

## **INSTRUCTION SHEET**

### **1- FILL OUT THE FORM**

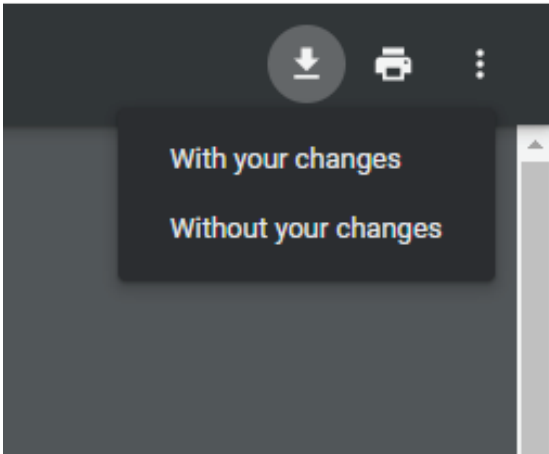
Fill out the following pages (2-9) by using the available text boxes.

#### **APPLICANT INFORMATION**

Full Name: John Doe Date: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Other Names Known As: \_\_\_\_\_  
Present Address: \_\_\_\_\_

### **2- DOWNLOAD THE FORM**

Once filled out, download the final form using the “download” icon in the top bar.



Select “with your changes” to save and download the form.

### **3- UPLOAD & SEND THE FORM**

Go back to [intergrity-serv.com/contact/](http://intergrity-serv.com/contact/) and use the contact form at the bottom of the page to email your employment form along with your resume and any other necessary documents. Click the “choose file” button to upload your documents. Click “submit” to send in your application.

A screenshot of a contact form. It features a "Choose File" button next to the text "No file chosen". Below this is a green "Submit" button.



9701 FM 307  
 Midland, TX 79706  
 www.integrity-serv.com  
 (432) 682-0703

# DOT APPLICATION

## ACCIDENT / TRAFFIC CONVICTIONS HISTORY FOR PAST 3 YEARS

| Dates         | Nature of Accident<br>(Head-on, Rear-end, Upset, etc.) | Fatalities | Injuries | Hazardous<br>Material Spill |
|---------------|--|------------|----------|-----------------------------|
| Last Accident |  |            |          |                             |
| Next Previous |  |            |          |                             |
| Next Previous |  |            |          |                             |

## TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

(Other than parking violations) If none, write none; Attach sheet if more space is needed.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

## EXPERIENCE AND QUALIFICATIONS – DRIVER

|                            | State | License No. | Type | Expiration Date |
|----------------------------|-------|-------------|------|-----------------|
| <b>DRIVER<br/>LICENSES</b> |       |             |      |                 |
|                            |       |             |      |                 |
|                            |       |             |      |                 |

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No

Has any license, permit or privilege ever been suspended or revoked?    Yes    No

If the answer to either question is yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# DRIVING EXPERIENCE

| Class of Equipment   |     |    | Type of Equipment |      |      |      |       |    | Dates From (M/Y) to (M/Y) | Appx/ No. of Miles (Total) |
|----------------------|-----|----|-------------------|------|------|------|-------|----|---------------------------|----------------------------|
|                      | Yes | No | Van               | Tank | Flat | Dump | Refer |    |                           |                            |
| Straight Truck       | Yes | No | Van               | Tank | Flat | Dump | Refer | to |                           |                            |
| Tractor & Trailer    | Yes | No | Van               | Tank | Flat | Dump | Refer | to |                           |                            |
| Tractor & 2 Trailers | Yes | No | Van               | Tank | Flat | Dump | Refer | to |                           |                            |
| Tractor & 3 Trailers | Yes | No | Van               | Tank | Flat | Dump | Refer | to |                           |                            |
| Motorcoach – Bus     | Yes | No |                   |      |      |      |       | to |                           |                            |
| Other:               | Yes | No |                   |      |      |      |       | to |                           |                            |
| Other:               | Yes | No |                   |      |      |      |       | to |                           |                            |

List states operated in for last 5 years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for this company \_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

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

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**PART 1**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name, First / M.I. / Last) \_\_\_\_\_ SS No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hereby authorize (Previous Employer) \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(employment application date)

To: Prospective Employer: \_\_\_\_\_

Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Prospective employer's fax number: \_\_\_\_\_

Prospective employer's email address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This information is being requested in compliance with §40.25(g) and §391.23.

