



Application Location: \_\_\_\_\_

# Application for Qualification

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 Chickasaw Container Services.

## Instructions to Applicant

**Please answer all questions.** If the answer to any question is "No" or "None", please indicate this. The Age Discrimination 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.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check One: Contractor \_\_\_\_ Driver \_\_\_\_

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

Phone Number ( ) \_\_\_\_-\_\_\_\_

Cell Phone Number ( ) \_\_\_\_-\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SS Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Addresses for the last four years:

MO/YR      MO/YR

Street: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_ From \_\_\_\_ To \_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_ From \_\_\_\_ To \_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_ From \_\_\_\_ To \_\_\_\_

## EDUCATION

Please circle the **last** 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 years, including any unemployment or self employment, and all commercial driving for the past ten years.

**Present or Last Employer**

MO/YR      MO/YR

Co. Name \_\_\_\_\_ From \_\_\_\_ To \_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_ Zip \_\_\_\_ Position \_\_\_\_\_

Phone Number ( ) \_\_\_\_-\_\_\_\_ Fax Number ( ) \_\_\_\_-\_\_\_\_

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

**Chickasaw Container Services**

**P.O. Box 2182**

**Mobile, AL 36652**



**APPLICATION FOR QUALIFICATION  
PAGE TWO**

Co. Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Position \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

Co. Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Position \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

Co. Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Position \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

Co. Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Position \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

Co. Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Position \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_



**APPLICATION FOR QUALIFICATION  
PAGE THREE**

**Driving Experience**

<b>Class of Equipment</b>	<b>Total Time</b>	<b>Approximate Miles</b>
Straight Truck		
Tractor and Semi-Trailer		
Tractors and Containers		

**Accident Record For Past Three Years**

<b>Date of Accident</b>	<b>Nature of Accident</b>	<b>Fatalities</b>	<b>Injuries</b>

**Traffic Convictions and Forfeitures (Last Five Years, other than parking)**

<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Penalty</b>

**Drivers Licenses (Held in Past Three Years)**

<b>State</b>	<b>License #</b>	<b>Type</b>	<b>Endorsements</b>	<b>Expiration Date</b>



# APPLICATION FOR QUALIFICATION PAGE FOUR

Total years of tractor trailer experience: \_\_\_\_\_  
Has your Driver's License ever been suspended, revoked or restricted? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Do you currently hold a CDL? \_\_\_\_\_ State \_\_\_\_\_ CDL Number \_\_\_\_\_  
List endorsements: \_\_\_\_\_

Please check the make and model of tractor experience:

_____ IHC/Navistar	Cab Over _____	Conventional _____
_____ Kenworth	Cab Over _____	Conventional _____
_____ Freightliner	Cab Over _____	Conventional _____
_____ Peterbuilt	Cab Over _____	Conventional _____
_____ Ford	Cab Over _____	Conventional _____
_____ Other _____	Cab Over _____	Conventional _____

Please check for experience with the following transmissions:

_____ 4x4 (16 speed)	_____ 5speed	_____ Fuller 913 (13 speed)
_____ 10 speed	_____ RT 910	_____ 5 speed man - 3speed aux
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Other _____
_____ Triplex (15 speed)	_____ 9 speed	

Please check trailer types you have used:

_____ regular van	_____ reefer unit	_____ flatbed	_____ drop deck
_____ grain	_____ hopper	_____ livestock	_____ bulk tainer
_____ liquid bulk tanker	_____ container	_____ drop deck	

Please check commodities transported:

_____ LTL freight	_____ Livestock	_____ Suspended meat
_____ Dairy products	_____ Grain	_____ Feed
_____ Lumber	_____ Heavy equipment	_____ Petrol
_____ Hazardous Materials: Please identify _____		



APPLICATION FOR QUALIFICATION
PAGE FIVE

- List all States operated in during the past five years.

\_\_\_\_\_

- List all special courses/training completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List all safe driving awards and awarding group or company.

\_\_\_\_\_  
\_\_\_\_\_

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If the answer to any of these is "Yes", provide details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal References (Other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St/ \_\_\_\_\_ Zip \_\_\_\_\_



## DOT DRUG AND ALCOHOL TESTING RECORD

COMPANY: \_\_\_\_\_

In compliance with 49 CFR Part 40, the following information is required from you regarding the DOT drug and alcohol tests administered within the last three (3) years by you or by any other company of which you have information for the following applicant. **Please note:** Failure to provide information as required by the United States Department of Transportation Regulation 49CFR Part 40 is considered a federal violation.

### Drug and Alcohol Testing Record

<b>Does your company participate in a random drug and alcohol program?</b>	
<b>Did this individual participate in your alcohol and controlled substance testing program?</b>	
<b>Provide dates if this applicant had a breath alcohol test with a confirmed concentration of 0.04 or higher in the past three (3) years.</b>	
<b>Provide dates if this applicant has had a controlled substance test with a positive result in the last three(3) years.</b>	
<b>Provide dates if this applicant has refused to submit to a controlled substance or alcohol test within the past three (3) years.</b>	
<b>Provide dates if this applicant had a controlled substance test ruled a refusal because of a verified adulterated or substitutive result</b>	
<b>Are you aware of any violations of DOT drug and alcohol testing regulations?</b>	
<b>Do you have documentation that this applicant has completed a DOT return to duty program? If you answered yes to any questions 4 through 8 enter yes or no in the box to the right.</b>	
<b>If you answered no to questions 4 through 8 check the box to the right to indicate the questions do not apply.</b>	

### Driver/Applicant Accident History

In the past three (3) years has this Applicant had any reportable accidents as outlined under 49 CFR 390.5? YES \_\_\_\_\_ NO \_\_\_\_\_ If you answered yes please provide the following information for each accident.

Accident date	Location City and state	Number injured	Number of fatalities	Hazmat spilled

This release will also apply, without reservation, to information and database resources of USIS DAC Services. Upon proper identification, I have the right to request the nature and substance of all information in its files on me at the time of my request and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request.

**Driver/Applicant Please Sign:**

\_\_\_\_\_  
 Printed Name  
 Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

