

# SMALL TRUCK COMPANY

## DRIVER QUALIFICATION FILE

NAME

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PHONE #

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A - 1

**COMMERCIAL DRIVER APPLICATION**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

**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.)*

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER  
REQUIRED BY PART 40.25 (j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # \_\_\_\_\_

**Applicant/Driver to answer items listed below.**

During the past two (2) years have you **tested positive** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

During the past two (2) years have you **refused to test** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return to duty process required by Part 40, Subpart 0.

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Witness: \_\_\_\_\_

Record keeping requirements: If "YES" to either question, 5 year retention.  
If "NO" to both questions – discard after employment terminates.

## 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)**

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DRIVER'S ROAD TEST EXAMINATION

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- \_\_\_\_\_ The pretrip inspection. (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking, and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing, and parking the vehicle.
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Examiner's Signature \_\_\_\_\_

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks \_\_\_\_\_

### CERTIFICATE OF DRIVER'S ROAD TEST

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.  
(49 CFR 391.31(e)(f)(g))

#### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)





DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# AFFIDAVIT TO AUTHORIZE RELEASE OF EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Use this form to obtain the Employment Driving Record with drug test result information.

1. The form must be completed in full.
2. Include a fee of \$2.00 for the record.
3. Send completed form and fee to:

**DMV Record Services Unit**  
**1905 Lana Ave NE**  
**Salem, OR 97314**

I, \_\_\_\_\_, PRINT NAME

of \_\_\_\_\_, PRINT ADDRESS

authorize the release of my employment driving record including drug test results reported under

ORS 825.410 to \_\_\_\_\_, PRINT NAME

of \_\_\_\_\_, PRINT ADDRESS

Oregon Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SIGNATURE OF DRIVER

X

DATE



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1925 LANA AVE NE, SALEM OREGON 97314

# REQUEST FOR INFORMATION

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## PRIVACY RULES & REGULATIONS

**ACCESS TO DMV RECORDS IS HIGHLY RESTRICTED. YOU NEED TO BE AWARE IF YOU KNOWINGLY OBTAIN OR USE PERSONAL INFORMATION IN VIOLATION OF ORS 802.175 – ORS 802.191 FROM A MOTOR VEHICLE RECORD, YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION OR A CIVIL ACTION.**

Under Oregon law, only certain entities qualify to receive personal information from DMV records and these entities can only use the information for specific purposes outlined in Oregon's Record Privacy Law (ORS 802.175 – 192.505). If information is protected under one of these laws, it will not be released unless a requestor qualifies to receive the information. As defined in Oregon's Record Privacy Law, personal information means the following information that identifies an individual:

- Driver License, Driver Permit or Identification Card Number
- Name
- Address
- Telephone Number

**I have read and understand the information stated above and I understand I may be subject to criminal and civil penalties if I misuse personal information from Oregon DMV records.**

REQUESTOR'S PRINTED NAME

REQUESTOR'S SIGNATURE

X

DATE

## INSTRUCTIONS:

- **Section A.** - Fill out the name and address fields in full.
- **Section B.** - You must include enough vehicle and/or driver information for DMV to locate the record.
- **Section C.** - List the type of record you are requesting.
- **Section D.** - Describe clearly how you intend to utilize DMV records(s).
- **Section E.** - Check the box next to the type of entity you are requesting information and certifying under, and sign the bottom of the next page. Provide any required documentation.

## SECTION A. - REQUESTER INFORMATION

NAME OF INDIVIDUAL, FIRM OR TRADE NAME		BUSINESS TELEPHONE # (INCLUDE EXT. IF ANY) (    )	FAX NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE

## SECTION B. - VEHICLE / DRIVER INFO: (For multiple inquires attach a separate sheet of paper with this information.)

PLATE NUMBER	VIN NUMBER	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM / DD / YYYY)	
NAME				
ADDRESS		CITY	STATE	ZIP CODE

