



## DRIVER QUALIFICATION INSTRUCTIONS - 2008

**This is very important information pertaining to the qualification documents required by Allied Van Lines, Inc., (AVL) and the Department of Transportation (DOT). Note that false, misleading or omitted information may result in the rejection of this Request and/or termination.**

- The Driver Qualification Request ("Request") must be completed legibly, in ink and in its entirety by the applicant. If a particular question does not apply put N.A. (Not Applicable) in the blank. Do Not Leave Any Questions Blank.

**Any "Yes" answers on page 4 of the Request must be properly answered and must be fully explained on a separate sheet of paper.**

Read the Agreement and the Authorization To Release Information And Records (page 5) and complete the bottom section with your name, address, social security number, then sign and date the Request.

- Read the enclosed Allied Drug Abuse and Alcohol Misuse Policy, Allied Safety Policies & Guidelines and the Log Compliance Information. Retain these policies for future use. Complete the "Qualification Receipts" form. An Agent Representative must also sign this form.
- Complete the "Entry Level Training". Required for all drivers with a current Commercial Drivers License (CDL) and having less than one-year experience in Interstate Commerce. Then complete the "Entry Level Training Certification" form. An Agent Representative must also sign this form.
- Complete the Supplement to the DOT Physical.
- The Physical Examination Report and Medical Examiner's Certificate should be taken to a licensed doctor of medicine, doctor of osteopathy, doctor of chiropractic, physician's assistant, or advance practice nurse for proper completion and submitted to Driver Qualifications. **The DOT Physical date of examination must be within the last 30 days.**

Submit all the qualification documents to your agent representative. Include a copy (front/back) of your drivers' license and residency card (green card) with social security card, if applicable.

Upon receipt of a properly completed qualification packet, we will conduct an employment and criminal investigation and a motor vehicle record check as required by DOT regulations 49 CFR 391.23 & 391.25.

You will also be required to pass a controlled substance abuse test and road test prior to being considered for qualification.

Thank you for your interest in Allied Van Lines.



Allied Van Lines, Inc. (AVL)
5001 US. HWY 30 West
Ft. Wayne, IN. 46818

The Allied Agent requesting qualification of this individual must complete this section.

Agent Name \_\_\_\_\_ Agent Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

DRIVER QUALIFICATION REQUEST

The individual requesting qualification with Allied Van Lines, Inc., (AVL) must complete the rest of this Request for Qualification (Request). Any falsification or incomplete information may result in the Request being rejected and/or shall be grounds for terminating the relationship. In order that your Request may be properly evaluated, it is essential that all of the following information be answered carefully and completely.

Personal Information

Date of Application \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Street Number & Name

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No (\_\_\_\_) \_\_\_\_\_

Lived at above residence for how long? \_\_\_\_\_
years months

Former Residence: List last five (5) years of former residence. (Use additional sheet if necessary)

Table with columns: Address, City, State, From (Month/Year), To (Month/Year)

Emergency Contact: List two (2) relatives or close friends, who can also be used as a personal reference.

Table with columns: Name, Relationship, Phone No.

Personal References: Provide two (2) additional references. They can also be used to verify unemployment, self-employment, or previous employer's no longer in business.

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Yes No Have you ever applied for a position with AVL or any subsidiary of AVL?
When \_\_\_\_\_ Location: \_\_\_\_\_ Driver No. \_\_\_\_\_

Yes No Are you a United States citizen? If "No" are you legally entitled to work in the United States?
If "yes", submit a copy of the front/back of your permanent residency card (Green Card) & Social Security Card.
(The Immigration Reform and Control Act of 1986 requires that you respond to the above inquiries)

Yes No Are you considered one of these four groups? American Indian Hispanic Black Asian/Pacific Islander
(This is for statistical information only and is VOLUNTARY)

> **EDUCATION:** Circle highest year completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4  
List any truck driver-training program completed.

\_\_\_\_\_  
School Name City State ( ) Phone Number From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

> **MILITARY SERVICE:**

Have you served in the U.S. armed forces:  Yes  No Dates of service \_\_\_\_\_ - \_\_\_\_\_  
Branch \_\_\_\_\_ Highest Rank Achieved \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
(Attach long form DD214 if military service within the past five (5) years)

> **EMPLOYMENT HISTORY:**

Starting with your current employer list in chronological order all employers, self employment and unemployment for the past five (5) years. You must also list ALL commercial driver employment for five (5) years immediately preceding this five (5) year period. - FMCSR 391.21 (b) (10) (11).

