



Driver Pre-Qualification Questionnaire

Please answer the following questions to the best of your knowledge. These questions will determine if you meet the minimum hiring criteria for Commercial Truck Transport Driver:

Safety Critical Information

- | | | |
|--|-----|----|
| 1. Are you at least 23 years old? | Yes | No |
| 2. Are you presently qualified to operate a CMV per 49 CFR Part 391.11? | Yes | No |
| 3. Do you have at least 1 year of verifiable experience as a Class A commercial driver? | Yes | No |
| 4. Are you able to pass a DOT road test in a combination tractor trailer unit? Including the ability to adjust brakes? | Yes | No |
| 5. Can you supply a complete work history for the past 3 years and a complete list of all commercial driving jobs for the past 10 years ? This list must include name of employer, telephone number, dates of employment, and name of supervisor? | Yes | No |
| 6. Are you able to pass a DOT required physical, drug screen and back function evaluation as required? | Yes | No |
| <hr/> | | |
| 7. Have you had a suspended or revoked license, or been convicted of any of the following offenses in the past 3 years ?
Reckless driving, Driving on the wrong side of the road, Hit & run, Leaving the scene of an accident, Causing a fatality through the negligent operation of a CMV | Yes | No |
| 8. Have you been convicted of Driving while intoxicated (DWI), Driving under the influence (DUI), or Driving under the influence of a controlled substance in the past 10 years ? | Yes | No |
| 9. Have you been convicted of a felony, described by the Transportation Security Act? | Yes | No |
| 10. Have you been convicted of a Serious Traffic Violation (383.51c) while operating a CMV? | Yes | No |
| 11. Have you ever refused or failed a Drug or Alcohol test? | Yes | No |
| <hr/> | | |
| 12. Have you been involved in a DOT Preventable Accident in the past 3 years ? | Yes | No |
| 13. Have you been convicted of more than 1 moving violation in the past 12 months ? | Yes | No |
| 14. Have you been convicted of more than 2 moving violations in the past 3 years ? | Yes | No |

Additional Information (not disqualifying)

- | | | |
|---|-----|----|
| 15. Have you had a driver's license from any other state in the past 3 years ? | Yes | No |
| 16. Do you have a valid class A CDL? | Yes | No |

Fill in the required information in the blanks below:

_____	_____	_____
License Number	State	Expiration Date

I certify that the information above is true and correct. I understand and agree Healthy Start Medical Transportation believing this information to be true and accurate, shall act upon it accordingly. Any facsimiles, copy, Photostat or carbon of this declaration shall be treated as the original. Any falsification of this document or the application shall preclude my employment with Healthy Start Medical Transportation.

_____	_____	_____
Applicant Print	Signature	Date



Healthy Start Medical Transportation
3904-B Airport Dr., NW
Wilson, NC 27896
252-674-1812

Driver's Application for Employment

Thank you for your interest in Healthy Start Medical Transportation (HSMT).

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Incomplete information will delay the processing of your application.

Personal Information

Applicant's Name (First, MI, Last): _____

Gender: _____ Date of Birth: ____/____/____ SSN: _____-____-____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Has this been your address for 3 or more years? Yes / No

Primary Phone: _____-____-____ Alternate Phone: _____-____-____

Email Address: _____

Preferred Contact Method: _____ Best Time to Contact: _____

Company Questions

Are you willing to relocate? Yes / No If yes, to what area(s)? _____

Are you a U.S. citizen? Yes / No Are you legally eligible for employment in the U.S.? Yes / No

Are you currently employed? Yes / No What date did your last employment end? _____

Do you read, write, and speak English? Yes / No Have you previously worked for HSMT? Yes / No

If yes, provide start/end dates, location, position, ending pay, and reason for leaving:

Are you currently qualified to operate a CMV per 49 CFR part 391.11? Yes / No

Provide any other names you have used: _____

Please list any relatives employed by HSMT:



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Who referred you to HSMT: _____

In case of emergency, notify (list name, address and phone number):

Driving Experience

For each class of equipment, enter type of equipment, start/end dates, and approximate number of total miles. If no experience in a class, enter "NONE".

Straight Truck: _____

Tractor and Semi-Trailer: _____

Tractor – Two Trailers: _____

Other: _____

Which safe driving awards do you hold, and from whom? _____

Do you have at least 1 year of verifiable experience as a Class A commercial driver? Yes / No

Are you able to pass a DOT road test in a combination tractor trailer unit? Yes / No

Including the ability to adjust brakes? Yes / No

Can you supply a complete work history for the past 3 years and a complete list of all commercial driving jobs for the past 10 years? Yes / No

This list must include Company Name, Telephone Number, Dates of Employment, and Supervisor's Name.

