

*Application for Qualification*

**Utley, Inc.**

*804 North Walnut Street  
P.O. Box 207  
Steele, Missouri 63877 Fax 573-695-2944*

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the Federal Motor Carrier Safety Regulations and to operate for Utley, Inc.

**INSTRUCTIONS TO THE APPLICANT**

*Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!*

DATE \_\_\_\_\_

Check One: Contractor \_\_\_\_\_

Driver \_\_\_\_\_

Name \_\_\_\_\_

(First) (Middle) (Last)

Social Security Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

Current & 3 Years Previous Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT**

Give a COMPLETE RECORD of all employment for the past 10 years, including any unemployment or self-employment. DO NOT leave gaps in employment dates. DO NOT use N/A, you must list or say NONE.

Mo/Yr Mo/yr

**PREVIOUS EMPLOYER:**

From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Subject to the FMCSR's \_\_\_\_\_

Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Subject to the FMCSR's \_\_\_\_\_

Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Subject to the FMCSR's \_\_\_\_\_

Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

\_\_\_\_\_

FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Subject to the FMCSR's \_\_\_\_\_

Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Subject to the FMCSR's \_\_\_\_\_  
Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
\_\_\_\_\_  
FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Subject to the FMCSR's \_\_\_\_\_  
Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
\_\_\_\_\_  
FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

Mo/Yr                  Mo/yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Subject to the FMCSR's \_\_\_\_\_  
Was the position Safety Sensitive, regulated by DOT, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
\_\_\_\_\_  
FB\_\_\_\_ VAN\_\_\_\_ Reef\_\_\_\_ Tank\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	DATES		APPROXIMATE NO. OF MILES
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR AND SEMI TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

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

\_\_\_\_\_

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

What Safe Driving Awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS** (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLL-OVER, ETC.)	# OF FATALITIES	# OF PEOPLE INJURED

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS**

LOCATION	DATE	CHARGE	PENALTY

**DRIVERS LICENSE** (List each driver's license held in the past 7 years)

STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRATION DATE

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 A or B is YES, give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

*List three persons for reference, other than relatives, who have knowledge of your safety habits.*

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability or any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told this investigation may include an Investigation Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the company to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

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.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_