



Jamaica Cottage Shop, Inc

170 Winhall Station Rd, S Londonderry, VT 05155
 Phone (802) 297-3760 Fax (802) 297-2825
 design@jamaicacottageshop.com

Internal Use Only

Start Date

Compensation

Position

Supervisor

DRIVER EMPLOYMENT APPLICATION

Jamaica Cottage Shop, Inc is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

➔ Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

- ➔ Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO
If yes, explain:
- ➔ Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO
If yes, explain:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					

Previous Employer #1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First M.I. Last Social Security Number </div> Hereby authorize: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Previous Employer: Date of Birth </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Email: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street: Telephone: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City, State, Zip: Fax No.: </div> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)</p> <p>To: Prospective Employer: JAMAICA COTTAGE SHOP INC Attention: KATRINA Telephone: 802-366-3020 Street: 170 WINHALL STATION ROAD City, State, Zip: SOUTH LONDONDERRY, VT 05155</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: 802-366-3020 Prospective employer's email address: KFLECK@JAMAICACOTTAGESHOP.COM</p> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Applicant's Signature Date </div> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____	

Any other remarks: _____	

Signature: _____	
Title: _____ Date: _____	

Previous Employer #1**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form

Previous Employer #2

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First M.I. Last Social Security Number </div> Hereby authorize: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Previous Employer: Date of Birth </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Email: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street: Telephone: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City, State, Zip: Fax No.: </div> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)</p> <p>To: Prospective Employer: JAMAICA COTTAGE SHOP INC Attention: KATRINA Telephone: 802-366-3020 Street: 170 WINHALL STATION ROAD City, State, Zip: SOUTH LONDONDERRY, VT 05155</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: 802-366-3020 Prospective employer's email address: KFLECK@JAMAICACOTTAGESHOP.COM</p> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-top: 20px;"> Applicant's Signature Date </div> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
ACCIDENT HISTORY																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.																					
<p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 35%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>Any other remarks: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Signature: _____</p> <p style="text-align: right;">Title: _____ Date: _____</p>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

Previous Employer #2**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form

Previous Employer #3

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First M.I. Last Social Security Number </div> Hereby authorize: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Previous Employer: Date of Birth </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Email: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street: Telephone: </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City, State, Zip: Fax No.: </div> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)</p> <p>To: Prospective Employer: JAMAICA COTTAGE SHOP INC Attention: KATRINA Telephone: 802-366-3020 Street: 170 WINHALL STATION ROAD City, State, Zip: SOUTH LONDONDERRY, VT 05155</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: 802-366-3020 Prospective employer's email address: KFLECK@JAMAICACOTTAGESHOP.COM</p> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Applicant's Signature Date </div> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____	

Any other remarks: _____	

Signature: _____	
Title: _____ Date: _____	

Previous Employer #3**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
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- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form

MOTOR VEHICLE
DRIVER’S CERTIFICATION
OF VIOLATORS
391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

<div>(Date of Certification)</div>	<div>(Driver's Signature)</div>
<div>(Motor Carrier's Name)</div>	<div>(Motor Carrier's Address)</div>
<div>(Reviewed by: Signature)</div>	<div>(Title)</div>

CERTIFICATE OF DRIVERS ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.
(49 CFR 391.31(e)(f)(g))

Certification of Road Test

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting
of approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely
the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)