

# Zaczkowski Trucking Service Inc. (ZTS)

6939 135<sup>th</sup> Ave NE  
 Columbus, MN 55025  
 Phone 651-464-1500  
 Fax 651-464-1501

8725 Jefferson Hwy  
 Osseo, MN 55369  
 Phone 763-425-3021  
 Fax 763-493-2089

## Driver Application

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Current Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City State Zip How Long?

Previous Addresses \_\_\_\_\_  
Street City State Zip How Long?

\_\_\_\_\_  
Street City State Zip How Long?

\_\_\_\_\_  
Street City State Zip How Long?

### Driver License Information

List Driver's license number and following information. Include your current, valid license plus past 3 years including permits.

State	License No.	Class and Endorsements	CDL Class Y/N	Expiration Date

### Driving Experience and CDL Date Required

	Month	Day	Year
My COMMERCIAL driver's license (A B or C) was first obtained on			

Type of Equipment (van, tank, flat, etc.)	Dates		Nature and Extent or Approximate Miles
	From	To	



Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:		
Supervisor: Phone:	Wage	
Did you drive a vehicle requiring a CDL? Yes No		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

Employer:	Dates Employed mm/dd/yyyy	Position Held
Address:	From To	
City: State: Zip:		
Supervisor: Phone:	Wage	
Did you drive a vehicle requiring a CDL? Yes No		Reason for Leaving
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Did you drive a vehicle requiring a CDL? Yes No		Reason for Leaving
Were you subject to the Federal Motor Carrier Safety regulations?	Yes No	
Was this job designated as a safety sensitive function under DOT regulations subject to alcohol and controlled substances testing?	Yes No	

**Motor Vehicle Accidents for past 3 years.**

Check box if NO accidents in past 3 years.

Dates	Location	Details

**Traffic Violations Last 3 years (other than parking violations).**

Check box if NO violation in past 3 years.

Date	Violation	Location	In a CMV Y or N

**Revocations and Suspensions**

Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?

NO  Yes  if yes, give circumstances in detail.

Date	Violation	Explanation

**Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant’s background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.**

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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; (i)(1)(iii) 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. (For a more detailed explanation of the driver’s rights please see FMCSR 391.23)

“This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **ZTS** to make an investigation of any of the facts set forth in this application.”

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form, I authorize **ZTS** to obtain a Motor Vehicle Report pursuant to §391.23 requirements.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)**

Each motor carrier shall require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the **preceding 3 years (at the time of employment)** and then at least once every 12 months thereafter.

By signing this form, I authorize **ZTS** to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

**Completed by Driver – Certification of Violations**

Legal Name	Social Security Number	Birth Date

Driver’s License Number	State	License Expiration Date	Hire Date

Check box if NO violation in past 12 Months.  (If new driver or transfer to active complete for the past 3 years)

Date	Violation	Location	Type of Vehicle

I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.

Driver’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed by Company – Annual & Initial Review of MVR Record**

**ZTS**, shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, ZTS must consider any evidence that the driver has violated applicable provisions of the FMCSR. ZTS must also consider the driver’s accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR. This review should occur at the **time of employment (for the last 3 years of driving history)** and at **least once every twelve months thereafter**.

On \_\_\_\_\_, 20\_\_\_\_, I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that this driver; (Check One):

Meets minimum requirements for safe Driving

Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR.

Signature of Reviewer	Date

Printed Name of Reviewer	Title

Zaczkowski Trucking Service Inc. (ZTS)

**EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (§382.413, §383.35, §390.15, §391.23)**

Applicant Must fill out this box ONLY.

I hereby authorize you to provide ZTS with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

Applicant full printed name \_\_\_\_\_ Applicant SS# \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

The above referenced individual has made application to ZTS, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence.

To:	From:
	ZTS Inc.
	8725 Jefferson Hwy
	Osseo, MN 55369
	Phone: 763-425-3021
	Fax:763-493-2089

(To be completed by Previous Employers and faxed or mailed to the attention of the Safety Director at the address shown above)

This applicant worked for you as a \_\_\_\_\_? From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ YES  NO   
If NO, please explain \_\_\_\_\_

Did applicant drive a motor vehicle(s) for you? YES  NO   
 Passenger Van  Bus  Straight Truck  Tractor-Trailer  Other: \_\_\_\_\_

Was applicant involved in any accidents? YES  NO   
If yes, please provide a short description of accident(s) w/ dates \_\_\_\_\_

Reason for leaving your employ:  Discharged  Laid Off  Resigned  Other \_\_\_\_\_

Would you rehire this employee at a later date? YES  NO

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS**

Information about above named Applicant	Yes	No or N/A	If yes, provide the date.
Alcohol test with a result of 0.04 or Greater?			
Verified positive controlled substances test results?			
Refusals to be tested?			
Was rehabilitation completed as required			

Our company did not complete drug and alcohol testing per FMCSA DOT Part 40 and 382 requirements during the past 3 years on this former employee.

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

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

(To be completed by ZTS representative that closed this background check)

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

ZTS received and closed this background check (form must be completed and signed).

After "good faith effort" by ZTS this form was not received from the previous employer (include documentation showing attempts).

# DRIVERS ROAD TEST EXAMINATION

**☞ CHECK THIS BOX WHEN COMPANY WAIVES-ROAD TEST REQUIREMENT (§391.33)**

**\*\*Driver *MUST HAVE A CDL License for this exception: with a copy of DL license must be attached***

**Plus: (Signature & Date required below- by company management in order to waive requirement)**

Drivers Name		Social Security Number	
Driver's License Number		State	Class
Power Unit Type	Power Unit #	Trailer Type	Trailer #
Starting Miles	Ending Miles	Total Miles Traveled	

Fill in PASSED or UNSATISFACTORY for each category. All unsatisfactory performances must be detailed in the remarks section.

