



1630 S. Broadway, Coal City, IL 60416

Natl' 800.327.8661 Ofc: 815.634.4607 Fax: 815.846.8274 Email: safety@crtrans.biz

DRIVER QUALIFICATION APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Position Applied For:		Applying for qualification as a Leased Driver		Application Date:			
NAME (First-Middle-last)						Date of Birth (00-00-0000)	
Address (Street-City-State-Zip)				Social Security #			
Cell Phone #		Other Phone #		Email			
ADDRESS(S) FOR PAST THREE (3) YEARS							
Address (Street-City-State-Zip)						How Long?	
Address (Street-City-State-Zip)						How Long?	
Address (Street-City-State-Zip)						How Long?	
CURRENT COMMERCIAL DRIVERS LICENSE INFORMATION							
CDL Number		Issuing State		CDL Issue Date		CDL Expiration Date	
PREVIOUS COMMERCIAL DRIVERS LICENSE INFORMATION (If Applicable)							
CDL Number		Issuing State		CDL Surrender Date		Additional Information	
ADDITIONAL INFORMATION							
Emergency Contact Information				Phone #			
Do you have the legal right to work in the United States?				Can you provide proof of age?			
Have you driven for CR Transport before?		Date From		Date To			
Reason for leaving?							
Are employed now?		If not, how long since last employment?					
Who referred you to CR Transport, Inc.?							
In the past 3 years have you tested positive, refused to test on any drug/alcohol including pre-employment testing? Yes? No? Explain →							
Is there any reason you might not be able to perform the functions as a Leased Driver for which you have applied for qualification? Yes? No? Explain →							
Have you ever been convicted of a felony? Do you have any pending felony charges? Yes? No? If yes, please explain? →							

EMPLOYMENT HISTORY

All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to driver a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated a commercial motor vehicle.

(NOTE: List employers starting with the most recent/current in descending order)

ALL EMPLOYMENT INFORMATION MUST BE COMPLETED TO BE ACCEPTED - ANY GAPS IN EMPLOYMENT/UNEMPLOYMENT MUST BE EXPLAINED

EMPLOYER					DATES			
Name					From MO/YR	To MO/YR		
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?					YES		NO	
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?					YES		NO	
Reason for Leaving?								
EMPLOYER					DATES			
Name					From MO/YR	To MO/YR		
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?					YES		NO	
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?					YES		NO	
Reason for Leaving?								
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Reason for Leaving?								

*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in Interstate Commerce to transport property when the vehicle; weighs or has a GVWR of 10,001 pounds or more, is of any size and is used to transport hazardous materials in any quantity requiring placarding.



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ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (If none list "NONE")

DATES		TYPE OF ACCIDENT <small>(Head-on, Rear-End, Merging, Etc.)</small>	Number of Fatalities	Number of Injuries	HAZMAT		
Month/Year					YES		NO
Month/Year					YES		NO
Month/Year					YES		NO
Month/Year					YES		NO
Month/Year					YES		NO

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE (3) YEARS (Other than parking violations)

CITY & STATE	DATE	VIOLATION/CHARGE	PENALTY/DISPOSITION	
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?			YES	NO
<i>If the answer to either of the above questions is "YES" provide statement explaining full details</i>				

EDUCATION BACKGROUND (List highest grades completed)

GRADE SCHOOL LEVEL 1-2-3-4-5-6-7-8	HIGH SCHOOL LEVEL 1-2-3-4	COLLEGE LEVEL 1-2-3-4	LAST SCHOOL ATTENDED (Name-City-State)

DRIVING EXPERIENCE AND QUALIFICATIONS

CLASS OF EQUIPMENT <small>(Select)</small>	TYPE OF EQUIPMENT <small>(Van-Reefer-Tank-Flat-Lowboy-Other)</small>	DATES		APPROXIMATE # OF MILES DRIVEN
		FROM	TO	
Straight Truck				
Tractor-Trailer				
Tractor-Doubles				
Other (List) →				
List states operated within last five (5) years				



DRIVING EXPERIENCE AND QUALIFICATIONS (Continued)

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

SHOW SAFE DRIVING AWARDS YOU HOLD AND RECEIVED FROM

LIST COURSES AND TRAINING OTHER THAN SHOWN IN THE APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

↓ TO BE READ AND SIGNED BY APPLICANT ↓

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.

As a condition of my qualification, I agree to pre-qualification-controlled substance testing, as per Federal Motor Carrier Regulations, Section 391.103. I understand a "POSITIVE" test result will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results. Negative and positive results will be reported to CR Transport, Inc.

