

Driver Qualification Application

Denver Intermodal Express

10700 E 40th Avenue
Denver, CO 80239-3221
Telephone: (303)371-1500

The Civil Rights Act of 1964 prohibits discrimination because of race, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The American With Disabilities Act prohibits discrimination on the basis of non-job-related disability.

Note: Read each question and then complete all portions of this proposal in your own handwriting and in ink (please print legibly). Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected.

Date: _____

Name: _____ Social Security No. _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____ Age: ____ Place of Birth: _____

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? _____

If yes, what name? _____ When? _____

Present Address: _____
(Number) (Street/Route) (City) (State) (Zip Code)

Phone: _____ How long have you lived there? _____

Previous Address: _____ How long? _____
(Last 5 years) (Street) (City) (State)

_____ How long? _____
(Street) (City) (State)

_____ How long? _____
(Street) (City) (State)

Attach sheet for more space (Street) (City) (State) How long? _____

Any Relatives or friends in our employ? _____ Name(s): _____

How were you referred here? Online – Website: _____ Newspaper – Name: _____

Personally Referred by: _____ Other: _____

Miles per week expected? _____ Rate of pay expected? _____

Have you ever made application to work here before? _____ If yes, when? _____

Have you ever worked here before? _____ If yes, when? _____ Position: _____

Reason for leaving _____

REFERENCES

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three(3) of the past five (5) years (not former employers).

NAME	ADDRESS	OCCUPATION	PHONE	YEARS KNOWN
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last school attended: _____
(Name) (City) (State)

Have you ever attended truck driving school? _____ Name: _____ Date Completed: _____

Have you ever been trained in Hazardous Material Handling? _____ By whom? _____

Have you ever been trained in refrigerated equipment operation? _____ By whom? _____

Have you ever been trained in tanker equipment operation? _____ By whom? _____

Show special courses or training that will help you as a driver:

Which safe driving awards have you received and from whom?

List below current drivers license and any other license you have had in the past ten (10) years (even if expired)

	State	License Number	Type	Expiration Date
Operator's License				

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

Has any license, permit, or privilege ever been suspended or revoked?

Have you ever been disqualified from driving under the Feder Motor Carrier Safety Regulations?

If you answered yes to any of the above, state circumstance(s) and date(s): _____

This is the most **IMPORTANT** part of application. It must be answered **ACCURATELY** and **IN DETAIL**. List any and all tickets or arrests for any Motor Vehicle Law violations with any type of vehicle in the past five (5) years (other than parking tickets).

Violation	Date	City, State	Fine or Bond	Type of Vehicle

(attach additional sheet if more space is needed)

Are you employed now? _____ If not, how long since leaving your last employment? _____

PERSONAL HISTORY FOR PAST 10 YEARS

Begin with your present employer and work backward, in order, listing all your previous employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment. List this information going back at least 10 years. All time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain.

The information you provide may be used, and your previous and current employer(s) will be contacted, for the purpose of investigating your safety performance history while employed, as required by the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.23. In accordance with these regulations and with regard to information provided by DOT – regulated employers, you have the following rights regarding any information provided to Denver Intermodal Express as a result of these inquiries. (1) The right to review information provided by previous employers; (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the correct information to Denver Intermodal Express, and (3) The right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with accuracy of the information your previous employer submits. For a full understanding of your rights as an applicant under FMCSR Part 391 you should refer directly to the FMCSRs.

Leave NO BLANKS or gaps in time for the past 10 year period.
(attach additional sheet(s) for more space)

DATES: From Month/Year _____ to Present

Company	Type of trailer pulled
Address	Type of equipment driven
City State Zip	Number of Accidents
Telephone ()	States you drove in
Supervisor	Position Held Compensation/Pay
Full or Part-Time Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was the job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of equipment driven
City State Zip	Number of Accidents
Telephone ()	States you drove in
Supervisor	Position Held Compensation/Pay
Full or Part-Time Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was the job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of equipment driven
City State Zip	Number of Accidents
Telephone ()	States you drove in
Supervisor	Position Held Compensation/Pay
Full or Part-Time Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was the job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of equipment driven
City State Zip	Number of Accidents
Telephone ()	States you drove in
Supervisor	Position Held Compensation/Pay
Full or Part-Time Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was the job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

Have you ever been discharged or suspended from any job? _____

If yes, please explain when and why: _____

ACCIDENT RECORD

List ALL accident involvement with any motor vehicle for the past 5 years, even if not at fault

(If none, write none)

	Date	Type of Vehicle	Nature of accident (head-on, rear-end, etc.)	At Fault? Y/N	Tickets? Y/N	No. of Fatalities	No. of Injuries	Amount of Property Damage
Last Accident								
Next Accident								
Next Accident								
Next Accident								

(Attach an additional sheet if more space is needed)

Were you ever discharged by an employer because of an accident? _____

If yes, when and by whom? _____

Has your license ever been suspended because of an accident? _____

Please explain: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date: FROM	Date: TO	Approximate number of miles (Total)

List all states in which you have operated a commercial vehicle in within the last 5 years: _____

Length of time driving tractor trailer coast to coast: _____ Approximate Miles: _____

Length of time driving tractor trailer in winter/snow conditions: _____ Approximate Miles: _____

Length of time driving tractor trailer in mountains: _____ Approximate Miles: _____

Makes of tractors driven: _____

Twin Screw: _____ Single Axle: _____ Conventional: _____ Sleeper Cab: _____

Types of Engines: Detroit: _____ Cummins: _____ Cat: _____ Other (Specify): _____

Kinds of Transmissions Driven: _____

Kinds of Freight Handled: Produce: _____ Meat: _____ Swinging Meat: _____ Liquid Bulk: _____

Other: (Specify) _____

MILITARY STATUS

Have you ever served in the U.S. Armed Forces? _____ Branch: _____ Dates: _____ to _____

Rank at Discharge: _____ Date of Discharge: _____

Type of Discharge: _____ If other than Honorable, please explain: _____

This certifies 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. I further acknowledge that I have been informed that the above information may be used, and my prior employers may be contacted by Denver Intermodal Express or its agents for the purpose of investigation my background, as required by §391.23 (or other regulations that may apply) of the Federal Motor Carrier Safety Regulations, including my rights of rebuttal to information that may be provided by either my previous or current employer(s).

Date: _____ Signature: _____