



3510 W 95TH AVE
WESTMINSTER, CO 80031
P# 303-429-9135
F# 303-853-9028

MINIMUM DRIVER QUALIFICATION INFORMATION

• INSTRUCTIONS TO DRIVER

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".

• YOUR INFORMATION:

First name: _____

Middle name: _____

Last name: _____

Contact Phone: _____

Emergency phone number: _____

Age*: _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Date Of Birth: _____

SSN: _____

• POSITION APPLYING FOR:

- Contractor
- Driver
- Contractor's Driver

• PHYSICAL EXAM EXPIRATION DATE:

• HAVE YOU WORKED FOR OUR COMPANY BEFORE:

- Yes
- No

If 'yes', give dates:

From: _____ to _____

Reason for leaving: _____

• CURRENT & THREE YEARS PREVIOUS ADDRESSES:

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

• EDUCATION 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								



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• EMPLOYMENT HISTORY

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 (10) years.

Name of employer _____ **From** _____ **To** _____
Address _____ Reason for leaving _____
Phone _____
Position Held _____ 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**

Name of employer _____ **From** _____ **To** _____
Address _____ Reason for leaving _____
Phone _____
Position Held _____ 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**

Name of employer _____ **From** _____ **To** _____
Address _____ Reason for leaving _____
Phone _____
Position Held _____ 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**

Name of employer _____ **From** _____ **To** _____
Address _____ Reason for leaving _____
Phone _____
Position Held _____ 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**

Name of employer _____ **From** _____ **To** _____
Address _____ Reason for leaving _____
Phone _____
Position Held _____ 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.



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• DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
	FROM	TO	
Straight truck			
Tractor and Semi-trailer			
Tractor and two trailers			
Tractor and three 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: _____

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

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

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#	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 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

* Disclosure of this information does not automatically exclude the driver from consideration