I authorize CR Transport, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a qualification decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of qualification has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my qualification, I understand that false or misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by all policies of CR Transport, Inc., and by all Federal and State regarding Commercial Vehicle Driver's and the Operation of Commercial Motor Vehicles.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for 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 employers; 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



REQUEST FOR INFORMATION

From Previous Employer on Past Driver Qualification & Alcohol/Controlled Substance Testing

I hereby authorize you to release information to: **CR TRANSPORT, INC.** for the purposes of investigation as required by section 391.23 and in compliance with 382.405 (Alcohol & Controlled Substances Testing) and 40.321(b), 40.25(b) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date	Applicant's Signature

PREVIOUS MOTOR CARRIER		REQUESTING MOTOR CARRIER	
		CR Transport, Inc.	
		P.O. Box 124, 1630 S. Broadway	
		Coal City, IL 60416	
PHONE #	FAX #	PHONE #	FAX #
		815-634-4607	815-846-8274
EMAIL ADDRESS		EMAIL ADDRESS	
		safety@crtrans.biz	
CONTACT:		CONTACT:	

Name of Applicant	
Social Security #	
Date of Birth	
Drivers License # & State	

The above-named individual has submitted an application to CR TRANSPORT, INC. for a position as a Leased Qualified Driver and states he/she was qualified as a Driver and/or Owner-Operator. We appreciate your time in completing, in confidence, the information requested below. Please return by fax or email as outlined above under Requesting Motor Carrier. Thank you for your attention in this matter and prompt response in advance.

DATES QUALIFIED				JOB TITLE			
Equipment Type:	Straight Truck		Tractor-Trailer		Other Equipment		
Trailer Type:	Flatbed		Van-Cargo		Dump Body	Other	
Driving Type:	OTR		Local		Single	Team	
Areas Operated:	All 48 States		East		Mid-West	West	
Commodities Hauled:							
Logs & Paperwork kept properly?		YES →			NO →		
Shipper or Consignee Problems?		YES →			NO →		
Was driver safe & efficient?		YES →			NO →		
Does your company have 48 State Authority?		YES →			NO →		



MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that required placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing more than 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that at anytime you violate a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier, and (2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only license I possess:

DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE EXPIRATION DATE

DRIVER CERTIFICATION: I certify that I have read and understood the aforementioned requirements.

DRIVER'S NAME (Printed)	DRIVER'S SIGNATURE	DATE
NOTES:		





MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS

Each motor carrier shall, at least once every 12 months, require each driver it qualified to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months (Section 391.27).

Drivers who have provided information required by section 383.31 need not to repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier. If the driver has not been convicted of, forfeited bond or collateral on account of any violation which must be listed, he shall so certify (Section 391.27).

LIST OF VIOLATIONS (If none state "NONE")			
DATE	OFFENSE	CITY & STATE	TYPE OF VEHICLE OPERATED
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE STATE	DRIVER'S LICENSE EXP. DATE
DRIVER'S NAME (Print)		DRIVER'S SIGNATURE	CERTIFICATION DATE (Today)

THIS SECTION FOR MOTOR CARRIER USE ONLY			
DEPARTMENT REVIEW	REVIEWED BY	TITLE	DATE





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DISCLOSURE & ALCOHOL-DRUG RELEASE

In connection with my application for qualified driver (including contract services) with CR Transport, Inc., I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information; names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PART OF ANY AGENCY CONTACTED BY DAC TO FURNISH THE AFOREMENTIONED INFORMATION TO THE EXTENT AUTORIZED BY STATE AND FEDERAL LAW.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the sources of information: and the recipients of any report on me which DAC has previously furnished within two (2) year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

In conformity with 49 CFR Part 40, I hereby authorize my previous employers/carriers to furnish DAC Services (DAC) on behalf of CR Transport, Inc. the following information concerning drug and alcohol tests. DOT drug and alcohol testing violations including pre-employment test during the past two (2) years: (1) the dates on which I tested positive for drug(s) involved; (2) the dates which I tested 00.04 or greater for alcohol and the test result levels; (3) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (4) and other violations of DOT drug and alcohol testing regulations; (5) and any information the carriers have received regarding violations of drug/alcohol testing regulations from previous employers covered by DOT.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT). If any previous employers/carriers furnishes DAC with information concerning items (1) through (5) above; (6) I also authorize that carrier to release and furnish the dates of my negative drug and/or alcohol test and/or tests with the results below 00.04 during the two (2) year period; (7) and the name and phone number of any substance abuse professional who evaluated me during the past two (2) years.

List all information indicated below for every employer/carrier which Pre-Employment Drug and/or Alcohol Test were performed during the past two years (even if you did not drive for them) Please write "NONE" if there were no tests performed.

COMPANY NAME	CITY & STATE	PHONE#	FAX#	EMAIL
Driver Name (last-first-middle)	Date of Birth	Social Security #	Driver License #	Issuing State

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at anytime during my employment (or contract) period. By signing below, I certify I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all the information that I have furnished on this form is true and complete, and that I have listed every company for which I took a pre-employment drug and/or alcohol test during the past two (2) years.

APPLICANT'S SIGNATURE	DATE CERTIFIED



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