Pre-Employment CDL Driver Qualification File Checklist

This document can serve as a hiring checklist to help the municipality make sure that it is complying with the Federal CDL hiring requirements. Each driver’s qualification file (DQF) must be retained for as long as a driver is employed and for three years thereafter §391.51(c). The DQF must include documents from ongoing recordkeeping (see the Recordkeeping section for more details) as well as the pre-employment documents listed below:

☐ A completed CDL job application for each CMV driver, in accordance with §391.21 (required). This is not a standard job application. A sample application is provided in the later pages of this section or by contacting VLCT PACIF.

☐ The driver qualification file elements from previous employers in accordance with §391.23 (required). This includes employment record, accident history, and alcohol and drug testing records for the preceding 3 years from any DOT regulated employer. If the records are not obtained from prior employer(s), evidence of the attempt must be retained. All above documents must be maintained per §391.53. An employment history/drug & alcohol testing request form is provided in the later pages of this section or by contacting VLCT PACIF.

☐ NEW! Beginning on January 6, 2020, a “full” pre-employment query of the FMCSA Drug & Alcohol Clearinghouse must be completed in accordance with §382.701(a)(1) (required). Basically, employers are prohibited from hiring a driver who has a drug and alcohol violation, except where the Clearinghouse query demonstrates successful completion of substance abuse treatment, return-to-duty testing, and follow-up testing (see §382.701(d) for more information). The prospective driver must give specific consent for a full query and will need their own Clearinghouse account to do so. Clearinghouse link: https://clearinghouse.fmcsa.dot.gov/

☐ Pre-employment motor vehicle records check results for prior 3 years from each state in which the driver has operated a commercial motor vehicle in accordance with §391.23(a)(1) (required). This may require contacting states other than Vermont. A copy of the Vermont DMV motor vehicle records request form is provided in the later pages of this section and is also available on the Vermont DMV website (note that the document is 2 pages).

☐ Acceptable pre-employment drug test results or exemption form filled out by previous employer (required). NOTE: VLCT recommends each new employee undergo pre-employment drug testing and that the municipality not utilize the exemption. Contact Occupational Drug Testing to schedule the pre-employment test.

☐ The certificate of driver's road test issued to the driver, or a copy of the commercial driver license in accordance with §391.31(e) (required). VLCT/PACIF recommends that an actual road test be given to potential new hires.

☐ (OPTIONAL) The DOT certified medical examiner's certificate of his/her physical qualification to drive a commercial motor vehicle as required by §391.43(f) or a legible photographic copy of the certificate. Note: this is a "best practice" recommendation, as municipalities are typically exempt from this requirement. We suggest that the municipality establish a policy requiring CDL drivers to maintain their medical certification card. This best practice should start at hire and continue though the duration of employment.

NOTES

- Driver records must be maintained in a secure manner, similar to personnel records-but should be separate.
- Additional information can be obtained from VLCT loss control staff and at: http://www.fmcsa.dot.gov/safety-security/eta/index.htm
- In the event that Occupational Drug Testing is unable to meet an urgent schedule for hiring a new CDL driver, they will direct you to the nearest certified clinic so that the pre-employment testing can be performed within a reasonable timeframe.
COMMERCIAL MOTOR VEHICLE OPERATOR
APPLICATION FOR EMPLOYMENT

COMPANY ________________________

CITY, STATE AND ZIP CODE ________________________

STREET ADDRESS ________________________

CITY, STATE AND ZIP CODE ________________________

NAME ____________________

(First) ____________________

(Middle) ____________________

(Maiden Name, if any) ____________________

(Last) ____________________

ADDRESS ____________________

(STREET) ____________________

(CITY) ____________________

(STATE & ZIP CODE) ____________________

DATE OF BIRTH ________________

SOCIAL SECURITY NO. ____________________

HIRE DATE ____________________

TELEPHONE NUMBER ____________________

E-MAIL ADDRESS ____________________

PREVIOUS THREE YEARS RESIDENCY

(STREET) ____________________

(CITY) ____________________

(STATE & ZIP CODE) ____________________

# YEARS ____________________

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states, “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE NO.</th>
<th>TYPE</th>
<th>EXPIRATION DATE</th>
</tr>
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<tbody>
<tr>
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DRIVING EXPERIENCE