## SECTION C. - TYPE OF RECORD REQUESTED


## SECTION D. - EXPLAIN HOW DMV RECORD(S) WILL BE UTILIZED


**SECTION D. - INTENDED USE** (Continued from previous page.)

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- 1) Will personal information be provided to others?  YES  NO
- If "YES," to whom? \_\_\_\_\_
  - If "YES," how?  BY INTERNET  BY TELEPHONE  BY FAX
- 2) After you use DMV records as stated in Question #1, do you then intend to resell or redisclose Oregon DMV records?
- If "YES," to whom? \_\_\_\_\_
  - If "YES," for what purpose? \_\_\_\_\_
- 3) How will you ensure Oregon DMV records are not accessed by unauthorized parties?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4) Who in your business will have access to Oregon DMV records?
- \_\_\_\_\_
- \_\_\_\_\_
- 5) My website address is: \_\_\_\_\_

**SECTION E. - ENTITY TYPE** (Check the box next to the entity you are requesting information under and certifying to.)

- Attorney** - If you are a member of the Oregon State Bar, submit your bar number #\_\_\_\_\_. If you are a licensed attorney in a state other than Oregon, submit your state bar number #\_\_\_\_\_ or copies of documents that prove you are a licensed attorney by the state in which you practice law.
- Collection Agency** - Submit a copy of your current registration certificate issued by the Oregon Department of Consumer and Business Services.
- Financial Institution** - Submit a copy of your membership charter or your FDIC or NCUA insurance certificate.  
*I certify that I am an attorney, collection agency, or financial institution authorized under ORS 802.179 (4) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely in connection with a civil, criminal, administrative or arbitration proceeding in a court, government agency, or self-regulatory body.*
- Government Agency** - Submit your business card.  
*I certify that I am a government agency authorized under ORS 802.179 (1) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely for carrying out this government agency's governmental functions.*
- Private Investigator** - Submit your license number #\_\_\_\_\_ issued by the Department of Public Safety Standards and Training.  
*I certify that I am a licensed Oregon private investigator authorized under ORS 802.179 (18) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used for one or more of the purposes outlined in ORS 802.179.*
- Process Server** - Submit copies of the documents or materials you are serving and proof that you are over 18 years old (e.g.; copy of your driver license, birth certificate, etc).  
*I certify that I am a process server authorized under ORS 802.179(4)(b) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely in connection with an existing civil, criminal, administrative or arbitration proceeding, or a judgment or decree, in any court, government agency or self-regulatory body.*

(Continued on next page...)

**SECTION E. - INTENDED USE** (Continued from previous page.)

- Insurer or Self-Insured Entity** - Submit a copy of your current Certificate of Authority issued by the Insurance Division; or submit a copy of your current Insurance License issued by the Insurance Division; or submit a copy of the self-insured employer's certificate provided by the Department of Consumer and Business Services or similar certification as required by the state in which the employer is located.
- Insurance Support Organization** - Submit a copy of your current and valid business, professional, occupational, or commercial license issued by a governmental body that regulates that type of business, profession, trade, or commercial activity. And **each of the following**: 1) Current list of your insurance customers, a contact name from the company and their telephone number; 2) Copy of an advertisement that shows your type of business; 3) Letter of explanation describing your business.

*I certify I am an Insurer, Self-Insured Entity, or Insurance Support Organization authorized under ORS 802.179 (6) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely in connection with claims investigation activities, anti-fraud activities, underwriting, or rating.*

- Legitimate Business - Submit one of the following**: • A Business License. • A Certificate of Existence or Authorization issued by the Secretary of State; • A current copy of a Business Partnership Agreement; • A copy of the business income tax form filed for the latest tax period for which filing was required; • A certification from the Office of Minority, Women, and Emerging Small Businesses.

**Or at least two of the following**: • A business invoice issued by the business within the last three months. • A current business card; • A copy of a signed contract for work performed within the last six months; • A copy of a current rental, lease or purchase agreement or proof of ownership of the business premises; • A copy of a current rental or lease agreement or receipt of purchase for business equipment; • A copy of a business related loan agreement; • A copy of a current business advertisement.

*I certify that I am a legitimate business authorized under ORS 802.179(3)(a) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely in the normal course of business for:*

- A. Verifying the accuracy of personal information submitted to the business: or*
- B. Correcting personal information submitted to the business, but only in order to:*
  - 1. Prevent fraud;*
  - 2. Pursue legal remedies against the individual who submitted the personal information; or*
  - 3. Recover a debt from, or satisfy a security interest against, the individual.*

- Tow Company** - List an Oregon TW plate number # \_\_\_\_\_ for a currently registered tow vehicle that is titled in the same name as the applicant. **For out of state companies**, submit a copy of a registration from one of your vehicles that has your company name on it.

