# **APPLICATION FOR QUALIFICATION**



913 Industrial Park Drive Mulberry, AR 72947 Phone: (479) 997-2366 Fax: (479) 439-4685 Email: higginstrucking@gmail.com

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 answ "No" or "None".	ver to any question is	"No" or "None",	do not leav	e the item blank, but write
Date Position apply	ing for; Check One:	Contractor	Driver	Contractor's Driver
Name				
(First)	(Middle)		(Last)	
Cell Phone Number ()	Em	ergency Phone N	lumber (	)
*Age Date of Birth/ *The Age Discrimination of Employment Act of 1967 pr	Socia rohibits discrimination on the	I Security Numb	er ect to individuals	 s who are at least 40 years of age.
Physical Exam Expiration Date:				
Current & Three Years Previous Addres		_		
		_ From	and a second	To
		_ From		То
		From		То
		_ From		То
Have you worked for this company befor If yes, give dates: From				
Reason for leaving?			<u></u>	
Education History				
Please circle the highest grade complet	ted: Grade School: 1 College: 1 2		-	9 10 11 12 -Graduate: 1 2 3 4

### **Employment History**

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Month/Year	Month/Year	Present or Las	t Employer:		
	То				
Position Held		Address			
			(Street)	(City)	
Reason For Leaving	3		Phone # (		
	to the FMCSRs* while er				
	nated as a safety-sensit		OT-Regulated m	ode subject to the dr	ug and alcohol
testing requirement	nts of 49 CFR Part 40?	Yes 🗆 No			
Month/Year	Month/Year	Present or Las	t Employer:		
From	То	Name			
Position Held		Address	(0	(5)	
Descan For Loguing	-		(Street)	(City)	(State) (Zip)
				)	
, ,	to the FMCSRs* while er				
	nated as a safety-sensit		OI-Regulated m	ode subject to the dr	ug and alconol
testing requirement	nts of 49 CFR Part 40?	Yes DNO			
		Descent or los	t Freedoward		
Month/Year		Present or Las			
From	То	Name			
Position Held		Address			
			(Street)	(City)	(State) (Zip)
	g			)	
Were you subject t	to the FMCSRs* while er	nployed here? 🗆 Ye	s □No		
Was your job desig	nated as a safety-sensit	ive function in any D	OT-Regulated m	ode subject to the dr	ug and alcohol
testing requiremer	nts of 49 CFR Part 40?	Yes □No			
Month/Year	Month/Year	Present or Las			
From	То	Name			
Position Held		Address			
			(Street)	(City)	(State) (Zip)
Reason For Leaving			Phone # (	)	
Were you subject	to the FMCSRs* while er	nployed here? 🗆 Ye	s □No		
Was your job desig	nated as a safety-sensit	ive function in any D	OT-Regulated m	ode subject to the dr	ug and alcohol
	nts of 49 CFR Part 40?				

\*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, <u>or</u> (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

# **Driving Experience**

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	То	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers (doubles)			
Tractor-Three Trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

#### Accident Record for past three years (attach sheet if more space is needed)

Date of	Nature of Accidents	Location of Accident	# of	# of People
Accident	(Head on, rear end, etc.)		Fatalities	Injured

#### Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

#### Driver's License (list each driver's license held in the past three years)

State	License #	Туре	Endorsements	Expiration Date

Α.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES 🗆	NO 🗆
В.	Has any license, permit or privilege ever been suspended or revoked?	YES 🗆	NO 🗆
С.	Is there any reason you might be unable to perform the functions of the job for which		
	you have applied (as described in the job descriptions)?	YES 🗆	NO 🗆
D.	Have you ever been convicted of a felony?	YES 🗆	NO 🗆

If the answers to A, B, C, D is "YES", give details\_\_\_\_\_\_

#### **Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

# To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishings such information.

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

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier 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.

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.

<b>Applicant Signature</b>	Date	

## Remarks (For office use only)