

Universal Environmental Services, LLC

Driver Qualification Application for Employment (Application must be filled out completely to meet DOT guidelines)

Company Universal Environmental Services, LLC **Location** _____
City, State and Zip Code _____
Date of Application _____ **Hire Date** _____

Name _____
(First) (Middle) (Last)

Address History for Previous 3 Years

_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	How long? _____
(Street)	(City)	(State & Zip Code)	

Phone Number(____) _____ **Date of Birth** ____/____/____ **SSN** ____-____-____

Emergency Contact: Name, Relationship, Phone Number

Driver Licenses: List all licenses held in past 3 years, including current license

Driver Licenses	State	License No.	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

If yes please explain _____

Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

If yes please explain _____

Universal Environmental Services, LLC

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Other				

**Accident Record for Past 3 Years or More
(attach additional sheet if necessary): if none list None or N/A**

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures for the Past 3 Years
(Other than Parking Violations): if none list None or N/A**

Location	Date	Charge	Penalty

Employment Record:

Note: Please list previous 10 years of employment history, starting with current or most recent employer, including periods of self-employment or unemployment. (Attach additional sheet if necessary)

Name _____

Address _____

Contact Person _____ **Phone Number(____)** _____

Position Held _____ **Start Date(mm/yy)** _____ **End Date(mm/yy)** _____

Equipment Used- Tractor/Trailer _____ **Tanker** _____ **Flatbed** _____ **Van** _____

Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?

Yes _____ No _____

Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?

Yes _____ No _____

Universal Environmental Services, LLC

Name _____
Address _____
Contact Person _____ Phone Number(____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

Name _____
Address _____
Contact Person _____ Phone Number(____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

Name _____
Address _____
Contact Person _____ Phone Number(____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

Name _____
Address _____
Contact Person _____ Phone Number(____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

Universal Environmental Services, LLC

Name _____
Address _____
Contact Person _____ Phone Number(_____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

Name _____
Address _____
Contact Person _____ Phone Number(_____) _____
Position Held _____ Start Date(mm/yy) _____ End Date(mm/yy) _____
Equipment Used- Tractor/Trailer _____ Tanker _____ Flatbed _____ Van _____
Reason for Leaving _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed?
Yes _____ No _____
Did you perform any US DOT or FMCSRs safety sensitive functions, subject to drug and alcohol testing?
Yes _____ No _____

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. I authorize you to make such investigations and inquiries of my personal, employment, financial, driving record, past drug and alcohol records, medical history, criminal history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or any other persons from all liability in responding to inquiries in connection with my application. I understand Universal Environmental Services, LLC will obtain this information as required by Sections 40.25, 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations. In the event of employment, I understand that false or misleading information given in my application, other documents submitted or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by law.

(Date)

(Applicants Signature)

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Universal Environmental Services, LLC

MVR AUTHORIZATION

I hereby authorize the Safety Department and/or Universal Environmental Services, LLC, acting as agent, to obtain from the Department of Safety, a copy of my motor vehicle report for the purpose of employment as a _____.

PRINT AS SHOWN ON LICENSE:

Name: _____

License number: _____

State: _____

Date of Birth: _____

SIGN:

Signature: _____

Location: _____

Date: _____