



Delta Express, LLC
#3 Afco Rd., West Memphis, AR 72301

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY §391 FMCSR (DOT SAFETY REGULATIONS)

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

No application will be processed unless it's completed in full!!!!

Date: _____

Cell # (____) _____

Name: _____ **Home #** (____) _____

First

Middle

Last

(Area)

Current Address

Number Street City ST Zip

Other Address

(Past 3 Years) Number Street City ST Zip

Date of Birth

Social Security #

Drivers License # / State

Exp. Date

_____-_____-_____/_____-_____-_____/_____-_____-_____-_____-_____-_____-

First CDL Class A: _____



Original State CDL issued

Original Date issued

Spouse Name Address Phone #

(____) _____

Notify in Case of Emergency: Relationship Phone #

(____) _____

TO BE READ AND SIGNED BY APPLICANT / DRIVER

This certifies that I completed this application and all entries and information is true and correct to the best of my knowledge.

I authorize **Delta Express** 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

I understand that I am required to abide by all rules of this company, laws of the states, and regulations of the FMCSA.

Driver's Signature x _____

Date _____

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS

Begin with your present job or most recent and work backwards in order. All three years must be accounted for.

Current / Most Recent Employer _____ Supervisor's Name _____
Are you Presently Employed? Yes No Telephone (_____) _____
Address _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp. Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

Second Last Employer: Name _____ Supervisor's Name _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

Third Last Employer: Name _____ Supervisor's Name _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

Fourth Last Employer: Name _____ Supervisor's Name _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

Fifth Last Employer: Name _____ Supervisor's Name _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason for Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

Sixth Last Employer: Name _____ Supervisor's Name _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____
Were you subject to Federal Motor Carrier Safety Regulations? Yes No Were you subject to DOT regulated drug & alcohol testing? Yes No

10-year history must be COMPLETE, if unemployed for any period of time - state unemployed. ALL addresses & phone Phone Numbers MUST be listed for Application to be processed.



INQUIRY TO PREVIOUS EMPLOYER
Release & Documentation of Testing Information by Previous Employer
Safety Performance History Investigation
§382.413 §40.25 §391.23
 Per FMCSR §391.23(c)(3) & §386.12 – ALL failure to respond to this inquiry is recorded & reported.

Section I: To be signed by the applicant, completed by the previous employer, & transmitted to the company listed below.

Driver's Name: _____ **Driver's SS #** _____
 (Print)

I hereby authorized my current & previous employers to furnish any & all information requested for previous employer verification to the employer listed in Section I, B. This includes all information relating to every accident on my record & all information concerning my employment & pre-employment, alcohol & controlled substance testing records in accordance with 49 CFR Part 391.23, 382.413 & 40.25.

Driver's Signature: x _____ **Date:** _____

A. Previous Employer: _____ Representative: _____
 Address: _____ Phone # _____ Fax # _____

B. Carrier Name: **Delta Express** Company Representative: _____ **-Safety**
 Address: P. O. Box 1595, West Memphis, AR 72301
 Phone # **(870) 735-9688 - Safety** Fax # **870) 735-0714 - Safety**

Section II: To be completed by the previous employer and transmitted to the new employer.

A. Position Held: _____ Period of Employment-From: _____ To: _____

Are employment dates correct? Yes No If incorrect, please provide correct date: _____ to _____

Type of equipment driven: Tractor Trailer Other

Reason for leaving your employment: Laid off Resigned Discharged

If discharged, reason: _____

Would he/she be eligible for rehire? Yes No If "No", please explain: _____

List all accidents in the last 3-years prior to the date of the applicant's signature:

Date of accident	City or town	State	# of injuries	# of fatalities	H/M released

In the 3-years prior to the date of the applicant's signature, for DOT-regulated testing:

1. Did the employee have an alcohol test with a result of 0.04 or higher? Yes No
2. Did the employee have a verified positive drug test? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. If "yes" to any of the above items, did the employee complete the return-to-duty process? N/A Yes No
6. Did a previous employer report a drug and alcohol rule violation to you? Yes No

Note: Previous employer, if you answered "YES" to any item in Section II-A for DOT regulated testing, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.

