CDL CLASS A DRIVER

Employment Application & DOT Qualification Packet

Evermark Transport

APPLICANT INSTRUCTIONS

- Complete every section. If a question does not apply, enter "N/A." Attach additional pages if needed and identify the section continued.
- This application is intended for CDL Class A commercial motor vehicle drivers and requests information required by 49 CFR § 391.21. The company may request additional job-related information as permitted by law.
- Before any safety-sensitive CDL driving work, Evermark Transport must complete required qualification steps, including the FMCSA Drug & Alcohol Clearinghouse pre-employment query and applicable drug testing.
- Providing false, incomplete, or materially misleading information may disqualify an applicant or result in termination, subject to applicable law.

Important: This packet supports the hiring and driver-qualification process but does not replace the employer's continuing compliance duties under the FMCSRs, DOT drug/alcohol rules, Form I-9 procedures, tax/payroll onboarding, Florida new-hire reporting, or other laws that apply to a particular hire.

Position Applied For	Application Date
Desired Start Date	**Applicant Phone**
Applicant Email	

APPLICANT: PLEASE COMPLETE PAGES 2-12.

1. Applicant Identification & Residence History

Legal Name (First, Middle, Last)

Current Street Address

City | **State** | **ZIP**

Date of Birth | **Social Security Number**

Primary Phone | **Email**

RESIDENCE HISTORY - PRECEDING 3 YEARS

List every address at which you have resided during the three years immediately preceding this application. Include your current address above in calculating the full three-year period.

Prior Residence 1

Street Address

City | **State** | **ZIP**

From (MM/YYYY) | **To (MM/YYYY)**

Prior Residence 2

Street Address

City | **State** | **ZIP**

From (MM/YYYY) | **To (MM/YYYY)**

Prior Residence 3

Street Address

City | **State** | **ZIP**

From (MM/YYYY) | **To (MM/YYYY)**

2. Driver License / CDL Information

List each unexpired commercial motor vehicle operator license or permit issued to you.

State / Authority	License No.	Class	Endorsements	Expiration	Restrictions

REQUIRED / PREFERRED CREDENTIALS FOR FUEL TRANSPORTATION

- ☐ Class A CDL
- ☐ Tank Vehicle (N) endorsement
- ☐ Hazardous Materials (H) endorsement
- ☐ Tank + Hazmat (X) endorsement
- ☐ TWIC card, if required for assigned terminals
- ☐ Other endorsements/credentials: _____

LICENSE DENIALS, SUSPENSIONS, REVOCATIONS OR LOSS OF PRIVILEGE

Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, suspended, cancelled, or otherwise withdrawn? ☐ No ☐ Yes

If YES, state the date, jurisdiction, action taken, and facts/circumstances:

3. Commercial Driving Experience

Describe the nature and extent of your commercial motor vehicle experience, including equipment type and approximate dates.

Equipment / Vehicle Type	From	To	Approx. Miles	States / Areas	Notes / Cargo

FUEL / TANKER EXPERIENCE

Years pulling tanker

Years hauling fuel

Most recent fuel-hauling date

Products hauled (gasoline/diesel/other)

Loading terminals / racks used

- ☐ Bottom loading experience
- ☐ Top loading experience
- ☐ Compartmented petroleum trailer experience
- ☐ PTO / pump experience
- ☐ Electronic logging device (ELD) experience
- ☐ Hazmat shipping paper / placarding experience

4. Accident & Traffic Violation History

ACCIDENTS - PRECEDING 3 YEARS

List every motor vehicle accident in which you were involved during the three years preceding this application. Include date, nature of accident, fatalities, and injuries.

Date	Nature / Location	CMV?	Fatalities	Injuries	Tow / Hazmat / Notes

MOTOR VEHICLE LAW VIOLATIONS - PRECEDING 3 YEARS

List convictions or forfeitures of bond/collateral for motor vehicle law or ordinance violations during the three years preceding this application. Do not list parking-only violations.

Date	State / Jurisdiction	Violation	Vehicle Type	Disposition / Penalty

5. Employment History - Required DOT Information

NOTICE: Information regarding your employers during the preceding three years will be used, and those employers may be contacted, to investigate your safety performance history. Drivers with DOT-regulated employment during the preceding three years also have the review/correction/rebuttal rights stated later in this packet.

List ALL employers for the 3 years immediately preceding this application, whether driving or non-driving. Account for gaps in employment.