CLASS OF EQUIPMENT

<table>
<thead>
<tr>
<th>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</th>
<th>DATES FROM</th>
<th>TO</th>
<th>APPROX. NO. OF MILES (TOTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT TRUCK</td>
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<tr>
<td>TRACTOR AND SEMI-TRAILER</td>
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<tr>
<td>TRACTOR – TWO TRAILERS</td>
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<tr>
<td>OTHER</td>
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</table>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

<table>
<thead>
<tr>
<th>DATES</th>
<th>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</th>
<th>NUMBER FATALITIES</th>
<th>NUMBER INJURIES</th>
<th>CHEMICAL SPILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>YES ☐ NO ☐</td>
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<td>YES ☐ NO ☐</td>
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<td></td>
<td></td>
<td></td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

<table>
<thead>
<tr>
<th>DATE CONVICTED (month/year)</th>
<th>VIOLATION</th>
<th>STATE OF VIOLATION LOCATION</th>
<th>PENALTY (forfeited bond, collateral and/or points)</th>
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(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ☐ NO ☐

If yes, explain ______________________________________

B. Has any license, permit or privilege ever been suspended or revoked? YES ☐ NO ☐

If yes, explain ______________________________________

(ATTACH SHEET IF MORE SPACE IS NEEDED)
Applicants that desire to drive in intrastate/intrastate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

<table>
<thead>
<tr>
<th>LAST EMPLOYER: NAME</th>
<th>ADDRESS</th>
<th>POSITION HELD</th>
<th>PHONE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Must list the complete mailing address: street number and name, city, state and zip code.**

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.**

<table>
<thead>
<tr>
<th>SECOND LAST EMPLOYER: NAME</th>
<th>ADDRESS</th>
<th>POSITION HELD</th>
<th>PHONE</th>
<th>FROM</th>
<th>TO</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>THIRD LAST EMPLOYER: NAME</th>
<th>ADDRESS</th>
<th>POSITION HELD</th>
<th>PHONE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment 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.

In the event of employment, 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 the Company.

“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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.”

<table>
<thead>
<tr>
<th>DATE</th>
<th>APPLICANT’S SIGNATURE</th>
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</thead>
<tbody>
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</tbody>
</table>

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

<table>
<thead>
<tr>
<th>DATE</th>
<th>APPLICANT’S SIGNATURE</th>
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</thead>
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</table>

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

Municipality:________________________________________________

I understand that as a condition of employment, I must successfully complete a drug test as required by 49 CFR Part 655, Part 382 and Part 40, when requested by the employer. I also understand that the employer may administer an optional pre-employment alcohol test if they so desire.

I understand that a negative drug test is required before I will be permitted to perform safety-sensitive duties. If a pre-employment alcohol test is administered, I understand that it must also be negative. I also understand that if I fail the required drug test or optional alcohol test that I will be eliminated from consideration for the above position and any contingent offer of employment for that position will be withdrawn.

Printed Applicant Name:_______________________________________

Applicant Signature:__________________________________________

Printed Name (Witness):_______________________________________

Witness Signature:____________________________________________

Date:________________________
Employment History and CDL Drug & Alcohol Testing Request Form

<table>
<thead>
<tr>
<th>Your Entity Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Telephone &amp; Fax #s</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Driver Applicant Name</td>
<td>Social Security #</td>
</tr>
</tbody>
</table>

I hereby authorize and request [Enter Name of Prior Employer, Address & Telephone #]

______________________________________________________________________________

to release any and all information pertaining to my employment records to the above requesting prospective employer as required by 49 CFR Section 391.23 and Section 40.25(b). You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulations require that this information be released as part of the Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information to the above requesting employer.

Guidance to Prior Employers

Per 391.23(f) the driver's written consent is provided to the previous employer to ensure the proper release of information required by FMCSA regulations. (g) Employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Driver Printed Name: ________________________________________

Driver Signature: ___________________________________________ Date: ______________

Witnessed by: _____________________________________________
Employment History and CDL Drug & Alcohol Testing Request Form

Employment History

If the individual listed was not a CDL driver or in a safety sensitive position that required him/her to be in a DOT Drug & Alcohol Testing program, check here: ☐

The above applicant states that he/she was employed by you between the following dates:

From: __________ To __________

Please indicate the following:

1. Commercial Motor Vehicle Type

☐ Straight Truck ☐ Tractor/Semi trailer
☐ Van ☐ Bus
☐ Flatbed ☐ Cargo/Tanker
☐ Dump Truck/Logging Truck
☐ Other (please indicate vehicle type(s) ________________________________________

2. Was the applicant safe and efficient? ☐ Yes ☐ No

Remarks:

3. Did the applicant have any motor vehicle accidents while in your employ? ☐ Yes ☐ No
If yes, please describe details, outcome, and severity of accident.

4. Reason for leaving your employ: ☐ Discharged ☐ Laid off ☐ Resigned
☐ Other (please describe):

Please rate the driver for the following characteristics, using a check mark:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation with others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Habits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Personal Habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving Skills</td>
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<td></td>
<td></td>
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<tr>
<td>Attitude</td>
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</tr>
</tbody>
</table>
Employment History and CDL Drug & Alcohol Testing Request Form

Controlled Substance and Alcohol Testing Information—sections 382.413 and 40.259(b)

1. Was the above named individual in a random DOT compliant drug & alcohol testing program during his/her employment with your company?  [ ] Yes  [ ] No

2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ?  [ ] Yes  [ ] No

3. Has the above named individual had a controlled substance test with a positive result while in your employ?  [ ] Yes  [ ] No

4. Has the above individual refused a controlled substance test or alcohol test while in your employ?  [ ] Yes  [ ] No

5. Other violations of DOT Agency Drug and Alcohol testing regulations?  [ ] Yes  [ ] No  Addition Info Attached  [ ] Yes  [ ] No

6. Do you have documentation of the employee’s successful completion of the 49 CFR Subpart O return to duty requirements?  [ ] Yes  [ ] No  [ ] Not Applicable

With Reference to question number 5, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
</tbody>
</table>

Signed by: ____________________________ Date: ________________

Printed Name: ____________________________

Prior Employer Official Title: _________________________________________

NOTE: You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Reply Mailed On: ________________________

Verified by Phone:  [ ] Yes  [ ] No

Person Contacted: ____________________________

Signature: ____________________________ Date: ________________
Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to: Vermont Department of Motor Vehicles.

Signature Required on Back of Form

Requester Name:   DBA/Company:

Mailing Address:
Street/Box Number:
City, State, Zip:

Mail to (If different than above address):

Telephone Number:

☐ Listings of 1 through 4 current or expired registrations – $8.00
☐ Listing of 1 through 4 current or expired operator’s license – $8.00
☐ Certified copy of current or original registration application – $8.00
☐ Certified copy of expired operator’s license application – $8.00
☐ Certified copy individual accident report – $12.00
☐ Certified copy police accident report – $18.00
☐ Insurance information of accident – $8.00
☐ Statistics and research – $42.00 per hour
☐ Periodic inspection sticker record – $8.00
☐ Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – $8.00 per page
☐ Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of $8.00.

I am requesting information concerning:

<table>
<thead>
<tr>
<th>VIN</th>
<th>Vehicle Make</th>
<th>Vehicle Year</th>
<th>VT License Plate #</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

Name
VT Driver License Number
Date of Birth

Street/Box Number
Social Security Number
City
State
Zip Code

Date(s) you want covered, if applicable (does not apply to driving records)

Month    Day    Year    Through    Month    Day    Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

☐ To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
☐ To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release:
Date authorization given:

VG-116 11/2017 MTC
The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required.

2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.

3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors:
   a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
   b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
   Appropriate documents identifying requester are required.

4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.

5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.

6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating, or underwriting. Appropriate documents identifying requester are required.

7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.

8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required.

9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].

10. For use in connection with the operation of private toll transportation facilities.

11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.

12. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. (*Release portion on other side of this form must be completed in full.*)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

<table>
<thead>
<tr>
<th>Signature of Requester:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver License/Corporate Number of Requester:</td>
<td></td>
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</tbody>
</table>

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

*Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

**FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT**

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- [ ] They are records which, by law, are designated confidential or by a similar term.
- [ ] They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: