personnel Corp., it may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Carolina Tank Lines, Inc./Fleet Personnel Corp. uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Carolina Tank Lines, Inc./Fleet Personnel Corp. 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, Carolina Tank Lines, Inc./Fleet Personnel Corp. will notify you that the action has been taken and that the action was based in part or in whole on this report. Carolina Tank Lines, Inc./Fleet Personnel Corp. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Carolina Tank Lines, Inc./Fleet Personnel Corp. may obtain such background reports, please read the following and sign below:

I authorize Carolina Tank Lines, Inc./Fleet Personnel Corp. 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 consenting to the release of safety performance 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 Carolina Tank Lines, Inc./Fleet Personnel Corp. to make a determination regarding my suitability as an employee.

I further understand that neither Carolina Tank Lines, Inc./Fleet Personnel Corp. nor 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Carolina Tank Lines, Inc./Fleet Personnel Corp. and I understand that if I sign this consent form, Carolina Tank Lines, Inc./Fleet Personnel Corp. may obtain a report of my crash and inspection history. I hereby authorize Carolina Tank Lines, Inc./Fleet Personnel Corp. and its employees, authorized agents and/or affiliates to obtain the information authorized above.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF A CONSUMER REPORT**

Motor Carrier:

Carolina Tank Lines, Inc.  
3255 Maple Avenue / PO Box 2827  
Burlington, NC 27216  
Office: 336-226-7039 / Fax: 336-513-6305

Employer:

Fleet Personnel Corp.  
705 Cross Street / PO Box 690  
Russellville, AL 35653  
256-740-5538

In connection with your application for employment, we may procure a consumer report on you as a part of the process of considering your candidacy as an employee. In the event that information from this report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics and mode of living. 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 five (5) days of the date which we receive the request from you or within five (5) days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

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

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City / State / Zipcode: \_\_\_\_\_

Driver License State Of Issue And Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth:    Month: \_\_\_\_\_    Day: \_\_\_\_\_    Year: \_\_\_\_\_

Signature: \_\_\_\_\_

MVR: \_\_\_\_\_

CBC: \_\_\_\_\_

# INQUIRY TO PAST EMPLOYER

( \*\*\*APPLICANT, ONLY SIGN AND DATE BOTTOM LINE ONLY \*\*\* )

Motor Carrier:

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Burlington, NC 27216  
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Employer:

Fleet Personnel Corp.  
705 Cross Street / PO Box 690  
Russellville, AL 35653  
256-740-5538

To Past Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates Of Employment: Hire Date: \_\_\_/\_\_\_/\_\_\_ Term Date: \_\_\_/\_\_\_/\_\_\_ Position Held: \_\_\_\_\_

Employee held a DOT safety-sensitive position with our company, Department of Transportation regulation 382.405 (f) and (h) require the following information to be provided:

*In the past three years, has the above individual ever:* ( Circle One )

Had an alcohol test result with a breath alcohol concentration of 0.04 or greater? Yes / No  
Tested positive for a controlled substance test? Yes / No  
Refused to submit for an alcohol or controlled substances test? Yes / No  
Had other violations of DOT Drug and Alcohol Testing Regulations? Yes / No

If any of the above questions were answered "Yes", provide the following:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Substance Abuse Professional (SAP) Name Telephone Number Date Referred

\_\_\_\_\_  
Address City State Zip Code

1. Type Of Equipment Operated: Tractor Trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Bus \_\_\_\_\_ Other (Specify) \_\_\_\_\_
2. Number Of Accidents: \_\_\_\_\_ Number Preventable: \_\_\_\_\_
3. Employee's Conduct: Satisfactory \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_
4. Reason For Employee Leaving: Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_
5. Would We Re-employ This Person? Yes \_\_\_\_\_ No \_\_\_\_\_ Explanation \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Of Person Supplying Information Title Date

APPLICANT CONSENT & RELEASE: I, \_\_\_\_\_ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance test (if I was employed as a driver) and all other records of employment including job performance to the above name carried in connection with my application for employment. I hereby release my former employers from any and all liability of any type as a result of the above information.

\_\_\_\_\_  
Applicant Signature Date



TRUCKING INDUSTRY:  
 Dot D/A Disclosure and Authorization  
 Send To Fax#: (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (     ) _____ - _____	
HireRight Account Number:	_____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(     ) _____ - _____
_____	_____	_____	(     ) _____ - _____
_____	_____	_____	(     ) _____ - _____
_____	_____	_____	(     ) _____ - _____
_____	_____	_____	(     ) _____ - _____
_____	_____	_____	(     ) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and v(i) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_