



*Professional Transportation Services, Inc*  
*PO Box 2368*  
*White City, OR 97503*  
*541-826-7645 tel*  
*541-826-8921 fax*

## COMMERCIAL DRIVER APPLICATION

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

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ Home telephone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

.....  
2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

.....  
3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

|             |              |                       |
|-------------|--------------|-----------------------|
| State _____ | Number _____ | Expiration Date _____ |
| State _____ | Number _____ | Expiration Date _____ |
| State _____ | Number _____ | Expiration Date _____ |

Experience:

|                        |                |                            |
|------------------------|----------------|----------------------------|
| _____                  | _____ to _____ | _____                      |
| Type of vehicle driven | Dates          | Approximate mileage driven |
| _____                  | _____ to _____ | _____                      |
| Type of vehicle driven | Dates          | Approximate mileage driven |
| _____                  | _____ to _____ | _____                      |
| Type of vehicle driven | Dates          | Approximate mileage driven |

All Accidents, last 3 years: (If none, write NONE)

|            |                |                  |                |
|------------|----------------|------------------|----------------|
| Date _____ | Describe _____ | Fatalities _____ | Injuries _____ |
| Date _____ | Describe _____ | Fatalities _____ | Injuries _____ |
| Date _____ | Describe _____ | Fatalities _____ | Injuries _____ |

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

|            |                 |             |                              |
|------------|-----------------|-------------|------------------------------|
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes / No |

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: \_\_\_\_\_

Employment History, last 3 years account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

.....  
2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

.....  
3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

.....  
4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

.....  
5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Use backside of sheet for additional employers

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**Certification**

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

\_\_\_\_\_  
Applicant's Signature Date Signed

=====

**TO BE COMPLETED BY THE EMPLOYER:**

Application received by:

Application reviewed for completeness by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SIGNIFICANT DATES:**

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Professional Transportation Services, Inc PO Box 2368  
White City, OR 97503  
541-826-7645 tel  
541-826-8921 fax

COMMERCIAL VEHICLE DRIVER APPLICANT  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)

.....  
Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre –employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (circle one) Yes No

If YES — Have you successfully completed the return-to-duty process? YES NO

If YES — Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

=====

TO BE COMPLETED BY EMPLOYER:

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

## DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

### Rating of Performance

|       |  |
|-------|--|
| _____ | The pre-trip inspection (as required by 49 CFR 392.7).   |
| _____ | Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units. |
| _____ | Placing the equipment in operation.  |
| _____ | Use of vehicle's controls and emergency equipment.   |
| _____ | Operating the vehicle in traffic and while passing other vehicles.   |
| _____ | Turning the vehicle.   |
| _____ | Braking and slowing the vehicle by means other than braking.   |
| _____ | Backing and parking the vehicle.   |
| _____ | Other, explain: _____  |

Type of equipment used in giving the test: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

***Professional Transportation Services, Inc***



PO Box 2368  
White City, OR 97503  
541-826-7645 tel  
541-826-8921 fax

## CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

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

Commercial Driver's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

This is to certify that the above name 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)

## ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 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 (City/State) | 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.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver's Signature)

=====

## ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving records of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

Professional Transportation Services Inc  
PO Box 2368  
White City, OR 97503

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Title