



610 E 8th Ave. Durango, CO 81301

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". Also please write legible! This is important!

*The Age Discrimination of 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)

Email: _____

Phone Number: _____ Area Code Emergency Phone Number: _____ Area Code

* Age Date of Birth Social Security Number: _____

Current & Two Years Previous Addresses: Street City State Zip From: To: _____

EDUCATION AND EMPLOYMENT HISTORY

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

FMCSA REQUIRES TEN FULL YEARS on applications, please give a Complete Record of all employment including any unemployment of self-employment. Begin with most recent job.

Present or Last Employer

From	To	Company Name
<small>Mo/Yr</small>	<small>Mo/Yr</small>	
Position Held	Address	
Reason For Leaving	Phone # ()	
Amount Made		

Past Employer

From	To	Company Name
<small>Mo/Yr</small>	<small>Mo/Yr</small>	
Position Held	Address	
Reason For Leaving	Phone # ()	
Amount Made		

Past Employer

From	To	Company Name
<small>Mo/Yr</small>	<small>Mo/Yr</small>	
Position Held	Address	
Reason For Leaving	Phone # ()	
Amount Made		

Past Employer

From	To	Company Name
<small>Mo/Yr</small>	<small>Mo/Yr</small>	
Position Held	Address	
Reason For Leaving	Phone # ()	
Amount Made		

FMCSA REQUIRES TEN FULL YEARS on applications, please give a Complete Record of all employment including any unemployment of self-employment. Begin with most recent job.

Past Employer

From _____ To _____ Company Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason For Leaving _____ Phone # () _____

Amount Made _____

Past Employer

From _____ To _____ Company Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason For Leaving _____ Phone # () _____

Amount Made _____

Past Employer

From _____ To _____ Company Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason For Leaving _____ Phone # () _____

Amount Made _____

Past Employer

From _____ To _____ Company Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason For Leaving _____ Phone # () _____

Amount Made _____

Driver Complete

Class Of Equipment	Dates		Type of Equipment (Van, Tank, Flat, etc.)	Approximate Total Miles
	From	To		
Straight Truck				
Tractor and Semi-trailer				
Tractor –two trailers				
Other				

List all states or foreign countries operated in for the last five years

List all special courses/ training completed (Haz. Mat, PTD/DDC etc.)

List any Safe Driving Awards of special certificates you hold and from whom:

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

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

**Traffic Convictions and Forfeitures for the last three years
(All convictions, other than parking violations)**

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES () NO ()
- B. Has any license, permit or privilege ever been suspended or revoked? YES () NO ()
- C. Have you ever been convicted of a felony? YES () NO ()
- D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? YES () NO ()

If yes for any of the above, please explain why.

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

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

TO BE READ AND SIGNED BY APPLICANT

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

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which 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.

Applicant's Signature

Date

REMARKS (FOR OFFICE USE ONLY)

Kangaroo Express
610 E 8th Ave. Durango, CO 81301

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety regulations.

Applicants Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____

First

Last

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MOTOR VEHICLE DRIVERS CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD.

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER _____ Hire Date _____
First Last

HOME TERMINAL Durango CO DRIVER'S LICENSE NUMBER: _____ Expiration Date: _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.

(If you had no violations please check the following box.)

DATE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

DATE OF CERTIFICATION: _____ DRIVER'S SIGNATURE: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that they (check one)

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: Joe Civiletto Date: _____

Signature: _____ Title: Supervisor

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Motor Vehicle Driver's

CERTIFICATION 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 placards.

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 certain driver licensing requirements that you as a driver must comply with, including the following:

1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver License Number: _____ State: _____ Expiration Date: _____

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

Driver's Name: _____
First Name Last Name

Driver's Signature: _____ Date: _____

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**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND
DRUG TEST STATEMENT**

First Name

Last Name

ID#

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety -sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec.40.25(b)(5) and (e))

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety- sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

I certify that the information provided on this document is true and correct.

Employees Signature: _____ **Date:** _____

Authorized Employer Representative; _____ **Date:** _____

Kangaroo Express

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Kangaroo Express in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Name

First

Last

SSN Number

Signature

Date:

Witness

Print Name

First

Last

Signature

Date: