

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 by §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 _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(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 _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(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.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(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 _____

Applicant Acknowledgement of Drug & Alcohol Testing Requirement

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

Your Entity Name			
Mailing Address			
Telephone & Fax #s			
Contact Person			
Email Address			
Driver Applicant Name		Social Security #	

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

- | | |
|--|--|
| <input type="checkbox"/> Straight Truck
<input type="checkbox"/> Van
<input type="checkbox"/> Flatbed
<input type="checkbox"/> Dump Truck/Logging Truck
<input type="checkbox"/> Other (please indicate vehicle type(s)) _____ | <input type="checkbox"/> Tractor/Semi trailer
<input type="checkbox"/> Bus
<input type="checkbox"/> Cargo/Tanker |
|--|--|

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:

Characteristics	Excellent	Average	Poor
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

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.

Name:	
Mailing Address	
Phone #	

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: _____



Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

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:
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$8.00 <input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$8.00 <input type="checkbox"/> Certified copy of current or original registration application – \$8.00 <input type="checkbox"/> Certified copy of expired operator's license application – \$8.00 <input type="checkbox"/> Certified copy individual accident report – \$12.00 <input type="checkbox"/> Certified copy police accident report – \$18.00 <input type="checkbox"/> Insurance information of accident – \$8.00 <input type="checkbox"/> Statistics and research – \$42.00 per hour <input type="checkbox"/> Periodic inspection sticker record – \$8.00 <input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$8.00 per page <input type="checkbox"/> 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.			
<input type="checkbox"/> Certified copy of suspension notice – \$8.00 <input type="checkbox"/> Certified copy of reinstatement notice – \$8.00 <input type="checkbox"/> Certified copy of title – \$6.00 <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00 <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00 <input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$14.00 <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00 <input type="checkbox"/> Certified copy of proof of mailing – \$8.00 <input type="checkbox"/> Certified copy of mail receipt – \$8.00			

I am requesting information concerning:

VIN		Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date
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:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	You <u>must</u> initial inside the appropriate box(es)/category(ies) below:
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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, antifraud 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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:			

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:	
<input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term. <input type="checkbox"/> 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: _____	