Equipment (Owner/Operators Only)

Equipment Description (Tractor): _____

Type: _____ Year: _____ Make: _____

Model: _____ Color: _____ VIN: _____

Weight: _____ Mileage: _____ Fifth Wheel Height: _____

Education

Highest Grade Completed: _____

Last School Attended (name, city and state): _____



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Driver's Application for Employment

Two Personal References

First Reference, Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Relationship: _____

Second Reference, Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Relationship: _____

Licenses

License Number: _____ State: _____ Country: _____

License Class: _____ Expiration: ____/____/____ Physical Expiration: ____/____/____

Is this your current driver license? Yes / No Is this a commercial driver license? Yes / No

Endorsements: _____

If Hazmat expiration date is different than license expiration, please provide: ____/____/____

Violations

Have you had any moving violations, or traffic convictions in the past 2 years? Yes / No

Violation Date: ____/____/____ Charge: _____ State: _____

Were you in a commercial vehicle? Yes / No If Speeding, MPH Over Limit: _____

Penalty and /or Fine Amount: _____

Comments: _____



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Accidents

Were you involved in any accidents/incidents with any vehicle in the last 2 years? Yes / No

Type of Accident/Incident: _____

Date: ____/____/____ State: _____ Were you in a commercial vehicle? Yes / No

If yes, was this a Department of Transportation recordable accident? Yes / No

Were you at fault? Yes / No

Were you ticketed? Yes / No

Please provide detailed information about this accident, whether the accident was chargeable, recordable, reportable, or your fault: _____

Employment History

Provide employment history for past 10 years, beginning with most recent or current position. Do not leave any gaps, if unemployed for any amount of time indicate dates and reason.

1 Company Name: _____

State Date: ____/____/____

End Date: ____/____/____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: ____-____-____ Position Held: _____

Reason for Leaving: _____

Where you terminated _____ discharged _____ or laid off _____?

Is this your current employer? Yes / No

May we contact this employer? Yes / No

Did you operate a commercial motor vehicle? Yes / No

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
Yes / No



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Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing? Yes / No

Areas Driven: _____ Miles Driven Weekly: _____

Pay Range (cents/mile): _____ Most Common Truck Driven: _____

Most Common Trailer: _____ Trailer Length: _____

2 Company Name: _____

State Date: ____/____/____

End Date: ____/____/____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: ____-____-____ Position Held: _____

Reason for Leaving: _____

Where you terminated _____ discharged _____ or laid off _____?

Did you operate a commercial motor vehicle? Yes / No

Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
Yes / No

Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing? Yes / No

Areas Driven: _____ Miles Driven Weekly: _____

Pay Range (cents/mile): _____ Most Common Truck Driven: _____

Most Common Trailer: _____ Trailer Length: _____



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Driver's Application for Employment

3 Company Name: _____

State Date: ____/____/____

End Date: ____/____/____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: ____ - ____ - ____ Position Held: _____

Reason for Leaving: _____

Where you terminated _____ discharged _____ or laid off _____?

Did you operate a commercial motor vehicle? Yes / No

Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
Yes / No

Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing? Yes / No

Areas Driven: _____ Miles Driven Weekly: _____

Pay Range (cents/mile): _____ Most Common Truck Driven: _____

Most Common Trailer: _____ Trailer Length: _____

4 Company Name: _____

State Date: ____/____/____

End Date: ____/____/____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: ____ - ____ - ____ Position Held: _____

Reason for Leaving: _____

Where you terminated _____ discharged _____ or laid off _____?

Did you operate a commercial motor vehicle? Yes / No



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Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
Yes / No

Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing? Yes / No

Areas Driven: _____ Miles Driven Weekly: _____

Pay Range (cents/mile): _____ Most Common Truck Driven: _____

Most Common Trailer: _____ Trailer Length: _____

5 Company Name: _____

State Date: ____/____/____ End Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: ____-____-____ Position Held: _____

Reason for Leaving: _____

Where you terminated _____ discharged _____ or laid off _____?

Did you operate a commercial motor vehicle? Yes / No

Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
Yes / No

Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing? Yes / No

Areas Driven: _____ Miles Driven Weekly: _____

Pay Range (cents/mile): _____ Most Common Truck Driven: _____

Most Common Trailer: _____ Trailer Length: _____



Driver's Application for Employment

Motor Vehicle Record

Has any license, permit or privilege ever been denied, suspended or revoked for any reason? Yes / No

Have you ever been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license, or are any charges pending? Yes / No

Have you ever been convicted for any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending? Yes / No

Have you ever been convicted for possession, sale or transfer of a drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes / No

Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending? Yes / No

Have you ever tested positive, or refused to test on a pre-employment drug or alcohol test by an employer to whom you applied, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past three years, or have you ever tested positive or refused to test on any DOT-mandated drug or alcohol test? Yes / No

Have you ever been convicted of a Serious Traffic Violation (383.51c) while operating a CMV? Yes / No

If yes, please explain: _____

Criminal Record

Have you ever been convicted of a crime? Yes / No

Do you have any deferred prosecutions? Yes / No

Do you have criminal charges pending? Yes / No

Have you ever pled "guilty" to, been convicted of, or pled "no contest" to a felony? Yes / No

If you have any felony convictions, do you currently hold a minister's permit to enter or exit Canada?
Yes / No

Have you, within the last five years, pled "guilty" to, been convicted of, had prosecution deferred in connection with, or pled "no contest" to a misdemeanor? Yes / No



Driver's Application for Employment

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only in and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that 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 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: ____/____/____



Driver's Application for Employment

Important Notice Regarding Background Reports from the *PSP Online Service*

In connection with your application for employment with Healthy Start Medical Transportation ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Healthy Start Medical Transportation ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSA violations that have been adjudicated by a court of law will also appear, and remain on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature: _____ Name: _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.



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Driver's Application for Employment

Policy

Healthy Start Medical Transportation requires an extensive background screening on each new employee (driver) prior to the employee's initial start date. The screening must meet all minimum requirements identified for the position. These requirements include standards imposed by the Department of Transportation and the Safety Department of Healthy Start Medical Transportation.

If the decision is made to proceed with the hire of an employee (driver) prior to confirmation of the background screening results, the employee (driver) must be aware that his/her continued employment is contingent on positive background screening results.

Should the background screening produce results not previously disclosed by the employee (driver) and/or not meet the minimum standards, the employee (driver) will be subject to immediate termination.

Employment prior to the completion of the background screening in no way negates the initial ninety (90) days of probationary employment. Neither the employee (driver) nor the employer is obligated to continue employment through the probationary period.

The employee (driver) shall at all times be employed at-will including during and after the probationary period and nothing herein shall alter the employee's employment at-will status nor constitute any form of employment agreement between the employee (driver) and employer.

I have reviewed this Pending Background Screening Policy and understand that I am subject to its terms. I understand that this Pending Background Screening Policy does not alter the at-will employment relationship with the employer.

Please disclose any criminal conviction (misdemeanor/felony) within the last 10 years: _____

EMPLOYEE SIGNATURE: _____

Printed Name: _____ Date: _____

Authorization for Physical Examination, Drug & Alcohol Test

I understand and agree that in order to be employed by the Company, I may be required to take a physical examination and/or additional physical evaluation as part of pre-employment and course of employment.

I also understand and agree to submit to all testing for illegal drugs and/or alcohol during pre-employment and course of employment. I also understand this testing is required by Federal and State Motor Carrier Safety Regulations and Company Policy. I also understand this testing includes Random Drug and Alcohol Testing.

Name: _____
(Print Name)

Signature: _____

Date: _____

Acknowledgement and Consent to Searches, Inspections and Testing

I acknowledge that I have been informed that the Policy Governing Drug and Alcohol Use and Testing (the "Policy") issued by Healthy Start Medical Transportation, Inc. is available to me upon request and I also acknowledge that I understand that I should consult the Human Resources Department if I have any questions. I understand and acknowledge that the items described in the Policy and their possession and/or use are prohibited by the Company, and on Company property, as defined in the Policy. I understand and acknowledge that unannounced searches or inspections may be conducted of my person, and my personal property, including my vehicle if it is on Company premises or the premises of a customer of the Company, for the purpose of determining whether illegal or unauthorized items, controlled substances, drugs, alcoholic beverages, firearms, weapons, and/or stolen property are in my possession or use while on any Company business, as defined in the Policy. I further understand and acknowledge that testing for drugs and/or alcohol may be administered without prior notice or announcement and may be used in determining the possession or use of controlled substances, drugs, and/or alcoholic beverages. I understand and acknowledge that any violation of this Policy may subject me to discharge from employment with the Company.

I hereby give my consent to Healthy Start Medical Transportation or its authorized representative(s) to conduct a search and/or inspection of my person or my personal property, and to conduct testing for drugs and/or alcohol, at the Company's sole election, for the purpose of determining and/or verifying the possession, use or presence of any illegal or unauthorized items, controlled substances, drugs, narcotics, or alcoholic beverages prohibited by the Policy.

Additionally, I hereby release Healthy Start Medical Transportation, its agents, employees and/or authorized representatives from any claim(s) resulting from the exercise of any rights or actions conferred, permitted or taken pursuant to the Company's Policy, or my violation of same.

Name: _____

Signature: _____

Social Security Number: _____

Date: _____