EMPLOYER 1 - WITHIN PRECEDING 3 YEARS

Employer Name	Phone

Street Address

City	State	ZIP

From (MM/YYYY)	To (MM/YYYY)

Position / Duties	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ☐ No ☐ Yes

Was this job a DOT-regulated safety-sensitive function subject to alcohol and controlled-substance testing under 49 CFR Part 40? ☐ No ☐ Yes

EMPLOYER 2 - WITHIN PRECEDING 3 YEARS

Employer Name	Phone

Street Address

City	State	ZIP

From (MM/YYYY)	To (MM/YYYY)

Position / Duties	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ☐ No ☐ Yes

Was this job a DOT-regulated safety-sensitive function subject to alcohol and controlled-substance testing under 49 CFR Part 40? ☐ No ☐ Yes

5. Employment History - Required DOT Information (continued)

EMPLOYER 3 - WITHIN PRECEDING 3 YEARS

Employer Name	Phone

Street Address

City	State	ZIP

From (MM/YYYY)	To (MM/YYYY)

Position / Duties	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ☐ No ☐ Yes

Was this job a DOT-regulated safety-sensitive function subject to alcohol and controlled-substance testing under 49 CFR Part 40? ☐ No ☐ Yes

EMPLOYMENT GAPS WITHIN PRECEDING 3 YEARS

Account for any unemployment, self-employment, school, military service, or other gaps:

5. Employment History - Additional 7 Years of CMV Driving

If applying to operate a CMV for which a CDL is required, list every employer for which you operated a commercial motor vehicle during the seven years BEFORE the three-year period listed on the prior page (10 years total CMV employment history).

ADDITIONAL CMV EMPLOYER 1

Employer Name	**Phone**
Street / City / State	
From (MM/YYYY)	**To (MM/YYYY)**
Equipment / Duties	**Reason for Leaving**

ADDITIONAL CMV EMPLOYER 2

Employer Name	**Phone**
Street / City / State	
From (MM/YYYY)	**To (MM/YYYY)**
Equipment / Duties	**Reason for Leaving**

ADDITIONAL CMV EMPLOYER 3

Employer Name	**Phone**
Street / City / State	
From (MM/YYYY)	**To (MM/YYYY)**
Equipment / Duties	**Reason for Leaving**

ADDITIONAL CMV EMPLOYER 4

Employer Name	**Phone**
Street / City / State	
From (MM/YYYY)	**To (MM/YYYY)**
Equipment / Duties	**Reason for Leaving**

6. Safety Performance History Notice & Authorization

YOUR RIGHTS UNDER 49 CFR § 391.23

- You have the right to review safety-performance information provided by previous DOT-regulated employers.
- You have the right to request that a previous employer correct erroneous information and resend corrected information to Evermark Transport.
- If you and the previous employer cannot agree on accuracy, you have the right to have a rebuttal statement attached to the disputed information.
- A request to review may be made when applying or up to 30 days after being employed or notified that employment was denied. Applicable federal time limits govern access, correction, and rebuttal procedures.

AUTHORIZATION TO OBTAIN PRIOR SAFETY PERFORMANCE INFORMATION

I authorize Evermark Transport and its authorized agents to contact my prior employers and obtain information permitted or required by 49 CFR § 391.23 for the purpose of evaluating my qualifications to operate a commercial motor vehicle. I authorize prior employers to release employment verification and safety-performance information permitted by law, including applicable accident information. I understand that FMCSA-regulated drug and alcohol history is obtained through the FMCSA Drug & Alcohol Clearinghouse as required by current rules, while any required information from DOT-regulated employers in other transportation modes may require a separate DOT-compliant consent.

Applicant Printed Name

Applicant Signature **Date**

OPTIONAL REQUEST TO REVIEW PRIOR-EMPLOYER INFORMATION

☐ I request a copy/review of safety-performance history information received from previous employers, as allowed by 49 CFR § 391.23. Preferred delivery: ☐ Email ☐ Mail ☐ Pickup

Email / Mailing Address for Delivery

7. FMCSA Drug & Alcohol Clearinghouse - General Consent for Limited Queries

I, _____ provide consent to Evermark Transport to conduct limited queries of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This general consent authorizes limited queries during my employment with Evermark Transport, including the annual query required for CDL drivers and additional limited queries the company reasonably conducts for compliance purposes. This consent remains effective for the duration of my employment unless revoked in writing, subject to applicable law and any query already initiated.

I understand that a limited query does not disclose detailed violation information. If a limited query indicates information exists, or if Evermark Transport needs to conduct a full query, I must provide specific electronic consent through the FMCSA Clearinghouse before detailed information may be released. I understand that refusal to provide consent required for a query may prohibit me from performing safety-sensitive functions for Evermark Transport.

