



DRIVER INFORMATION AND QUALIFICATION FORM

POSITION DESIRED: _____ AREA DESIRED: _____ DATE: _____

AVAILABILITY (CIRCLE): M T W R F SAT SUN AVAILABLE HRS: _____ AM/PM - _____ AM/PM

INDIVIDUAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS:

CURRENT ADDRESS: _____

STREET

CITY

STATE

ZIP

HOME PHONE NUMBER: _____ CELL PHONE: _____ HOW LONG: _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

STREET

CITY

STATE

ZIP

PREVIOUS ADDRESS: _____ HOW LONG: _____

STREET

CITY

STATE

ZIP

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
(required only for driver position under USDOT 391.21(b)(2))

BUSINESS INFORMATION:

BUSINESS NAME: _____

TAX ID#: _____ ENTITY TYPE (LLC, CORP, SOLE PROPRIETOR): _____

EDUCATION INFORMATION: CIRCLE HIGHEST GRADED ATTENDED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

NAME OF LAST SCHOOL ATTENDED: _____ DEGREE(S): _____

GENERAL INFORMATION:

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE: Yes No WHEN: ____ / ____ / ____ to ____ / ____ / ____

REASON FOR LEAVING: _____

DO YOU KNOW OTHERS WORKING FOR THIS COMPANY: Yes No IF YES, NAME(S): _____

HAVE YOU EVER BEEN BONDED: Yes No NAME OF BONDING COMPANY: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: Yes No
If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic disqualification-all circumstances will be considered

DRIVER EXPERIENCE AND QUALIFICATION

DRIVERS LICENSE HELD IN THE PAST 3 YEARS:

State	License No.	Class	Endorsement(s)	Expiration Date

CIRCLE APPROPRIATE ANSWER TO THE FOLLOWING:

- 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
- HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE ATTACH A SIGNED STATEMENT GIVING DETAILS

DRIVING EXPERIENCE:

TYPE OF EQUIPMENT	DATES FROM	DATES TO	APPROXIMATE MILES	FOR BUSINESS? YES/NO	IF BUSINESS, WHAT COMMODITY TRANSPORTED
PASSENGER CAR					
CARGO VAN					
BOX TRUCK					
STRAIGHT TRUCK					
TRACTOR/TRAILER					

LIST STATES OPERATED IN DURING LAST 5 YEARS: _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

LIST DRIVING AWARDS RECEIVED: _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet if more space is needed)

DATES OF ACCIDENT(S)	NATURE OF ACCIDENT (head on, rear end, etc.)	FATALITIES	INJURIES
1)			
2)			
3)			

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

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT AND/OR LESSOR INFORMATION

PLEASE PROVIDE LAST THREE EMPLOYMENT AND/OR DRIVER CONTRACTING INFORMATION BELOW:

1) EMPLOYER OR LESSOR INFORMATION

COMPANY NAME:		PHONE NUMBER:	
CONTACT NAME:		EMAIL ADDRESS:	
ADDRESS:			
CITY, STATE ZIP			
POSITION HELD			
START DATE/END DATE			
REASON FOR LEAVING			

EMPLOYER AND/OR LESSOR INFORMATION CONT'D

2) EMPLOYER OR LESSOR INFORMATION

COMPANY NAME:		PHONE NUMBER:	
CONTACT NAME:		EMAIL ADDRESS:	
ADDRESS:			
CITY, STATE, ZIP			
START DATE/END DATE			
REASON FOR LEAVING			

3) EMPLOYER OR LESSOR INFORMATION

COMPANY NAME:		PHONE NUMBER:	
CONTACT NAME:		EMAIL ADDRESS:	
ADDRESS:			
CITY, STATE, ZIP			
START DATE/END DATE			
REASON FOR LEAVING			

DRIVER CERTIFICATION – MUST READ AND SIGN BY APPLICANT FOR INDEPENDENT CONTRACTOR

This certifies that I personally completed this application to provide services as an Independent Contractor/Driver and that all entries on it and information contained in it are true and correct to the best of my knowledge.

I hereby authorize Taubra Corp (DBA Mercury Service) to seek information about my alcohol and controlled substance testing history as required by 49 CFR 391.23 (D) and of my personal employment/leases, financial and/or medical history and other related matter as may be necessary in arriving at a contract decision. I hereby release employers, lessors, schools, health care providers and other persons from all liability in responding to the requests for information and releasing said information in connection for my application to provide Independent Contractor services to Mercury Service.

As an applicant to provide services as an Independent Contractor to Mercury Service, the information I provide regarding current and/or previous employment/leases may be used and those previous employers/lessors will be contacted for the purposed of investigating my safety performance history as required by 49 CFR 391.23(d) & (e).

I understand that I have the following rights regarding the investigative information my former employers and/or lessors must provide Mercury Service.

1. The right to review information provided by former employers and/or lessors.
2. The right to have errors corrected and for the previous employer and/or lessor to re-send corrected information to Mercury Service.
3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and/or lessor and I cannot agree on the accuracy of the information.

In the event of my contract with Mercury Service, I understand that false and/or misleading information given on this information sheet or interview(s) may result in my termination of my independent contract. I understand also that when I am providing services as a driver, I am required to abide by all rules and regulations of Mercury Service.

SIGNATURE: _____ DATE: _____



TO BE COMPLETED BY AUTHORIZED PERSONNEL ONLY

NOTES:
