



Family Owned Since 1926

340 Kidder Street
Wilkes-Barre, PA 18702
800-724-3506
www.McCarthyTire.com

SUPPLEMENTAL COMMERCIAL DRIVER APPLICATION

Must also complete regular employment application. Fill in ALL blanks and provide ALL requested information. Print or type.

Today's date _____

First name _____ Middle name/initial _____ Last name _____

Address _____ Home telephone _____

City _____ State _____ Zip _____ Cellular telephone _____

Date of birth _____ Social security number _____ - _____ - _____

Previous Addresses. If at the above address for fewer than three years, list addresses for previous three-year period.

1. Date from _____ to _____ Street _____
City _____ State _____ Zip _____
2. Date from _____ to _____ Street _____
City _____ State _____ Zip _____
3. Date from _____ to _____ Street _____
City _____ State _____ Zip _____

Driver's License Information. List ALL licenses held in the last 3 years.

1. State _____ License number _____ Expiration date _____
2. State _____ License number _____ Expiration date _____
3. State _____ License number _____ Expiration date _____

Experience

1. Date from _____ to _____ Vehicle type _____ Approx mileage driven _____
2. Date from _____ to _____ Vehicle type _____ Approx mileage driven _____
3. Date from _____ to _____ Vehicle type _____ Approx mileage driven _____

Accidents. List all accidents in the last 3 years. If none, write NONE.

1. Date _____ Describe _____ Fatalities _____ Injuries _____
2. Date _____ Describe _____ Fatalities _____ Injuries _____
3. Date _____ Describe _____ Fatalities _____ Injuries _____

Traffic Violations Convictions. List violation convictions in the last 3 years. If none, write NONE.

- 1. Date _____ Violation _____ State _____ Commercial vehicle YES ___ NO ___
- 2. Date _____ Violation _____ State _____ Commercial vehicle YES ___ NO ___
- 3. Date _____ Violation _____ State _____ Commercial vehicle YES ___ NO ___
- 4. Date _____ Violation _____ State _____ Commercial vehicle YES ___ NO ___

License Status. Have you ever had a driver license denied, suspended, revoked, or canceled by any issuing state agency?

YES ___ NO ___ If YES, list state of issuing agency _____

Explanation _____

Employment History. List last 10 years of employment. Account for gaps between employers.

Are you an Owner/Operator? YES ___ NO ___ If YES, list carriers leased to below.

#1

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

#2

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

#3

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

Employment History. Continued.

#4

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

#5

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

#6

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

#7

Employer _____ Dates from _____ to _____

Street _____ Supervisor _____

City, state, zip _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ___ NO ___

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period? YES ___ NO ___

Reason for leaving _____

Use back of sheet for additional employers.

49 CFR Part 40.25(j)

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL), the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR Part 40.25(j).

Right to Review Information by Previous Employers

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s), and for that previous employer(s) to re-send the corrected information to the prospective employer; and 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying to the company or as late as thirty (30) days after being employed, or of being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

I certify that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date Signed

To be Completed by the Employer

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

Significant Dates

Date of hire _____

Date & time of pre-employment CST _____

Date & time pre-employment CST results received _____

Date first used in safety sensitive position _____

Date of termination _____



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COMMERCIAL VEHICLE DRIVER APPLICATION

Controlled Substance and Alcohol Questionnaire
 Pursuant to 49 CFR Part 40.25(j)

Today's date _____
 First name _____ Middle name/initial _____ Last name _____
 Address _____ Home telephone _____
 City _____ State _____ Zip _____ Cellular telephone _____
 Date of birth _____ Social security number _____ - _____ - _____

49 CFT 40.25(j)

Have you ever tested positive, or refused a 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 YES, have you successfully completed the return-to-duty process? YES _____ NO _____

If YES, documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.

Applicant's Signature *Date Signed*

To Be Completed by the Employer

<p>Application received by:</p> <p>_____ <i>Name</i></p> <p>_____ <i>Title</i></p> <p>_____ <i>Date</i></p>	<p>Application reviewed by:</p> <p>_____ <i>Name</i></p> <p>_____ <i>Title</i></p> <p>_____ <i>Date</i></p>
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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

The Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to the request for information within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted.

PREVIOUS EMPLOYER

DATE _____

Company name _____ Telephone _____

Full address _____

APPLICANT INFORMATION

Name _____ Social security number _____ - _____ - _____

Job applying for _____

APPLICANT'S AUTHORIZATION

I, _____, hereby authorize (company name) _____, to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and/or drug tests, and rehabilitation completion under direction of a Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to McCarthy Tire Service (or its authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above-named company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below-mentioned person and/or company.

Applicant's Signature Date Signed _____

Witness's Signature Date Signed _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Did the applicant work for you as a _____ from _____ to _____ YES ___ NO ___

If NO, please explain _____

If employed as a driver, please answer the following: Company driver _____ Owner/operator _____ Other _____

Type of truck(s) and/or truck/tractors(s) operated _____

Commodities transported _____ Area of operations _____

Was the applicant involved in any accidents? YES ___ NO ___

If YES, give date(s) and brief description of each accident: _____

Why did this employee leave your company? _____

Would you re-employ this person?

If NO, please explain _____

Comments _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES ___ NO ___ If YES, give date(s) _____

Verified positive controlled substance test results? YES ___ NO ___ If YES, give date(s) _____

Refusal(s) to be tested? YES ___ NO ___ If YES, give date(s) _____

Was rehabilitation completed as required? YES ___ NO ___ If YES, give date(s) _____

PERSON PROVIDING INFORMATION

Name _____ Title _____

Company _____ Date _____