PRE-EMPLOYMENT FULL QUERY: This paper form does not replace the driver's specific electronic consent in the FMCSA Clearinghouse for a full pre-employment query. Evermark Transport must initiate the full query in the Clearinghouse, and the driver must consent electronically.

Driver Printed Name

CDL Number	State

Driver Signature	Date

8. MVR Authorization & Applicant Certification

MOTOR VEHICLE RECORD AUTHORIZATION

I authorize Evermark Transport and its authorized agents to obtain my motor vehicle record(s) from any driver licensing authority or authorized reporting source for lawful employment and driver-qualification purposes, including the inquiries and annual reviews required by the Federal Motor Carrier Safety Regulations. I authorize release of information necessary to verify my driving record and license status, subject to applicable federal and state law.

APPLICANT CERTIFICATION - REQUIRED BY 49 CFR § 391.21

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.

I understand that this application is not a contract of employment. I authorize verification of job-related information provided in this packet, subject to the separate disclosures and consents required by law.

Applicant Printed Name	
Applicant Signature	**Date**

COMPANY USE

Reviewed By	Review Date
Interview Date	**Proposed Start Date**
Disposition	**Notes**

9. Fair Credit Reporting Act Disclosure & Authorization

DISCLOSURE

Evermark Transport may obtain a consumer report about you for employment purposes. A consumer report may include information about your driving record, criminal history, employment history, education, or other background information obtained by a consumer reporting agency, as permitted by law. If Evermark Transport seeks an investigative consumer report, additional disclosures may be provided as required by law.

AUTHORIZATION

I authorize Evermark Transport to obtain consumer reports about me for employment purposes, including during the application process and, where permitted by law, during my employment. I authorize consumer reporting agencies and other lawful sources to provide such information to Evermark Transport or its authorized background-screening provider.

Applicant Printed Name

Applicant Signature **Date**

10. Internal Hiring / Driver Qualification File Checklist

FOR EVERMARK TRANSPORT USE ONLY - Do not give this page to prior employers as a release form.

BEFORE DRIVER PERFORMS SAFETY-SENSITIVE CDL WORK

- ☐ Completed and signed DOT-compliant employment application (49 CFR § 391.21).
- ☐ CDL verified; correct class and required endorsements/restrictions reviewed.
- ☐ FMCSA Clearinghouse full pre-employment query completed; driver status permits safety-sensitive work.
- ☐ Pre-employment DOT controlled-substances test completed with a negative result or other lawful Part 382 basis documented before safety-sensitive work.
- ☐ Medical qualification verified as required; applicable medical examiner certification / CDLIS medical status and variances documented.
- ☐ Road test completed and certificate issued, OR lawful road-test equivalent documented under 49 CFR § 391.33.
- ☐ Initial MVR / driving record obtained and reviewed as required.
- ☐ Driver furnished required drug/alcohol policy and educational materials; signed receipt retained as applicable.
- ☐ I-9 completed within federal timing rules after hire; identity/work authorization documents handled per USCIS rules.

WITHIN REQUIRED POST-HIRE INVESTIGATION PERIOD / DQ FILE

- ☐ 3-year licensing-authority inquiry/MVR documentation placed in DQ file within applicable deadline.
- ☐ Prior employer safety-performance investigations for preceding 3 years completed/documented, including good-faith efforts if information is not received.
- ☐ Any required follow-up testing plan obtained directly from prior employer when applicable.
- ☐ Any required non-FMCSA DOT-mode drug/alcohol history obtained using proper Part 40 consent when applicable.
- ☐ Driver qualification file assembled and retention schedule established under 49 CFR § 391.51; investigation history handled under § 391.53.

RECURRING COMPLIANCE

- ☐ Annual MVR inquiry and review completed at least once every 12 months; review note retained.
- ☐ Annual Clearinghouse query completed for each current CDL driver with valid consent.
- ☐ Random testing pool / C-TPA enrollment current; required random and other Part 382 testing administered.
- ☐ CDL expiration, endorsements, medical status, MVR, training/credential expirations, and any terminal-specific credentials monitored.
- ☐ Florida new-hire reporting completed within the state-required reporting period after hire.
- ☐ If a consumer report is used adversely, required FCRA pre-adverse/adverse-action steps completed.

INTERNAL APPROVAL

Driver Name	Employee ID
Hire Date	**First Safety-Sensitive Duty Date**
DQ File Approved By	**Date**

Compliance note: Regulations change. This checklist should be reviewed periodically against current FMCSA/DOT, USCIS, FCRA, and Florida requirements and Evermark's actual operation (interstate/intrastate, hazmat, owner-operator, terminal access, etc.).