



Puget Sound Petroleum INC

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APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

INSTRUCTIONS TO APPLICANT: PLEASE ANSWER ALL QUESTIONS.

Date _____

Name _____

FIRST

MIDDLE

LAST

Phone Number (____) _____ Emergency Phone Number (____) _____

Age _____ Date of Birth _____ SSN# _____

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses

FROM _____ TO _____

EDUCATION

Please circle the highest grade completed:

Grade School

1 2 3 4 5 6 7 8 9 10 11 12

College

1 2 3 4

EMERGENCY CONTACT INFORMATION

Please list two contacts, which in case of an emergency, we may notify.

Name _____ Relationship _____

Work Number _____ Cell Number _____

Name _____ Relationship _____

Work Number _____ Cell Number _____



EMPLOYMENT HISTORY

Give a complete record of all employment for the past **THREE** years, including any unemployment or self-employment, and all commercial driving experience for the past **TEN** years. Begin with the most recent job.

From _____ To _____ Position Held _____

Company Name _____

Address _____

Reason for leaving _____ Phone (____) _____

Were you subject to the FMCSRs while employed there? (circle one): YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? (circle one): YES NO

From _____ To _____ Position Held _____

Company Name _____

Address _____

Reason for leaving _____ Phone (____) _____

Were you subject to the FMCSRs while employed there? (circle one): YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? (circle one): YES NO

From _____ To _____ Position Held _____

Company Name _____

Address _____

Reason for leaving _____ Phone (____) _____

Were you subject to the FMCSRs while employed there? (circle one): YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? (circle one): YES NO

***THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR'S) APPLY TO ANYONE WHO OPERATES A MOTOR VEHICLE ON A HIGHWAY IN INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OR PROPERTY WHEN THE VEHICLE: (1) HAS A GVWR OR WEIGHS 10,001 POUNDS OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT NINE OR MORE PASSENGERS, OR (3) IS OF ANY SIZE, USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

DRIVING EXPERIENCE

Class of Equipment	Dates	Type of Equipment	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Tractor- Two Trailers			
Other			

List all states or foreign countries operated in for the past **FIVE** years _____

List all special courses/training completed (Haz, PTD/DDC etc.) _____

List any Safe Driving Awards or special certificates you hold and from whom _____

ACCIDENT RECORD FOR THE PAST THREE YEARS

Date of accident	Nature of Accident	Location of Accident	# of People Injured	# of Fatalities

TRAFFIC VIOLATIONS AND FORFEITURES FOR THE LAST THREE YEARS

Date	Location	Charge	Penalty

DRIVERS LICENSE

State	License #	Type	Endorsements	Expiration Date

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

Have you ever been tested positive or refused a DOT drug or alcohol test? YES NO

PERSONAL REFERENCES

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

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

I agree the 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 motor carrier to employ me.

It is agreed and understood that id qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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

In consideration f my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this company.

Applicants Name (Print) _____ Date _____

Applicants Signature _____

REMARKS (FOR OFFICE USE ONLY)

