

Pre-Employment CDL Driver Qualification File Checklist

This document can serve as a **hiring checklist** to help the municipality make sure that it is complying with the Federal CDL hiring requirements. Each driver's qualification file (DQF) must be retained for as long as a driver is employed and for three years thereafter §391.51(e). The DQF must include documents from ongoing recordkeeping (see the *Recordkeeping* section for more details) as well as the pre-employment documents listed below:

- A completed **CDL job application** for each CMV driver, in accordance with §391.21 (**required**). This is not a standard job application. A sample application is provided in the later pages of this section.
- The driver qualification file elements from previous employers in accordance with §391.23 (**required**). This includes employment record, accident history, and alcohol and drug testing records for the preceding 3 years from any DOT regulated employer. If the records are not obtained from prior employer(s), evidence of the attempt must be retained. All above documents must be maintained per §391.53. An employment history/drug & alcohol testing request form is provided in the later pages of this section.
- NEW! Beginning on January 6, 2020, a “full” pre-employment query of the FMCSA Drug & Alcohol Clearinghouse must be completed in accordance with §382.701(a)(1) (**required**). Basically, employers are prohibited from hiring a driver who has a drug and alcohol violation, except where the Clearinghouse query demonstrates successful completion of substance abuse treatment, return-to-duty testing, and follow-up testing (see §382.701(d) for more information). The prospective driver must give specific consent for a full query and will need their own Clearinghouse account to do so. Clearinghouse link:
<https://clearinghouse.fmcsa.dot.gov/>
- Pre-employment motor vehicle records check results for prior 3 years from each state in which the driver has operated a commercial motor vehicle in accordance with by §391.23(a)(1) (**required**). This may require contacting each state.
- Acceptable pre-employment drug test results or exemption form filled out by previous employer (**required**). NOTE: The NIBA recommends each new employee undergo pre-employment drug testing and that the company not utilize the exemption. Contact an Occupational Drug Testing to schedule the pre-employment test.
- The certificate of driver's road test issued to the driver, or a copy of the commercial driver license in accordance with §391.31(e) (**required**). The NIBA recommends that an actual road test be given to potential new hires.
- (OPTIONAL) The DOT certified medical examiner's certificate of his/her physical qualification to drive a commercial motor vehicle as required by §391.43(f) or a legible photographic copy of the certificate. **Note: this is a "best practice" recommendation, as some companies are typically exempt from this requirement. The NIBA suggest that the company establish a policy requiring CDL drivers to maintain their medical certification card. This best practice should start at hire and continue through the duration of employment.**

NOTES

- Driver records must be maintained in a secure manner, similar to personnel records-but should be separate.
- Additional information can be obtained FMCSA at: <http://www.fmcsa.dot.gov/safety-security/eta/index.htm>
- In the event that an Occupational Drug Testing is unable to meet an urgent schedule for hiring a new CDL driver, please locate the nearest certified clinic so that the pre-employment testing can be performed within a reasonable timeframe.

**COMMERCIAL MOTOR VEHICLE OPERATOR
APPLICATION FOR EMPLOYMENT**

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or 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 and other persons from 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant Acknowledgement of Drug & Alcohol Testing Requirement

Job Title Applied for: _____

Company: _____

I understand that as a condition of employment, I must successfully complete a drug test as required by 49 CFR Part 655, Part 382 and Part 40, when requested by the employer. I also understand that the employer may administer an optional pre-employment alcohol test if they so desire.

I understand that a negative drug test is required before I will be permitted to perform safety-sensitive duties. If a pre-employment alcohol test is administered, I understand that it must also be negative. I also understand that if I fail the required drug test or optional alcohol test that I will be eliminated from consideration for the above position and any contingent offer of employment for that position will be withdrawn.

Printed Applicant Name: _____

Applicant Signature: _____

Printed Name (Witness): _____

Witness Signature: _____

Date: _____

Employment History and CDL Drug & Alcohol Testing Request Form

Your Entity Name			
Mailing Address			
Telephone & Fax #s			
Contact Person			
Email Address			
Driver Applicant Name		Social Security #	

I hereby authorize and request [Enter Name of Prior Employer, Address & Telephone #]

to release any and all information pertaining to my employment records to the above requesting prospective employer as required by 49 CFR Section 391.23 and Section 40.25(b). You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulations require that this information be released as part of the Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information to the above requesting employer.

Guidance to Prior Employers

Per 391.23(f) the driver's written consent is provided to the previous employer to ensure the proper release of information required by FMCSA regulations. (g) Employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Driver Printed Name: _____

Driver Signature: _____ Date: _____

Witnessed by: _____

Employment History and CDL Drug & Alcohol Testing Request Form

Employment History

If the individual listed was not a CDL driver or in a safety sensitive position that required him/her to be in a DOT Drug & Alcohol Testing program, check here:

The above applicant states that he/she was employed by you between the following dates:

From: _____ To _____

Please indicate the following:

1. Commercial Motor Vehicle Type

- | | |
|--|--|
| <input type="checkbox"/> Straight
<input type="checkbox"/> Truck Van
<input type="checkbox"/> Flatbed
<input type="checkbox"/> Dump Truck/Logging Truck
<input type="checkbox"/> Other (please indicate vehicle type(s)) _____ | <input type="checkbox"/> Tractor/Semi trailer
<input type="checkbox"/> Bus
<input type="checkbox"/> Cargo/Tanker |
|--|--|

2. Was the applicant safe and efficient? Yes No

Remarks:

3. Did the applicant have any motor vehicle accidents while in your employ? Yes No
 If yes, please describe details, outcome, and severity of accident.

4. Reason for leaving your employ: Discharged Laid off Resigned
 Other (please describe):

Please rate the driver for the following characteristics, using a check mark:

Characteristics	Excellent	Average	Poor
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Employment History and CDL Drug & Alcohol Testing Request Form

Controlled Substance and Alcohol Testing Information—sections 382.413 and 40.259(b)

1. Was the above named individual in a random DOT compliant drug & alcohol testing program during his/her employment with your company? Yes No

2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? Yes No

3. Has the above named individual had a controlled substance test with a positive result while in your employ? Yes No

4. Has the above individual refused a controlled substance test or alcohol test while in your employ? Yes No

5. Other violations of DOT Agency Drug and Alcohol testing regulations? Yes No
 Addition Info Attached Yes No

6. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? Yes No Not Applicable

With Reference to **question number 5**, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name:	
Mailing Address	
Phone #	

Signed by: _____ Date: _____

Printed Name: _____

Prior Employer Official Title: _____

NOTE: You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Reply Mailed On: _____

Verified by Phone: Yes No

Person Contacted: _____

Signature: _____ Date: _____

