



## OWNER/OPERATOR QUALIFICATION CHECKLIST

- APPLICATION
- DRIVER – COPY OF DRIVERS LICENSE (BOTH SIDES)
- OWNER – COPY OF DRIVERS LICENSE (BOTH SIDES)
- DRIVER – COPY OF SOCIAL SECURITY CARD (BOTH SIDES)
- OWNER – COPY OF SOCIAL SECURITY CARD (BOTH SIDES)
- DRIVER – COPY OF TWIC CARD (BOTH SIDES)
- OWNER – COPY OF TWIC CARD (BOTH SIDES)
  
- VEHICLE REGISTRATION
- LAST VEHICLE STATE INSPECTION CERTIFICATE
- TIRE SIZE
- ENGINE SIZE & TYPE
  
- DRIVERS PHYSICAL EXAM LONG FORM
- COPY OF PHYSICAL EXAM WALLET CARD (BOTH SIDES)

### DRIVER'S APPLICATION

**AUTHORIZATION** *(Sign and Date Below)*

I authorize you 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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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. I understand that false or misleading information given in my application or interview (s) may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of ROADMASTER TRUCKING, INC.. 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 investigating 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 resend 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL INFORMATION:** Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME/APELLIDO	FIRST NAME/ NOMBRE	MI
STREET ADDRESS/DIRECCION	NO.	CITY/ CIUDAD
STATE	ZIP	
STREET ADDRESS	DIRECCION	NO.
CITY	CIUDAD	STATE
ZIP		
( ) --	( ) --	
HOME PHONE / TELEFONO	ALT. PHONE / OTRO TELEFONO	
---	---	/ /
SOCIAL SECURITY/ SEGURO SOCIAL	DATE OF BIRTH / FECHA DE NACIMIENTO	
LICENSE NUMBER	STATE	CLASS
	EXPIRATION DATE	<input type="checkbox"/> CDL

# ROADMASTER

## TRUCKING

### DRIVING EXPERIENCE

Type of Equipment TIPO DE EQUIPO	Years of Experience AÑOS DE EXPERIENCIA	Years/Miles Driven MILLAS MANEJADAS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### ACCIDENT RECORD (Previous Three Years)

### ACCIDENTES

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### TRAFFIC CONVICTIONS (Previous Three Years) (Excluding parking violations)

### CITACIONES

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### LICENSE AND CRIMINAL BACKGROUND

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

Have you ever been arrested and/or convicted of a misdemeanor or felony?  
 YES  NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

# ROADMASTER

## TRUCKING

### PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ while employed?  Yes  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?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

Employer:

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

# ROADMASTER

## TRUCKING

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No

Employer: *EMPLEADO*

Name of Company: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed?  Yes  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?  Yes  No



TRUCKING

# SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application

To:

**ROADMASTER TRUCKING, INC.**  
**4513 Oates Rd. Houston, TX 77013**

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in Written form that ensures confidentiality such as fax, email, or letter.

PREV. EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

STREET: \_\_\_\_\_ Fax: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

To be completed by: PREVIOUS EMPLOYER

## Section I Employment Verification

The applicant named above WAS/IS NOT employed/contracted by the Company.

The applicant named above WAS/IS employed/contracted by the Company:

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

## Section II Experience

Did he drive a motor vehicle for you?  Yes  No . If yes, what type?

Tractor-Semi trailer  Straight truck  Bus  Cargo Tank  Other: \_\_\_\_\_

LENGTH AND TYPE OF TRAILER PULLED: \_\_\_\_\_

## Section III Separation Reason

Reason for leaving your employment:  Quit  Resigned  Lay Off

Comments: \_\_\_\_\_  Co. Terminated  Still Employed

## Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section V Certification

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



TRUCKING

# SAFETY PERFORMANCE HISTORY

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

To be completed by: PREVIOUS EMPLOYER

## Section 1: DRUG AND ALCOHOL HISTORY

Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer.  
Fill out Section II DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_

Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?              | <input type="checkbox"/> | <input type="checkbox"/> |

Section II. If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE-ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

### Section III Affirmation: This form was filled out by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### THIS FORM WAS:

FAXED  MAILED  EMAILED  VERBALLY  (OTHER) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: (IF VERBAL) \_\_\_\_\_ BY: \_\_\_\_\_

INFORMATION OBTAINED FROM: \_\_\_\_\_



THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS  
IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with ROADMASTER TRUCKING, INC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

#### AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize ROADMASTER TRUCKING, INC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.



# **ROADMASTER**

## **TRUCKING**

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*