



Mariner Distribution, Inc

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P.O. Box 1052

Bel Air, MD 21014

1-888-621-4148 Fax - 1-410-272-4799

- Directions: 1. Print the application
2. Complete and sign where requested
3. Mail or fax to the above listed address/fax number

APPLICATION FOR QUALIFICATION

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 _____

Have you ever worked for this company before: Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please indicate the highest grade completed (circle one): 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 experience for the past ten years.

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

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 Mo/Yr Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____
(Check) _____ (Check) _____ (Check) _____

Reason for leaving: _____

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 Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____

Reason for leaving: _____ **Phone:** _____
(Street) (City) (State/Zip)

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 Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____

Business location: _____ **Business:** _____
(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
of transportation? Yes No

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.*

Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

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

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 Mo/Yr Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____
(Check) _____ (Check) _____ (Check) _____

Reason for leaving: _____

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 Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____

Reason for leaving: _____ **Phone:** _____
(Street) (City) (State/Zip)

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 Previous Employer
From _____ To _____ Name: _____
Position Held: _____ Address: _____

Business location: _____ **Business:** _____
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 of transportation? Yes No

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 any Safe Driving Awards you hold and from whom: _____

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

Date of Accident	Nature of Accident (Head-on, rear end, upset, etc.)	Location of Accident	# Fatalities	# 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", please give details. _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

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 the 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 his 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)

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 for 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 safely 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): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b) (5) and (e)).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

Have you tested positive, or refused to 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 you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? Yes No

My signature below certifies that the information provided is true and correct.

Applicant _____
Date: _____

Signature: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Print Name: _____ First _____ M.I. _____ Last _____ Social Security Number _____

Hereby authorize: _____ Date of Birth _____

Previous Employer: _____ E-mail: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from

Prospective Employer: _____ Street: _____ Telephone: _____
City, State, Zip: _____

Compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as email or letter.

Prospective Employer's confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us.
Employed as _____ From (m/y) _____ To (m/y) _____ Yes No

Did he/she drive motor vehicle for you?
If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples
 Other (Specify) _____ Yes No

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

There is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers, or retained under internal company policies:

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

SECTION 3**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years, prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip _____

Telephone: _____

Section 3 completed by: _____

Date: _____

SECTION 4a TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

Signature: _____ Date: _____

SECTION 4b TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: Fax Mail Email Telephone

Date: _____

Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**PAGE 1, SECTION 1: Prospective Employee**

- Complete the information requested in this section
- Sign and date
- Submit one copy for each previous employer for the last three years to the Prospective Employer

PAGE 1, SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy for your records
- Return original to Prospective Employer

PAGE 2, SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy for your records
- Return original to Prospective Employer

PAGE 2, SECTION 4a: Prospective Employer

- Complete the information
- Send copy to the Previous Employer

PAGE 2, SECTION 4b: Prospective Employer

- Record receipt of the information
- File original