*I certify that I am a tow company authorized under ORS 802.179 (7) to obtain personal information from DMV motor vehicle records. Personal information I obtain will be used solely to give notice to another person concerning the vehicle when required by the state or federal Constitution, a statute, or an ordinance.*

**I certify:**

- The information above is true and correct to the best of my knowledge.
- The record information I obtain from DMV will be used only for the purposes stated under the entity I have selected.
- **I understand that I may not act as a third party on behalf of any other business or individual to obtain personal information.**
- **I understand that I will only resell or redisclose personal information obtained from DMV as authorized by ORS 802.181. If you do not comply with this requirement and you resell or redisclose personal information to someone who has not been authorized by DMV to receive it, future requests for records will be denied and you will be subject to civil and criminal penalties. Please contact DMV at (503) 945-8906 if you have any questions about this requirement.**
- I understand that if I knowingly obtain or use personal information in violation of ORS 802.175 - ORS 802.191, I may be subject to criminal prosecution or a civil action.
- I am an authorized representative of entity requesting information.

SIGNATURE OF REQUESTER

X

TITLE OF REQUESTER

DATE

Send the completed form, required documentation, and fee to:  
(A check or money order payable to "Oregon DMV"). For a list of DMV record types and fees, see Form 6691.

**DMV Record Services  
1905 Lana Avenue NE  
Salem, OR 97314-2250**

For more information see our website at:  
[www.oregondmv.com](http://www.oregondmv.com) or call (503) 945-5475.



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# REQUEST FOR MOTOR CARRIER REQUIRED DRIVING RECORDS

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You must have a DMV Record Inquiry Account to use this form.\* Your D.O.T. number is not a valid account number for ordering DMV records.

Company Name: \_\_\_\_\_  
PRINT NAME

Account #: \_\_\_\_\_

## AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410.

Please  
mail to: \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY ADDRESS

or:  
FAX to: \_\_\_\_\_  
COMPANY FAX NUMBER

Signature of Driver: **X** \_\_\_\_\_ Date: \_\_\_\_\_

A three year non-employment driving record and a three year employment driving record with any drug test result information will be provided by submitting this form. Your account will be charged \$3.50.

\* If you do not have a DMV Record Inquiry Account, you may use Form 735-7195 *Affidavit to Authorize the Release of Employment Driving Record With Drug Test Result Information* and Form 735-7122 *Request for Information* to order the non-employment driving record.

**MAIL OR FAX REQUEST TO:** DMV RECORD SERVICES  
1905 LANA AVE NE  
SALEM OR 97314

**FAX NUMBER:** 503-945-5425

Please call Record Services at 503-945-5475 with questions regarding this form.

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

Name (Last, First, M.I.) \_\_\_\_\_ (Soc. Sec. No.) \_\_\_\_\_

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and title

**MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATORS  
391.27**

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	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.

\_\_\_\_\_  
(Date of Certification)


\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed by: Signature)

\_\_\_\_\_  
(Title)



**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
INQUIRY TO STATE AGENCY FOR  
DRIVER'S RECORD  
391.23**

\_\_\_\_\_  
(Driver's Name)

\_\_\_\_\_  
(Driver's Operator's Lic. No.)

\_\_\_\_\_  
(Driver's Social Sec. No.)

Dear \_\_\_\_\_,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the even that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_  
Signature of individual making inquiry

\_\_\_\_\_  
(printed) Name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>		
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>		
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>		
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>      </u>		
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.				
	• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> if you have seven or more eligible children.				
	• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>		
<b>H</b>	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶	<b>H</b>	<u>      </u>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; vertical-align: top;"> <p>For accuracy, complete all worksheets that apply.</p> </td> <td style="width: 80%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				<p>For accuracy, complete all worksheets that apply.</p>	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
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Separate here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form <b>W-4</b> Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074 <b>2014</b></p>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>      </u>
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>      </u>
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption.		
• Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability</b> , and		
• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> .		
If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**Form I-9, Employment Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
IRS-HCO, 5333 Getwell Rd., Memphis, TN, 38118		

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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 (month/day/year)
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