



P.O. Box 1865 Council Bluffs, Iowa 51502 Telephone 712/366-2551

**PREQUALIFICATION INSTRUCTIONS**

BEFORE YOU FILL OUT AN APPLICATION YOU ARE TO READ THIS INFORMATION AND SIGN AND DATE IN THE APPROPRIATE PLACES.

YOU ARE TO COMPLETE ALL OF THE INFORMATION REQUIRED ON THE APPLICATION. WE MUST HAVE COMPLETE INFORMATION SUCH AS COMPLETE MAILING ADDRESSES, DATES OF EMPLOYMENT, TRAFFIC VIOLATION AND ACCIDENT RECORDS, AND A VALID DRIVER'S LICENSE. ,

YOU ARE ADVISED THAT YOUR FIRST 30 DAYS WILL BE CONSIDERED A PROBATIONARY PERIOD. IF FALSIFICATION OR ADVERSE REPORTS COME IN, YOU WILL BE SUBJECT TO DISQUALIFICATION.

YOU ARE THEREFORE REMINDED ONCE AGAIN THAT ALL INFORMATION MUST BE COMPLETE AND ACCURATE.

YOUR INSURABILITY IS A PREREQUISITE TO HIRING. ALL DRIVERS ARE SUBJECT TO IMMEDIATE TERMINATION IF THEY ARE DEEMED UNINSURABLE BY ANY (OR ALL) OF OUR INSURANCE CARRIERS, REGARDLESS OF FAULT, DUE TO TRAFFIC VIOLATIONS. TRAFFIC VIOLATIONS BEFORE OR AFTER EMPLOYED WILL BE REVIEWED BY OUR INSURANCE CARRIERS PERIODICALLY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NEBRASKA COAST REPRESENTATIVE





P.O. Box 1865 Council Bluffs, Iowa 51502

## REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

DRIVER'S CDL#: \_\_\_\_\_

MAIL TO FORMER EMPLOYER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER:  
**NEBRASKA COAST, INC.**  
**P. O. BOX 1865**  
**COUNCIL BLUFFS, IOWA 51502**  
*PH # 712-366-2551*

Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: \_\_\_\_\_

SIGNATURE OF CARRIER OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is the employment record with your company correct as stated? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? \_\_\_\_\_ Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semi-trailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving employment: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

### Alcohol & Drug History

- |   | Yes | No  |
|---|-----|-----|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | [ ] | [ ] |
| 2. Has the above named driver verified positive for a controlled substances test result?                  | [ ] | [ ] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months?     | [ ] | [ ] |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_ or [ ] check here if it is unknown if the driver received treatment.  
Name Telephone

### Authorization to Release **NEBRASKA COAST, INC.**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ COUNCIL BLUFFS, IOWA 51502  
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date



on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

**NOTICE:** This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Nebraska Coast, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Nebraska Coast, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

# APPLICATION FOR QUALIFICATION

Company NEBRASKA COAST, INC. 712-366-2554 fax  
712-366-2551 phone  
Address 1401 West, South Omaha Bridge Road  
City Council Bluffs State IOWA Zip Code 51501

The purpose of this application is to determine whether or not 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. 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 \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No

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

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

EMERGENCY CONTACT INFORMATION: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### 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 10 years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ 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 From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ 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 From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ 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 From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ 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 From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ 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

\*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.

## 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 special courses/training completed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

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

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

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of 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", give details \_\_\_\_\_

## Personal References

List three 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 ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons 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 for Qualification 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)

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This form is courtesy of:







# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State WV
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "NA" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

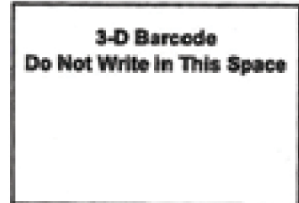
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Contractor:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State WV	Zip Code



**Employer Completes Next Page**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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# NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

(Note: Original to be retained by carrier, copy for driver)

## I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation became effective July 1, 1987:

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) in any vehicle must notify the motor carrier AND the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

**PENALTIES** - Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

## II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Driver's Address \_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No \_\_\_\_\_

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





## VIOLATION AND REVIEW RECORD

Driver's Name \_\_\_\_\_  
(Please Print or Type)

### I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

<small>(Date of Certification)</small> _____	<small>(Driver's Signature)</small> _____
<small>(Motor Carrier's Name)</small> NEBRASKA COAST, INC. - 1403 W. SO. OMAHA BRIDGE RD. - COUNCIL BLUFFS, IA 51501	<small>(Motor Carrier's Address)</small> SAFETY SUPERVISOR
<small>(Reviewed by: Signature)</small> _____	<small>(Title)</small> _____

### II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<small>(Motor Carrier's Name)</small> NEBRASKA COAST, INC. - 1403 W. SO. OMAHA BRIDGE RD. - COUNCIL BLUFFS, IA 51501	<small>(Motor Carrier's Address)</small> SAFETY SUPERVISOR
<small>(Reviewed by: Signature)</small> _____	<small>(Date)</small> _____
	<small>(Title)</small> _____

# 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 to 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): \_\_\_\_\_