**PART 2**

**TO BE COMPLETED BY PREVIOUS EMPLOYER – ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No

Employed as \_\_\_\_\_ From (m/y) \_\_\_\_\_ To (m/y) \_\_\_\_\_

Did he/she drive a motor vehicle for you? Yes No

If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Truck Doubles/Triples Other (Specify) \_\_\_\_\_

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here  sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

|    | Date | Location | # of Injuries | # of Fatalities | Hazmat Spill |
|----|------|----------|---------------|-----------------|--------------|
| 1. |      |          |               |                 |              |
| 2. |      |          |               |                 |              |
| 3. |      |          |               |                 |              |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

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

# PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3

TO BE COMPLETED BY PREVIOUS EMPLOYER – DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
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. Yes No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application data shown on page 1.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Part 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

PART 4a

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (select one): Faxed to previous employer Mailed Emailed Other \_\_\_\_\_

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

PART 4b

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: Fax Mail Email Telephone

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

## INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

### PAGE 1, PART 1: Prospective Employee

- Complete the Information Required in this Section
- Sign and Date
- Submit to the Prospective Employer

### PAGE 2, PART 3: Previous Employer

- Complete the Information Required in this Section
- Sign and Date
- Return to Prospective Employer

### PAGE 2, PART 4a: Prospective Employer

- Complete the Information
- Send to Previous Employer

### PAGE 2, PART 4b: Prospective Employer

- Record Receipt of the Information
- Retain the Form

### PAGE 1, PART 2: Previous Employer

- Complete the Information Required in this Section
- Sign and Date
- Complete Side 2 Section 3

# RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

## §391.23(i)(2)

Drivers who have previous Department of Transportation 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 thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information 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. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

| PART 1 | COMPLETED BY THE DRIVER / APPLICANT |
|--------|-------------------------------------|
|--------|-------------------------------------|

To: Prospective Employer: \_\_\_\_\_  
 Street / P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

From: Driver / Applicant: \_\_\_\_\_ Social Security / I.D. #: \_\_\_\_\_  
 Street / P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records 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:    sent to me at the above address    I will arrange to pick up

|                                   |                          |
|-----------------------------------|--------------------------|
| Driver/Applicant Signature: _____ | Date: _____<br>M / D / Y |
|-----------------------------------|--------------------------|

| PART 2 | COMPLETED BY THE PROSPECTIVE EMPLOYER |
|--------|---------------------------------------|
|--------|---------------------------------------|

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.

Information supplied to:

Name: \_\_\_\_\_ Street: \_\_\_\_\_

Other Names Known As: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Comments: \_\_\_\_\_

|  |                    |                                  |
|--|--------------------|----------------------------------|
| By: _____                                | Telephone #: _____ | Release Date: _____<br>M / D / Y |
| Signature / Person Providing Information |                    |                                  |

# CORRECTION REQUEST OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

## §391.23(j)(1)

Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

## §391.23(j)(2)

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

### PART 1

### COMPLETED BY THE DRIVER / APPLICANT

To: Prospective Employer: \_\_\_\_\_  
 Street / P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

From: Driver / Applicant: \_\_\_\_\_ Social Security / I.D. #: \_\_\_\_\_  
 Street / P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer:

Company Name: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Explanation of desired correction (attach documents as necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By: \_\_\_\_\_  
 Signature / Person Providing Information Telephone # Release Date: \_\_\_\_\_  
 M / D / Y

Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1,2 and 3 to your previous employer.

### PART 2

### COMPLETED BY THE PREVIOUS EMPLOYER

Disposition of the requested information:

- Information was corrected and forwarded to the prospective motor carrier employer.  
 The driver was notified on \_\_\_\_/\_\_\_\_/\_\_\_\_ that the previous employer does not agree to correct the data.

**Return copy 3 to the driver.**

Information sent to: Company Name: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Comments: \_\_\_\_\_

By: \_\_\_\_\_  
 Signature / Person Providing Information Telephone # Release Date: \_\_\_\_\_  
 M / D / Y

Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1,2 and 3 to your previous employer.

The corrected information was received on \_\_\_\_/\_\_\_\_/\_\_\_\_

Prospective Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Received by: \_\_\_\_\_

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

COPY 1 PROSPECTIVE EMPLOYER

### SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICATION REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(j)(3)**

Driver wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**§391.23(j)(4)**

After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer.
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

To: Previous Employer: \_\_\_\_\_  
 Street / P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

From: Driver / Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided it to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that this rebuttal be sent to the attached list of motor carriers.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 M / D / Y

Received by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 M / D / Y



# MOTOR VEHICLE DRIVER'S 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 (Print)         | Social Security Number  | Date of Employment |
| Home Terminal (City and State) | Driver's License Number | State              |
|                                |                         | 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 past 12 months.

If you have no violations, check the following box:  None

| Date | Offense | 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 he/she (check one):

- Meets minimum requirements for safe driving     
  Is disqualified to drive a motor vehicle pursuant to Section §391.15  
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

|                    |                       |
|--------------------|-----------------------|
| Reviewed by: _____ | _____                 |
| Signature          | Date                  |
| _____              | _____                 |
| Printed Name       | Title                 |
| _____              | _____                 |
| Motor Carrier Name | Motor Carrier Address |