\* The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle weighs or has a GVWR or 10,001 pounds or more, or is designed or used to transport 9 or more passengers, or of any size and is used to transport hazardous materials in a quantity requiring placarding.

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

May we contact your current employer?  YES  NO

Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States/Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed? (See above explanation)  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

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

**Use This Sheet For Additional Employment History Information**

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

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From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

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From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

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From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Type Equip. Driven \_\_\_\_\_ States - Regions Driven \_\_\_\_\_ # of Accidents \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed?  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

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Additional Information: \_\_\_\_\_

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Please answer the following questions. Any "YES" answers will require a full explanation on a separate sheet of paper. **Any falsification may result in this Request being rejected.**

**YES NO**

1.   Have you **ever** had any type of motor vehicle license suspended or revoked, or ever been denied a license permit, or privilege to operate a motor vehicle? Why? \_\_\_\_\_ Date: \_\_\_\_\_
2.   Have you **ever** been convicted for the use/possession of alcohol? Charges: \_\_\_\_\_ Date: \_\_\_\_\_  
List city and state of conviction(s): \_\_\_\_\_
3.   Have you **ever** been convicted for driving while intoxicated?  Commercial Vehicle  Personal Vehicle  
Was an accident involved?  YES  NO  
List city and state of conviction(s): \_\_\_\_\_ Date \_\_\_\_\_
4.   Have you **ever** been convicted for possession, use, sale, manufacture, dispensation or distribution of a controlled substance? List city and state of conviction(s): \_\_\_\_\_ Date: \_\_\_\_\_
5.   Have you **ever** been convicted of **any** misdemeanor offenses?  
Charges: \_\_\_\_\_  
Arrest Date: \_\_\_\_\_ Conviction Date: \_\_\_\_\_ List city and state of conviction(s) \_\_\_\_\_
6.   Have you **ever** been convicted of **any** felony offenses?  
Charges: \_\_\_\_\_  
Arrest Date: \_\_\_\_\_ Conviction Date: \_\_\_\_\_ List city and state of conviction(s) \_\_\_\_\_
7.   Have you **ever** been incarcerated or served a prison term? From \_\_\_\_\_ To \_\_\_\_\_  
Reason: \_\_\_\_\_ List city and state of prison: \_\_\_\_\_
8.   Have you **ever** been on or are you currently on court assigned probation, parole, supervision?  
From \_\_\_\_\_ To \_\_\_\_\_ List city and state of probation: \_\_\_\_\_
9.   Are you currently involved in a pending court action? If yes indicate the nature of action and location of the court?  
Explain: \_\_\_\_\_
10.   Have you **ever** tested positive or refused to be tested for any D.O.T mandated drug or alcohol test, including pre-employment test administered by an employer to which you applied to, but did not perform safety sensitive transportation functions. (49 CFR 40.25(j)). Date: \_\_\_\_\_ Company: \_\_\_\_\_

> **MOTOR VEHICLE RECORD: (MVR)**

List **all** driver licenses held in the past five (5) years. Must be licensed in the state of current residence.

State	License Number	Class	Endorsements	Issue date	Expiration Date

List **all** traffic convictions and forfeitures for the past five (5) years. **If none, write none.**  
(Truck, Car or Motorcycle) Use additional sheet if necessary.

Date	City/State	Violation	Vehicle (CMV/PMV)	Penalty

List **all** motor vehicle accidents for the past five (5) years, whether at fault or not. **If none, write none**  
Use additional sheet if necessary.

Date	City/State	Nature of Accident (Head-on, Rear End, Overturn, etc.)	Vehicle (CMV/PMV)	Injuries	Fatalities	Prev Non-Prev

**Agreement & Authorization To Release Information And Records**  
**(To be read and signed by prospective candidate)**

I understand the Driver Provisions of the Commercial Motor Vehicle Safety Act of 1986. I have only one (1) motor vehicle drivers license at the present time, a legible copy is attached to this Request.

