



9730 Derby Drive · Missoula, MT 59808

Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

INSTRUCTIONS TO APPLICANT

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." This is important!

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____

Check One: Contractor Driver

Name _____
(First) (Middle) (Last)

Age _____ Date of Birth _____ Social Security Number _____

Phone Number (____) _____ Cell or Email _____

Referred by _____

Have you worked for this company before? Y / N If yes, give dates: From _____ To _____

Reason for leaving? _____

Home Address _____ City _____

State _____ Zip _____ From _____ To _____

Previous Address _____ City _____

State _____ Zip _____ From _____ To _____

Ever been known by another name? _____

Emergency Contact

Name _____
(First) (Middle) (Last)

Address _____ City _____ State _____

Phone Number (____) _____ Alternate (____) _____

Relationship _____

Employment History

Give a COMPLETE RECORD of all employment or orientations you have attended for the past 3 years, including any unemployment or self employment. If you have over 10 years of driving experience, please list all jobs within a 10 year program.

Previous Employer

From _____ To _____ Name _____
(MM/YY) (MM/YY)

Address _____
(street) (City) (State) (Zip)

Position Held _____ Phone # (_____) _____

Reason for Leaving _____

Check One: OTR Regional Local **Check One:** O/O Team Solo

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 Part40? Yes No

Previous Employer

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*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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TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation or false statement, regardless of when it is discovered, given on this application for qualification shall be considered an act of dishonesty and may be cause for termination

It is agreed and understood that Jim Palmer Trucking or its agents, as required by FMCR 391.23, may investigate the applicant's background to ascertain any and all information from various federal, state, public and private companies, including USIS/DAC, pertaining but not limited to, my driving record, credit record, criminal history, accidents, education, experience, prior employer verification including reasons for termination and controlled substance and alcohol test results per 49 CFR 382.413.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I understand that this application for qualification will serve to inform me of my right to review information provided by previous employers, (i) the right to have errors in the information corrected by the previous employer and (ii) for that previous employer to re-send the corrected information to the prospective employer, (iii) 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. This request must be made in writing within 30 days of employment or being notified of denial of employment.

I agree to furnish such additional information and complete such examination as may be required to complete my application file.

I hereby certify that I have only one commercial driver's license and that I am qualified under the Federal Motor Carrier Safety Regulations to operate a commercial motor vehicle. I further certify that my commercial driving privileges are not suspended nor do I have any knowledge of a pending suspension against my commercial license.

It is agreed and understood that this application for qualification in no way obligates Jim Palmer Trucking to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I, may be disqualified without recourse.

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.

I certify that I have read and understood this form and voluntarily release all persons and entities from any and all . claims or liabilities for releasing the information herein to Jim Palmer Trucking.

Print Name – Applicant

Date

Signature of Applicant

REMARKS

