



*Driver Qualification File*

*We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.*

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Address \_\_\_\_\_  
How long? \_\_\_\_\_

Former Address \_\_\_\_\_  
How long? \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Required by Section 391.21 (b) (2) of the Federal Motor Carriers Safety Regulations

Are you legally eligible for employment in this country? .....  Yes  No

Do you have any relatives who are presently employed by Volume Transportation? .....  Yes  No

Have you ever been employed here before? .....  Yes  No

If so, please provide date(s) and position(s):  
\_\_\_\_\_

How were you referred to Volume Transportation? \_\_\_\_\_

Position applied for \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_ Date Available to Start \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired  Full time  Part time  Temporary  Educational / Co-Op

*Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.*

Have you ever pled "guilty" or "no contest" to, or ever been convicted of a crime? .....  Yes  No

If yes, please provide dates and details \_\_\_\_\_

*\* Answering "yes" to this question does not constitute an automatic bar to employment. Factors, such as date of offense, seriousness and nature of the violation(s), rehabilitation and position applied for will be taken into account.*

**EDUCATIONAL HISTORY**

	Name of Establishment	Location	Diploma / Degree	Date Graduated
High School				
College				
Technical Training				
Other Training				

## EMPLOYMENT HISTORY

Please provide the following information concerning your past ten years of employment, starting with your current or most recent employer. Fields marked with an asterisk are required by the D.O.T. If you are currently employed, may we contact your employer for a reference?  Yes  No

\*Employer \_\_\_\_\_ \*Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ \*Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*Reason for leaving \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ \*Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*Reason for leaving \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ \*Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*Reason for leaving \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ \*Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*Reason for leaving \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ \*Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \*Reason for leaving \_\_\_\_\_  
Summarize nature of work performed \_\_\_\_\_

# DRIVER APPLICANT INFORMATION

Please list all accidents for the past three years, beginning with the most recent. If you have none, please write "N/A".

Date	Nature of Accident (head on, rear-end, upset, etc.)	# Fatalities	# Injuries

Please list all traffic violations and forfeitures for the past three years (other than parking violations).

Date	Location	Charge	Penalty

Please list all driver qualifications (driver licenses) applicable.

State	License Number	Type	Expiration Date

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  
 ( If the answer to either is "YES", please attach a statement providing us with details. )

Please provide us with information concerning your driving experience. If none, please write "N/A".

Equipment Class	Type (Van, Tank, Flat, etc.)
<input type="checkbox"/> Tractor & Semi-Trailer	
<input type="checkbox"/> Tractor – 2 Trailers	

Please list all states operated in for the last five years: \_\_\_\_\_

List all special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

## OTHER EXPERIENCE AND QUALIFICATIONS

Please list any trucking, transportation, or other experience that may help in your work for this company.

---

---

Please list courses and training other than shown elsewhere in this application.

---

---

Please list special equipment or technical materials you can work with (other than those already shown).

---

---

Please list all computer experience, including operating systems, satellite tracking systems, etc.

---

---

Please provide three personal references. (These references cannot be relatives).

Name	Address	Telephone Number	# years known
_____	_____	(____) ____ - _____	_____
_____	_____	(____) ____ - _____	_____
_____	_____	(____) ____ - _____	_____

*This certifies that I completed this application/qualification file, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Volume Transportation 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 an employment decision. I hereby release employers, schools, health care providers, and all other persons concerned from liability in responding to inquiries and releasing information in connection with my application.*

*In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Volume Transportation.*

Today's Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Your Signature \_\_\_\_\_

## EMPLOYMENT HISTORY VERIFICATION

I hereby authorize you to release all information concerning employment, including oral assessments of my job performance, ability, and fitness to each and every company (or authorized agents) which may request such information in connection with my application for employment with said company, Furthermore, pursuant to 49 CFR 382.413, I authorize you to release to Volume Transportation, Inc. all information on my Alcohol and Controlled Substance testing records. I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

Printed Name: \_\_\_\_\_ Position Applied For: Driver

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

**X** \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

----- **APPLICANT: DO NOT WRITE BEYOND THIS POINT** -----

**FROM- Volume Transportation, Inc. Attention:** \_\_\_\_\_  
 6575 Marshall Boulevard Fax: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Lithonia, GA 30058 **Company:** \_\_\_\_\_  
 (800) 879-5565 Address: \_\_\_\_\_  
 (770) 482-5057 Fax City, State: \_\_\_\_\_

1. Employed **from:** \_\_\_\_\_ **To:** \_\_\_\_\_ . Additional dates of employment: \_\_\_\_\_
2. What kind(s) of work did he/she do?  Driver  Other: \_\_\_\_\_
3. Type of vehicle driven?  Tractor Trailer  Straight Truck  Other: \_\_\_\_\_
4. Number of reportable accidents/incidents \_\_\_\_ . Explanations: \_\_\_\_\_

5. How would you rate the following?

	Excellent	Good	Fair	Poor		YES	NO
Works well with others:					Has applicant ever refused a load? If yes, comments:		
Loads on time:							
Attendance:					Have you ever suspended applicant for disciplinary reasons? If		
Ability to Log:					yes, comments:		
Follows directions and policies:					Was applicant's CDL suspended while employed by you?		

6. Reason for leaving your company?  Resigned with notice  Resigned without notice  Discharged  
 Laid off  Still Employed Comments: \_\_\_\_\_

7. Would you re-employ this person?  Yes  No  Upon Review

Comments: \_\_\_\_\_

8. Has Applicant ever tested positive for a controlled substance?  Yes  No
9. Has Applicant ever had an alcohol concentration of 0.04 or greater?  Yes  No
10. Has Applicant ever refused to be tested for alcohol and/or controlled substance ( including verified adulterated or substituted drug test results)?  Yes  No
11. If the Applicant has violated a DOT drug and/or alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.)  Yes  No
12. Any positives or refusals from any previous employer?  Yes  No  
 If 'yes' list the employer. \_\_\_\_\_

If you answered yes to question 8, 9 or 10, please provide the name and phone number of the substance abuse counselor with whom applicant went for treatment \_\_\_\_\_

Information provided by \_\_\_\_\_ on \_\_\_\_\_  
 Name Position

Reviewed by: Cody Settles, Recruiter On: \_\_\_\_\_ via phone:  via fax:  Via mail:  Mailed on: \_\_\_\_\_