No regulated history available for driver named in Section I.

B. Name of person providing information in Section II-A: x _____ Title: _____

Please return both pages via fax to (870) 735-0714
 Thank you for your immediate attention.

Phone: (_____) _____
 Date: _____



U.S. Department of Transportation
Motor Carrier Safety Regulations

CERTIFICATION of VIOLATIONS
§391.27

Name (Last, PRINT First, MI) (Social Security #)

I. CERTIFICATE of VIOLATIONS. I certify that the following is a true & complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

Table with 4 columns: Date, Offense, Location, Type of Vehicle Operated

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Drivers License No.: ST Expiration Date:

Date of Certification x Driver's Signature



U.S. Department of Transportation
Motor Carrier Safety Regulations

Annual Review of Driving Record §391.25

II. ANNUAL REVIEW & Evaluation of Driver's Record

In accordance with §391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with §391.25 has been reviewed for the past twelve months.

- The driver meets the minimum requirements for safe driving, or
The driver is disqualified to drive a motor vehicle pursuant to 391.25

Action Taken (if any):

Date of Review Reviewed by: Signature & Title - Safety



U.S. Department of Transportation
Motor Carrier Safety Program

Inquiry to State Agency For
Driver's Record
§391.23

I, _____
(Driver's Name) Print

_____/_____
(Driver's Operators License # / State)

(Driver's Social Sec. #)

x _____
(Driver's Signature)

Do Hereby Authorize the Office of Driver Services to release my Driving Record to:

Delta Express, LLC
PO Box 1595
West Memphis, AR 72303

Dear Sir or Madam:

The above listed individual has made an application with us as a driver. Applicant has indicated that the listed numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with §391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

(Signature of individual making inquiry)

(Printed) Name of person making inquiry

Safety
Title of person making inquiry



**Motor Vehicle Driver's
Certificate 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 transports hazardous materials that require placarding.

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

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You as a commercial vehicle driver may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until 1/1/90.

If you currently have more than one license you should keep the license from your state of residence and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it, you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. §392.42 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 drivers' license. In addition, §383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver's License No: _____ **State** _____ **Exp. Date** _____

Drivers Signature: x _____



PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations §382.301 pre-employment testing requirements, apply to driver-applicants of this company.

§382.301 - Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample under §382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

Driver's Name (PRINT)

x

Driver's Signature

Date



Seven-Day Prior HOS Record

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (Driving & On-Duty, Not Driving) during the immediate preceding seven-days and the time at which the driver was last relieved from duty prior to beginning work.

Name _____

	(Print) First	Middle	Last
	Day		
	Total Time on Duty		
1		_____	
2		_____	
3		_____	
4		_____	
5		_____	
6		_____	
7		_____	
		Total _____	

I hereby certify that the information contained herein is true to the best of my knowledge & belief, & I was last released from duty at:

____:____ a.m. / p.m. on ____/____/____

Today's Date: ____/____/____ **Driver's Signature:** x _____

Driver Certification for Other Compensated Work

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in §395.2 (8) & (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes No

At this time, do you intend to work for another employer while still employed by this company? Yes No

Driver Status: New Employee Part-time Temporary

I hereby certify that the information given above is true & I understand that once I become employed with this company, if I work for any additional employer(s) for compensation, I must inform this company immediately of such employment activity.

X _____ License # _____ State _____ Date ____/____/____
Driver's Signature



Drug & Alcohol Testing Program Consent Form

I hereby release **Delta Express**, its officers, agents, employees and attorneys from any and all liability that may in any way arise from, or in any way be connected with the company's drug and alcohol testing program, disciplinary program, or allowing me to continue to work with the company. I specifically waive any rights of action under any theory of the law and the like, including, specifically, but not limited to, theories of negligent, and/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander, or any like or similar theory.

By my signature below I acknowledge that I have read, understand and agree to comply with the drug and alcohol testing program of, **Delta Express** as well as the U.S. Department of Transportation regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, of continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breath testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under and degree of influence of alcohol or controlled substance and any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random, or event triggered testing as may be required by U.S. Department of Transportation regulations or company policy.

Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.

Driver's Signature

Date