MANUFACTURERS RESERVE SUPPLY, INC.

AN EQUAL OPPORTUNITY EMPLOYER

TO BE COMPLETED BY *TRUCK DRIVER* APPLICANTS ONLY
WILL REQUIRE A COPY OF YOUR CDL A AND MEDICAL CERTIFICATION
(PLEASE PRINT)

Name (Last, First, MI): _____ Position Applied For: **TRUCK DRIVER**

TRAFFIC VIOLATIONS FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)

Location	Date	Description of Events

ACCIDENTS FOR THE PAST 5 YEARS

Location	Date	Description of Events (fatalities, injuries, haz-mat spill, etc.)

EXPERIENCE AND QUALIFICATIONS

	State	License Number	Type	Expiration Date
Drivers Licenses				

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 _____

If answered yes to either question listed above, please explain:

_____

_____

Medical Certification:

Do you currently hold a valid DOT Medical Examiner's Certificate? Yes ____ No ____

Expiration Date: _____

Are you currently enrolled in Clearinghouse or FMCSA (Federal Motor Carrier Safety Administration) ? Yes___ No____

In the past 5 years, have you been convicted of or plead guilty to:	Yes	No
DUI or DWI		
Reckless driving		
Failure to Appear (FTA) charges		
Failure to Pay (FTP) charges		
Citations, convictions or at-fault accidents involving a fatality		
Driving while license is under suspension, revocation or cancellation		
Open container violations		
Speeding of 15 mph or more above the posted speed limit		
Improper or erratic lane changes		
Following too closely		
Citations or convictions regarding a railroad crossing		
Driving a commercial motor vehicle while under a Driver or Vehicle Out-of-Service Order		
Driving any commercial motor vehicle without a valid Commercial Drivers License (CDL)		
Driving any commercial motor vehicle without a valid CDL in the driver's possession.		
Driving any commercial motor vehicle without the proper class CDL		
Driving any commercial motor vehicle without the proper CDL endorsements		
Failure to obey posted speed limits		
Failure to obey a traffic signal or control device		
Failure to use your turn signal		
Failure to wear your seatbelt		

Explain any "YES" answers:

_____

_____

_____

_____

I hereby authorize Manufacturers Reserve Supply Inc and/or its agents to make an independent investigation and to obtain a copy of my motor vehicle driving abstract, for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment with Manufacturers Reserve Supply.

I hereby provide consent to Manufacturers Reserve Supply to conduct a query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent authorizes queries to be conduct on an on-going basis and as needed (i.e. upon hire, on an annual basis as required by the Clearinghouse Guidelines and for the duration of employment with the Company).

I understand that if the limited query conducted by Manufacturers Reserve Supply indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Manufacturers Reserve Supply without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Manufacturers Reserve Supply to conduct a limited query of the Clearinghouse, Manufacturers Reserve Supply must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____ _____

Signature of Applicant Date

A COPY OF YOUR CDL A AND MEDICAL CERTIFICATION WILL BE REQUIRED