



Mariner Distribution, Inc.  
P.O. Box 1052  
Bel Air, MD 21014

1-888-621-4148 Fax - 1-410-272-4799

- Directions: 1. Print the application
2. Complete and sign where requested
3. Mail or fax to the above listed address/fax number

APPLICATION FOR QUALIFICATION

Instructions to 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"

Date: \_\_\_\_\_ Position applying for (check one) [ ] Contractor [ ] Driver [ ] Contractor's Driver

Name: \_\_\_\_\_ (First) (Middle) (Last)

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

\*Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: \_\_\_\_\_

Current & Three Years Previous Addresses:

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

Have you ever worked for this company before: [ ] Yes [ ] No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Education History

Please indicate the highest grade completed (circle one): Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

## 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.

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Present or Previous Employer
Position Held: _____	Address: _____		
		(Street)	(City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Previous Employer
Position Held: _____	Address: _____		
		(Street)	(City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Previous Employer
Position Held: _____	Address: _____		
		(Street)	(City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Previous Employer
Position Held: _____	Address: _____		
		(Street)	(City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Reason for leaving: _____		Phone: _____	
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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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*The Federal Motor Carrier Safety Regulations (FMCSRs) 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.

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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.

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Present or Previous Employer
Position Held: _____	Address: _____		(Street) (City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Previous Employer
Position Held: _____	Address: _____		(Street) (City) (State/Zip)
Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mo/Yr From _____	Mo/Yr To _____	Name: _____	Previous Employer
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Reason for leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Were you subject to the FMCSRs* while employed here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

Accident Record for past three years *(attached sheet if more space is needed)*

Date of Accident	Nature of Accident (Head-on, rear end, upset, etc.)	Location of Accident	# Fatalities	# People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three 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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  Yes  No
- D. Have you ever been convicted of a felony?  Yes  No

If the answers to A, B, C, or D is "yes", please give details. \_\_\_\_\_

## Personal References

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

Name	Address	Phone



## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect for each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years, and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers,
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b) (5) and (e).

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  Yes  No

If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?  Yes  No

My signature below certifies that the information provided is true and correct.

Applicant \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_





**SECTION 3 TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years, prior to the application date shown on page 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**PAGE 1, SECTION 1: Prospective Employee**

- Complete the information requested in this section
- Sign and date
- Submit one copy for each previous employer for the last three years to the Prospective Employer

**PAGE 1, SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain a copy for your records
- Return original to Prospective Employer

**PAGE 2, SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain a copy for your records
- Return original to Prospective Employer

**PAGE 2, SECTION 4a: Prospective Employer**

- Complete the information
- Send copy to the Previous Employer

**PAGE 2, SECTION 4b: Prospective Employer**

- Record receipt of the information
- File original