I hereby authorize any law enforcement agency, or Court of Record to furnish to AVL, their agents, or any of their related entities or representative information concerning my motor vehicle record, pending charges or any felony or misdemeanor convictions.

California Residents Only, check this box if you wish to receive a copy of your MVR as received from USIS.

I hereby release all parties, including but not limited to AVL, its parent company, and their related entities, employees, officers, directors, agents, my personal references, and previous employers (collectively referred to as Releasees) from any and all liability including, but not limited to, attorney's fees and costs, any injury or damage that may result from Releasees furnishing information concerning me or any action by releasees taken on the basis of such information.

I hereby authorize any physician or hospital to furnish any medical information with reference to me as may be required by AVL concerning this Request. I understand that this consent to release medical records is revocable by me at any time.

I agree to submit to a medical examination including a controlled substance test. I understand that if I fail to satisfactorily pass any part of the medical examination I will be rejected. Any positive results obtained from my controlled substance test shall result in the rejection of my Request. My signature on this Request indicates that I fully understand my responsibility concerning AVL's drug policy and AVL's commitment to a drug free work place and that I agree to abide by these policies.

I agree to familiarize myself with and to abide by all present and subsequently revised rules, policies and/or procedures of AVL, its agents and all regulations of the United States, including but not limited to the Department of Transportation and the Department of Defense.

I understand that this Request is not intended to be a contract. I further understand that statements which may be contained in policies, practices or other AVL material do not create any contractual guarantee and that AVL has the right to modify, amend or terminate policies, practices, benefit plans, or other AVL programs within the limits and requirement imposed by law.

This certifies that this Request was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. In the event my Request is accepted, I understand that false, misleading or omitted information may result in rejection of my Request and/or termination.

I hereby authorize Allied Van Lines, Inc. or its designated agents, to conduct a thorough investigation of my past employment, education, criminal history, credit history, workers compensation history, medical history, motor vehicle record, references, and activities, as needed to determine my qualifications with AVL as required by 49 CFR 391.23 & 391.25. I authorize all persons who may have information relevant to this investigation to disclose such information to AVL, or its agents. This specifically includes the release of information by my present and former employers (listed on page 2 & 3 of this Request), law enforcement agencies, courts, criminal justice agencies, educational institutions, financial institutions, military records, landlords, creditors and others, whether or not specifically mentioned herein. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. I also understand and agree that AVL may share personal information with other organizations as required or permitted by law.

I understand the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to: Review information provided by previous employers; To have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer; 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.

I understand that as a condition of being certified to drive interstate under the operating authority for AVL, I must give AVL written authorization to obtain the results of any and all drug and/or alcohol tests during the past three (3) years as required by 49 CFR 382.413 & 40.25. This authorization applies to all employers (listed on page 2 & 3 of this Request) and applies to: Verified positive drug tests; Alcohol tests with a confirmed breath alcohol concentration of 0.04 or greater; Refusals to be tested (including verified adulterated or substituted drug test results); Other violations of DOT agency drug and alcohol testing regulations. I understand that my signing of this authorization does not guarantee that I will be certified to drive under AVL's operating authority. I have read and fully understand this authorization and give my voluntary approval to release my past drug and alcohol test results. In signing below, I certify that all of the information, which I have furnished, on this form is true and complete. A reproduction of this authorization shall be valid as the signed original nor does it carry an expiration date.

Name (Printed)

Address

City

State

Zip Code

Signature

Social Security Number

Date



## Qualification Receipts

These receipts are to be read and signed by both the applicant and Agent Representative. This form must be sent to Driver Qualifications to be placed in the appropriate safety file.

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I hereby acknowledge receipt of the  
**Drug Abuse & Alcohol Misuse Driver Information Policy**

I have read the Drug Abuse & Alcohol Misuse Driver Information Policy of Allied Van Lines, Inc. and understand the negative effects and serious consequences of drug and alcohol abuse on my personal health and safety. I understand the safety regulations and procedures regarding the testing of drugs and alcohol and agree to abide by these procedures.

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I hereby acknowledge receipt of the  
**Safety Policies & Guidelines**

I have read the Safety Policies including; the **Accident Reporting Policy, Safety Tips, S.I.P.D.E, Jackknife Avoidance Policy, Roadside Inspections, and the Safety Practices.** As an independent contractor I understand my responsibilities for compliance with the Allied safety policies and procedures and agree to abide by these policies.

