



Eagle Transportation  
 39 W. 50 S.  
 Blackfoot, Idaho 83221  
 Office: (208) 785-5654  
 24/7 Line: (208) 681-1671

### Minimum Driver Qualification Information

Company:			
Address:	City:	State:	ZIP Code:

The purpose of this document is to determine whether or not the driver is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

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".

Date:	Position applying for (choose one): <input type="radio"/> Contractor <input type="radio"/> Driver <input type="radio"/> Contractor's Driver			
First Name:	Middle Name:	Last Name:	*Age:	Date of Birth:
Social Security Number:	Phone Number:		Emergency Phone Number:	

*\* The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Physical Exam Expiration Date:
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#### Current & Three Years Previous Addresses

Address:	From:	To:
Address:	From:	To:
Address:	From:	To:
Address:	From:	To:

Please list any other previous addresses:
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Have you worked for this company before: <input type="radio"/> Yes <input type="radio"/> No	If yes, give dates: From:                      To:	Reason for leaving:
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#### Education History (please select the highest grade completed):

Grade School:	College:	Post-Graduate:
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 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.

From (mm/yy):	To (mm/yy):	Present or Last Employer Name:	Position Held:		
Present or Last Employer Address:		City:	State:	ZIP Code:	Employer Phone #:
Reason for Leaving:			Were you subject to the FMCSRs* while employed here? <input type="radio"/> Yes <input type="radio"/> No		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No					

From (mm/yy):	To (mm/yy):	Present or Last Employer Name:	Position Held:		
Present or Last Employer Address:		City:	State:	ZIP Code:	Employer Phone #:
Reason for Leaving:			Were you subject to the FMCSRs* while employed here? <input type="radio"/> Yes <input type="radio"/> No		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No					

From (mm/yy):	To (mm/yy):	Present or Last Employer Name:	Position Held:		
Present or Last Employer Address:		City:	State:	ZIP Code:	Employer Phone #:
Reason for Leaving:			Were you subject to the FMCSRs* while employed here? <input type="radio"/> Yes <input type="radio"/> No		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No					

From (mm/yy):	To (mm/yy):	Present or Last Employer Name:	Position Held:		
Present or Last Employer Address:		City:	State:	ZIP Code:	Employer Phone #:
Reason for Leaving:			Were you subject to the FMCSRs* while employed here? <input type="radio"/> Yes <input type="radio"/> No		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No					

From (mm/yy):	To (mm/yy):	Present or Last Employer Name:	Position Held:		
Present or Last Employer Address:		City:	State:	ZIP Code:	Employer Phone #:
Reason for Leaving:			Were you subject to the FMCSRs* while employed here? <input type="radio"/> Yes <input type="radio"/> No		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No					

Please list any other previous employers:

\* 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, or (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 (mm/yy):	To (mm/yy):	
Straight Truck			
Tractor and Semi-trailer			
Tractor - two trailers			
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 Accident	Nature of Accidents (head on, rear end, upset, etc.)	Location of Accident	# of Fatalities:	# of People Injured:

Please list any other accidents here:

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

Date	Location	Charge	Penalty:

Please list any other traffic convictions and forfeitures here:

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

State	License #	Type	Endorsements	Expiration Date

Please list any other Driver's Licenses here:

- 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.** 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 description)?  Yes  No
- D.** Have you ever been convicted of a felony\*?.....  Yes  No

If the answers to A, B, C, or D is "Yes", give details:

\* Disclosure of this information does not automatically exclude the driver from consideration.

## To Be Read and Signed by Driver

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

It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not,

And I release the employers and persons named herein from all liability for any damages on account of their furnishing 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.

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

Driver Signature:

Date:

## Remarks (For office use only)

*Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.*