	The pre-trip inspection (As required by Section §392.7)
	Coupling and uncoupling of combinations units, if applicable.
	Placing the equipment in operation.
	Use of vehicle's controls emergency equipment.
	Operating the vehicle in traffic and while passing other vehicles.
	Turning the vehicle.
	Braking, and slowing the vehicle by means other than braking.
	Backing, and parking the vehicle.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CERTIFICATE OF ROAD TEST 391.31

This certifies that the above-named driver completed a road test under my supervision on date (as printed below) consisting of approximately \* \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill(s) to operate safely the type of commercial motor vehicle listed above for our company, ZTS.

Printed name of examiner OR printed name of Management with authorization to waive road test.	Date Waiving Road Test <i>Copy of License Required</i>	Date of Road Test

Examiner/Management Signature: \_\_\_\_\_ Title: \_\_\_\_\_

# CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Instructions: All drivers must read the notice and complete the certificate of compliance at time of hire. The completed certification is a permanent item of driver qualification file.

## NOTICE TO DRIVERS

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state that issued the license to that driver of such conviction within 30 days.
3. If your driver's license is suspended, revoked, or canceled, you must notify your supervisor no later than the end of the next working day following notification of driver's license suspension, revocation, or cancellation. Failure to do this may result in termination. You must never drive a company vehicle without a valid driver's license, if you do so, you may be terminated.
4. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of any and all commercial motor vehicle (over 10,000 lbs.) for the past 10 years, in addition to any other required information about the applicant's employment history.
5. You are responsible for renewing your driver's license so that you never drive a company vehicle with an expired driver's license. You must notify your supervisor immediately if your license expires and is not renewed.

## CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the above driver provisions and agree to comply with all aspects of this notice per our company policy.

By signing this form, I further certify that the vehicle license listed below is the only one (license) I currently hold.

Drivers Printed Name		Social Security Number	
Drivers Address City State and Zip Code			
License #	State		Class

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



# TRUCK DRIVER DATA & EMPLOYMENT STATUS- DRIVER DATA SHEET

Drivers Name Legal Name		Social Security Number	Effective Date of Change
Driver's License Number		State	Class
Home Address	City	State	Zip

Please check reason for preparation of this form.

\*Upon return new forms may be needed; to bring driver back into compliance.

- New Hire  
 Fill in hours of service below  
 NOT added to DOT D&A Program (Not DOT)  ADDED to CDL DOT Random D&A Program (CDL)
- Re-Employed Driver: *Pre-employment drug screening is necessary.*  
 Fill in hours of service below  
 NOT added to DOT D&A Program  ADDED to CDL DOT Random D&A Program
- Transfer TO Driver Status: Transferred from other duties. *Pre-employment drug screening is necessary.*  
 NOT added to DOT D&A Program  ADDED to CDL DOT Random D&A Program  
 Fill in hours of service below New Location Transferred to: \_\_\_\_\_
- Transfer FROM Driver: Not presently driving; performing other duties.  
 Was NOT subjected to DOT D&A Program  REMOVED driver from CDL Random D&A Program
- Termination of Driver:  Permanent  Layoff  Suspension. until \_\_\_\_\_
- Medical Leave: Driver on long term medical leave until \_\_\_\_\_.  
 Was NOT subjected to DOT D&A Program  REMOVED driver from CDL Random D&A Program. Upon return new forms may be needed; to bring driver back into compliance.
- Military Leave: Driver on active military duty until \_\_\_\_\_.  
 Was NOT subjected to DOT D&A Program  REMOVED driver from CDL Random D&A Program. Upon return new forms may be needed; to bring driver back into compliance.
- Other \_\_\_\_\_

DAY	1 Day before hire	2	3	4	5	6	7	Total Hours
DATE MM/DD/YYYY								
HOURS WORKED								

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT - Part 40.25(j).**

(This form is used to fulfill the requirement of Part 40.25(j)). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

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

To be completed by driver / applicant.

During the past (2) two years, have you tested positive on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

During the past (2) two years, have you refused to test on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Print Legal Name of driver: \_\_\_\_\_

Signature of driver: \_\_\_\_\_

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

Witness/Management signature: \_\_\_\_\_

Witness/Management printed name: \_\_\_\_\_

## CONTROLLED SUBSTANCES AND ALCOHOL USE TESTING & WRITTEN POLICY RECEIPT

I completed the Controlled Substances and Alcohol Use and Testing-training program provided by my employer, ZTS, in accordance with the provisions outlined in CFR 49, Part 40 and Part §382. I reviewed the Controlled Substances and Alcohol Use Policy of ZTS. As required by §382.601(b) (1-11) the following items were discussed:

- Abbreviations and definitions
- Who is covered by the Alcohol and Drug rules found in Part §382?
- What is a safety sensitive function?
- What are the Alcohol and Drug prohibitions?
- Which tests are required and when will I be tested?
  1. pre-employment
  2. post-accident
  3. random
  4. reasonable suspicion
  5. return-to-duty and follow-up
- What happens if I refuse to be tested?
- How is Alcohol and Drug testing done?
- What are the consequences of violating the Alcohol or Drug prohibitions--test positive?
- Where can I go for help? Who can answer my questions about Alcohol and Drugs?
- What are the effects of Alcohol and Drugs use on health, work and personal life?

**☺ DRIVER RECEIVED A COPY OF THE COMPANY'S, WRITTEN DRUG AND ALCOHOL POLICY Part §382.601(d)**

Acknowledgement & completing D&A training and receipt of company policy.

\_\_\_\_\_  
Drivers Printed Name

\_\_\_\_\_  
Drivers Legal Signature

\_\_\_\_\_  
Date

# Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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