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I hereby acknowledge receipt of the  
**Log Compliance Information**

I have read and understand the Hours of Service and Log Compliance procedures set forth by the Department of Transportation and Allied Van Lines. I agree to abide by them as long as I am a qualified independent contractor with Allied Van Lines. I further understand that if I do not comply with these rules I will be assessed training points and may be required to attend retraining or my qualification with Allied could be terminated.

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\_\_\_\_\_  
Driver Name (Print)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Representative Name

\_\_\_\_\_  
Agent Representative Signature



**Supplement to D.O.T. Physical Exam Form Medical History Questionnaire**

Driver Name \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Please Print

The individual requesting certification should be aware of the rigorous physical demands and mental and emotional responsibilities placed on commercial truck drivers and helpers. The requirements listed below outline the essential functions necessary to safely perform the responsibilities for which you are requesting qualification. (see Essential Functions For Interstate Driver on next page)

Please answer the following questions:

<b>Current Medications-Prescription and/or Non-Prescription</b> None _____ Yes _____ If yes, list with reason for taking it: _____ _____	<b>Blackouts/Seizures/Convulsions</b> None _____ Yes _____ If yes, dates and description: _____ _____	<b>Hospitalizations</b> None _____ Yes _____ If yes, dates and description: _____ _____
<b>Surgical History</b> None _____ Yes _____ If yes, dates and description: _____ _____ _____	<b>Heart/Artery/Blood Pressure Problem History</b> None _____ Yes _____ If yes, dates and description: _____ _____ _____	<b>Currently Under Treatment for Drug/Alcohol Abuse</b> No _____ Yes _____ If yes, describe: _____ _____ _____
<b>Back/Neck Injury History</b> None _____ Yes _____ If yes, dates and description: _____ _____	<b>Fracture History</b> None _____ Yes _____ If yes, dates and description: _____ _____	<b>Have You Ever Entered a Drug and/or Alcohol Rehabilitation Program?</b> No _____ Yes _____ If yes, why and when completed? _____ _____

Indicate below, by checking "Yes", if you are able to perform these essential functions. If not then check "No".

REPETITIVE ACTIVITY	Yes	No	Comments
Heavy Lifting (50-80 Pounds)			
Overhead Lifting			
Pushing/Pulling			
Bending/Stooping			
Climbing (Pulling Oneself Into Tractor)			
Constant Vertical Bouncing While Sitting For Long Periods			
Operating Foot Pedals			
List Any Restrictions: _____			

Your signature indicates that you are physically able to perform these functions with or without accommodation which is required to be qualified. I certify that the above information is true and complete, and there are no omissions. I understand that any false or omitted information may result in immediate rejection or disqualification.

\_\_\_\_\_  
 Signature of Driver

\_\_\_\_\_  
 Date



## **Essential Functions For Interstate Truck Drivers**

- **Must continuously meet all federal Department of Transportation (DOT) and state requirements.**
- **Must have a current, valid CDL (Class A, Class B) or appropriate license.**
- **Must be able to complete accurately and legibly all written logs and all paperwork, documentation and reports required by federal DOT, state regulations or AVL.**
- **Must be able to communicate clearly by telephone and computer terminal and be able to read and use all documents relating to the pick-up and delivery of freight as prescribed by customers.**
- **Must be able to conform to the lifestyle of an over-the-road driver, including irregular in-service hours, irregular eating schedules, being away from home for extended period of time and various other irregular functions and changes.**
- **Must be able to meet all AVL requirements as stated from time to time in the driver's manual.**
- **Must be able to lift 50-80 pounds, including over head, repeatedly and for extended periods of time.**
- **Must be able to operate a commercial vehicle safely at all times and for extended periods of time, in accordance with DOT regulations.**
- **Must be able to climb in and out of commercial vehicles and trailers, 4 feet above the ground, numerous times each day.**
- **Must be able to perform functions that require repeated bending/stooping, pushing/pulling, gripping, and operating foot pedals.**
- **The above requirements outline the essential functions for an interstate truck driver. The individual must be physically able to perform these functions, with or without accommodation, in order to be qualified.**