

DOT Application Checklist and Instructions

E&B Enterprises dba Gibson Heavy Haul

- _____ *Driver must fill in all information requested on pages 1-4 of the application.
- _____ *DO NOT ENTER DATES on page 1 and page 4 of the application
- _____ *Driver must sign page 4
- _____ *Driver MUST provide a minimum of 3 years of previous work history, beginning with the most recent employer, previous work history must correlate with number of years applicant has had a CDL up to 10 years. Month/Year must be listed
- _____ *Any gap in employment history MUST be explained
- _____ *Review the application for completeness. Make sure nothing is left blank on all pages (excluding dates mentioned above on pages 1 & 4).
- _____ *Safety Performance History Records Request – (VOE) – Make sure the driver signs the document on Part 1 ONLY! Do not date, do not fill in previous employer information.
(*Date fields on the VOE will be completed by Texas Best DOT Consultants and Compliance, LLC administrators)

- _____ Driver to sign PSP and MCS 51 – do not date

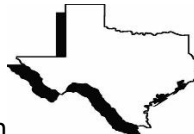
- _____ Driver to sign Clearinghouse Limited Query Consent – do not date

- _____ Provide a Color Copy of Front and Back of CDL/DL

- _____ Provide a Copy of Driver’s Medical Card

- _____ Provide a copy of Driver’s Social Security Card

Texas Best DOT Consultants and Compliance, LLC



1816 South

FM 51 Suite 400

Decatur, TX 76234

info@texasbestdot.com

Texas Best DOT Consultants & Compliance, LLC

COMMERCIAL DRIVER APPLICATION

Company E&B Enterprises dba Gibson Heavy Haul
Address 5810 Acton Circle
City Granbury State Texas Zip 76049

APPLICANT INFORMATION

DATE _____ Position applying for: Contractor Driver Contractor's Driver
NAME _____

PHONE () _____ EMERGENCY PHONE () _____

AGE _____ DATE OF BIRTH _____ SS# _____

(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.)

When does your DOT Medical Card Expire? _____

How many years have you had a CDL? _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

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 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ 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? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

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

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

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

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

Have you ever been convicted of a felony? _____Yes _____No
If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, 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 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 obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair 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 to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I 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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ (print driver name) hereby provide consent to E & B Enterprises dba Gibson Heavy Haul to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to limited queries for the duration of my employment with E & B Enterprises dba Gibson Heavy Haul.

I understand that if the limited query conducted by E & B Enterprises dba Gibson Heavy Haul indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to E & B Enterprises without first obtaining additional special consent from me.

I further understand that if I refuse to provide consent for E & B Enterprises dba Gibson Heavy Haul to conduct a limited query of the Clearinghouse, E & B Enterprises dba Gibson Heavy Haul must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by the FMCSA's drug and alcohol program regulations.

Employee Signature

Date



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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_____ ,
 Print Name of CDL Holder Phone Number

 Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law to

_____ ,
 Print Motor Carrier's Name Phone Number

 Print full Address, City, State and Zip of Motor Carrier

Signature of Driver X	Date
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If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.

Texas Best DOT Consultants and Compliance LLC.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (PrintName) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> First M.I. Last Social Security Number </div> </p> <p>Hereby authorize: _____ <div style="text-align: right; margin-right: 20px;">Date of Birth</div> </p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: center;">(employment application date)</div> </p> <p>To: Prospective Employer: <u>E&B Enterprises dba GIBSON HEAVY HAUL</u></p> <p> Attention: <u>Texas Best DOT Consultants</u> Telephone: <u>817-618-6118</u></p> <p> Street: <u>1816 S FM 51, Ste 400</u></p> <p> City, State, Zip: <u>Decatur, Texas 76234</u></p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: <u>817-618-6117</u></p> <p>Prospective employer's email address: <u>info@texasbestdot.com</u></p> <p><u>X</u> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Applicant's Signature Date </div> </p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
<p>ACCIDENT HISTORY</p>																									
<p>The applicant named above was employed by us. Yes D No D</p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes D No D If yes, what type? Straight Truck D Tractor-Semitrailer D Bus D Cargo Tank D Doubles/Triples D Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged D Resignation D Lay Off D Military Duty D If there is no safety performance history to report, check here D, sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check D here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 15%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>Any other remarks: _____ _____ _____</p> <p style="text-align: right;">Signature: _____ Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
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