



Physical Address:

1705 East Greene Street
Carlsbad, New Mexico 88220

Mailing Address:

PO BOX 2286
Carlsbad, New Mexico 88221

Driver (CDL) Application for Employment

Please Complete Application In Full or It Will Not Be Considered

An Equal Opportunity Employer

Qualification of Drivers:

- ✓ A person shall not drive a commercial motor vehicle unless he/she is qualified to drive a commercial motor vehicle. Except as provided in [§ 391.63](#), a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless that person is qualified to drive a commercial motor vehicle.

- ✓ Except as provided in subpart G in § 391.61, a person is qualified to drive a motor vehicle if he/she—
 - Is at least 21 years old;
 - Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
 - Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
 - Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part;
 - Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
 - Is not disqualified to drive a commercial motor vehicle under the rules in [§ 391.15](#); and
 - Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with [§ 391.31](#), or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with [§ 391.33](#).

- ✓ The only foreign commercial driver licenses (CDLs) that are accepted in the United States are from the federal government of Mexico and provinces and territories in Canada. The United States has CDL reciprocity agreements with only these two North American countries.

Applicants must use their legal name that matches the acceptable documents used as evidence of identity for employment authorization.

Are you legally authorized to work in the United States? Yes No

Applicant Information			
First Name			
Middle Name			
Last Name			
Street Address and/or APT #			
City		State and Zip Code	
Social Security #		Date of Birth	
Phone Number		Available Start Date	

Previous Three Years of Residency			
Street	City	State & Zip Code	# of years Resided

License Information				
State or Country if foreign CDL	License #	Type/Class	Expiration Date	Audit # (if applicable)

Driving Experience

Class of Equipment	Details of Experience (hydrovac, heavy haul, belly dump, etc.)	Duration
Straight Truck		
Tractor & Semi-Trailer		
Tractor & 2 Trailers		
Tractor & Tanker		
Other		

Vehicle Accidents Within the Past Three Years

Check this box if no accidents have occurred.
Attach additional sheet if more space is necessary.

Date	Nature of Accident and Where	Personal Injuries	Fatalities
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Violations of Motor Vehicle Laws or Ordinances Within the Past Three Years (Other than Violations Involving Only Parking)

Check this box if there are no violations.
Attach additional sheet if more space is necessary.

Date	Violation	State of Violation	Penalty (Convicted, points, collateral, Forfeited bond, etc.)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, explain:
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Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, explain:
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Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants who wish to drive a CMV list all employment for the last three (3) years. **In addition, if you have driven a CMV previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). If there are any gaps in employment for more than one (1) month it must be explained.**

Start with the last or most recent employer, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Most Recent Employer

Company Name:		Phone #:	
Address:			City, State, Zip:
Start Date:		End Date:	
		Position:	
Reason for Separation:			

While employed here, were you subject to Federal Motor Carrier Safety Regulations? **No**
 Yes

Was the job position designated as safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?
No **Yes**

Second Most Recent Employer

Company Name:		Phone #:	
Address:			City, State, Zip:
Start Date:		End Date:	
		Position:	
Reason for Separation:			

While employed here, were you subject to Federal Motor Carrier Safety Regulations? **No**
 Yes

Was the job position designated as safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?
No **Yes**

Third Most Recent Employer

Company Name:		Phone #:	
Address:			City, State, Zip:
Start Date:		End Date:	
		Position:	
Reason for Separation:			

While employed here, were you subject to Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> No
<input type="checkbox"/> Yes	
Was the job position designated as safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?	<input type="checkbox"/>
No <input type="checkbox"/> Yes	

Other Qualifications to Be Considered

Driver Road Test

First Name:		Last Name:	
Type of Equipment Used to Give Test:			

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 a person other than himself/herself. 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/she is capable of operating the commercial motor vehicle, and associated equipment, that the motor carrier intends to assign him/her.

Rating of Performance

<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Pre-trip inspection required by § 392.7
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Coupling & uncoupling of combination units (if equipment includes combination units that he/she drive)
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Placing commercial motor vehicle in operation
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Use of the commercial motor vehicle's controls and emergency equipment
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Operating the commercial motor vehicle in traffic and while passing other motor vehicles
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Turning the commercial motor vehicle
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Braking, and slowing the commercial motor vehicle by means other than braking
<input type="checkbox"/> Pass <input type="checkbox"/> Failed	Backing and parking the commercial motor vehicle
<input type="checkbox"/> Pass <input type="checkbox"/> Failed Other, explain:	

Remarks	

Examiner's Name (Print):

Examiner's Signature:

Date (mm/dd/yyyy): _____

Certification of Driver's Road Test

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 391.33(e) (f) (g))

Driver's Name:	
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 considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial vehicle listed above.

Name of Examiner (Print):

Signature of Examiner:

Title of Examiner:

BDS Enterprises LLC
1705 East Greene Street
Carlsbad, NM 88220

Strategies for Communication with Non-Native Speakers of English

Examples of Possible Driver Interview Questions

Document to be filled out by examiner

DRIVER MUST RESPOND APPROPRIATELY IN ENGLISH

1. "Where did you start your trip today?" or "Where are you coming from?"
2. "Where are you driving to today?" or "Where are you going?"
3. "How long have you been driving today?"
4. "What company are you driving for today?" or "Who are you working for?"
5. "What vehicle are you driving?" or "What kind of vehicle did you arrive in today?"
6. "What is your phone number?"
7. "Show me your drivers license please?" or "Provide me your CDL"
8. "What company do you have your vehicle insured with?" or "Show me your insurance card"
9. "When do you do a pre-trip inspection?" or "Have you done a pre-trip inspection?"
10. "Do you know the difference between intrastate and interstate?"
11. "How many hours can you legally drive as a commercial driver?"
12. "Who is your emergency contact?" or "Who do we contact in case of an emergency?"

Please ask driver to identify the following signage:



The above test was administered and the driver responded appropriately in English as a means of establishing their proficiency.

Name of Examiner: _____ Date:

Signature if Examiner: _____

Driver's Name: _____ Driver's Initials:

Read and Sign by Applicant

I understand and authorize BDS Enterprises LLC to contact current and prior employers, conduct inquiries into my personal, financial, medical history, employment, and other related matters as may be deemed necessary in arriving at an employment decision.

I understand BDS Enterprises LLC may require more information than that required by the Federal Motor Carrier Safety Regulations and authorize them to do so.

I hereby release employers, health care providers, and/or any other entities from all liability in responding to inquiries and releasing information in correlation with my application.

I understand the information I provided regarding my current and/or previous employers will be contacted; for the purpose of investigating my safety performance history information and I have been given my due process rights as specified in § 391.23(i) regarding information received as a result of these investigations (please refer to attached document A).

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.

Applicants Name (Print):

Applicants Signature: _____ Date:

Document A

§ 391.23 (i)

(i)

(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to [paragraphs \(d\)](#) and [\(e\)](#) of this section:

(i) The right to review information provided by previous employers;

(ii) 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;

(iii) 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.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the

requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

MVR RELEASE CONSENT FORM



I _____ consent to the release of my Motor Vehicle Records (MVR) to BDS Enterprises LLC in conjunction with my potential employment or as needed if employed with BDS Enterprises LLC. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position appointed to me. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company and allow any information obtained to be shared with the proper personnel within BDS Enterprises LLC or for insurance purposes.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant):

Printed Name:

Date: _____

Driver's License Number: _____ State:

Last four of SSN: _____ Other:
