



# CMV Driver New Hire

Common Forms Used for Completing Driver Qualification Files

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# Driver Qualification File Checklist

Driver's name:

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Driver's license number:

Type of license:

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State of issue:

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Hire date:

Last day worked:

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## Driver Qualification File—Regularly Employed

- [Driver's employment application](#)
- [Previous employment safety performance history request](#)
- [Records Request for Driver/Applicant Safety Performance History](#)
- [Inquiry to state agency for driver's record](#) (request for three years' worth of MVRs prior to employment)
- [Certificate of CMV driver road test](#) (or equivalent)
- [Motor vehicle record disclosure and release form](#) (annual MVR request)
- [Annual inquiry and review of driving record](#) (driver-generated list of all traffic violations for each year of service, includes annual review of driving record sign-off)
- [Medical examiner's certificate](#)
- [Pre-employment controlled substance/alcohol questionnaire](#)
- [Longer combination vehicle \(LCV\) driver training certificate](#) (if applicable)
- Skills performance evaluation certificate obtained from field administrator, division administrator or state director (if applicable)
- Copy of medical variance documentation (if applicable)

## Driver Qualification File—Intermittent/Occasional Driver

- [Medical examiner's certificate](#)
- [Certificate of CMV driver road test](#) (or equivalent)
- Copy of CMV driver's license
- Signed hours of service record statement(s)

Prepared by:

Date:

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Employee signature:

Date:

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Manager/supervisor signature:

Date:

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### Driver Application

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach a statement giving details.	
<b>This company requires all drivers who drive commercial motor vehicles (CMVs) that require a commercial driver's license (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment History

The Federal Motor Carrier Regulations (49 CFR § 391.21) require that all applicants wishing to drive a CMV list all employment for the last three years. In addition, if you have driven a CMV previously, you must provide employment history for an additional seven years (for a total of 10 years). Any gaps in employment in excess of one month must be explained.

Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.*

Applicant's signature:

Date:

## Driver Application Addendum

### Residence

Address:	City:	State:	ZIP:	How long?
Address:	City:	State:	ZIP:	How long?
Address:	City:	State:	ZIP:	How long?

### EMPLOYMENT

Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

# Previous Employment Applicant Safety Performance History Request

Under 49 CFR § 391.23(i)(2): Drivers who have previous DOT-regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information.

If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his or her request to review the records.

**Note: As of Jan. 6, 2023, employers are no longer able to request drug and alcohol history. Employers should search the driver on the FMCSA Drug and Alcohol Clearinghouse [website](#).**

# Records Request for Driver/Applicant Safety Performance History

<b>Part 1:</b>	<b>To be completed by the driver/applicant</b>	
To:	Prospective employer:	
	Street/P.O. box:	
	City, State, ZIP:	Telephone:     -     -
From:	Driver/applicant:	Social Security number:     -     -
	Street:	
	City, State, ZIP:	Telephone:     -     -
I am submitting this written request to obtain copies of my Department of Transportation (DOT) safety performance history for the preceding three years. I understand, for reasons requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.		
This information should be:		<input type="checkbox"/> Sent to me at the above address.
		<input type="checkbox"/> I will arrange to pick it up.
Driver/applicant signature:		Date:
<b>Part 2:</b>	<b>Completed by the Prospective Employer</b>	
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.		
<b>Information supplied to:</b>		
Name:		
Street:		
City, State, ZIP:		
Comments:		
<b>By:</b>	-     -	/     /
Signature/person providing information:	Telephone:     -     -	Date:

**Copy 1: Prospective Employer**



# Inquiry to State Agency for Driver's Record

Driver's name:

Driver's operator's license number:

Driver's Social Security number:

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

In accordance with 49 CFR §§ 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 three years of every state in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

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

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

Respectfully yours,

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Signature of individual making inquiry

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Printed name of person making inquiry

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Title of person making inquiry

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Motor carrier name

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Address

City

State

ZIP

# Certificate of Driver's Road Test

In accordance with 49 CFR §§ 391.31 (e)(f)(g), if the road test is successfully completed, the person who gave it shall complete a certificate of the test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.

Driver's name:
Operator's or chauffeur's license number:
State:
Type of power unit:
Type of trailer(s):
If passenger carrier, type of bus:

This is to certify that the above-named driver was given a road test under my supervision on the date of \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

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Signature of examiner

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Title

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Organization and address of examiner

# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with , I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Liberty Insurance Agency or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

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Full legal name (include middle initial)

Social Security number

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Driver's license number

State of issuance

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Date of birth

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Signature

Date

# Annual Inquiry and Review of Driving Record

Each motor carrier must, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every state in which the driver held a commercial motor vehicle operator's license or permit during the time period.

Each motor carrier shall, at least once every 12 months, review the motor vehicle record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified from driving a commercial motor vehicle pursuant to 49 CFR [§ 391.15](#).

The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

## Recordkeeping

- A copy of the motor vehicle record must be maintained in the driver's qualification file.
- A note, including the name of the person who performed the review of the driving record required by paragraph B of this section and the date of such review, shall be maintained in the driver's qualification file.

# Annual Review of Driving Record

This form is an example only. Requirements for the annual review of driving record can be found in [49 CFR 391.25](#).

## ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

MOTOR CARRIER NAME	MOTOR CARRIER ADDRESS		
REVIEWER PRINTED NAME	REVIEWER SIGNATURE	TITLE	DATE

# Medical Examiner's Certificate

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR §§ 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

<input type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Driving with an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> Wearing a hearing aid	<input type="checkbox"/> Accompanied by a skill performance evaluation certificate (SPE)
<input type="checkbox"/> Accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of medical examiner:	Telephone:	Date:

Medical examiner's name (print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Advanced practice nurse

Medical examiner's license or certificate number/issuing state:

Signature of driver:	Driver's license number:	State:

Address of driver:

Medical certificate expiration date:

# Pre-employment Controlled Substance and Alcohol Questionnaire

Applicant name:

Question	Yes	No
Within the last three years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied to work for but didn't obtain safety-sensitive transportation work?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to the above question, have you successfully completed the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant signature:

# Longer Combination Vehicle (LCV) Driver Training Certificate

I certify that \_\_\_\_\_ has presented evidence of meeting the training prerequisites set forth in the Federal Motor Carrier Safety Regulations ([49 CFR § 380.203\(a\)](#) and [§ 380.205\(a\)](#)) for LCV training and has successfully completed the LCV Driver Training Course(s) indicated below:

Course:	Completed?	Date completed (if applicable):
LCV Doubles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LCV Triples	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the indicated LCV Driver Training course(s) was provided by a qualified LCV driver-instructor as defined under 49 CFR § 380.105 and meets the minimum requirements set forth in 49 CFR Part 380, subparts A and B.

<b>Driver's name:</b>	<b>Commercial driver's license number:</b>	<b>State:</b>
<b>Driver's address (include city, state and zip code):</b>		
<b>Training entity:</b>	<b>Training entity telephone number:</b>	<b>Training entity address (include city, state and zip code):</b>
<b>Training certifying official signature:</b>		<b>Date issued:</b>