



# COMMERCIAL DRIVER HIRING AND ONBOARDING TOOLKIT



Provided by:  
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# Introduction

It's no surprise that putting more drivers on the road is the best way to increase capacity, but carriers need to make sure they hire talented, qualified drivers. Even during the current driver shortage, onboarding a single inexperienced or incompetent employee can expose you to costly fines, crashes and a tarnished reputation.

The best way to make sure you're employing the most qualified drivers is to perform comprehensive pre-employment screenings in accordance with DOT and FMCSA regulations. This toolkit includes forms, checklists and other materials that you can use to onboard a new driver and ensure that all applicable records are in order. However, your business should also make efforts to check for any [state](#) and local pre-employment requirements, criminal histories and other relevant information to see if candidates are the right fit.

# Overview of Forms, Records, and Certificates

The following is a basic summary of the materials included in this toolkit and how they should be used to onboard a new driver. However, keep in mind that your area may have unique requirements that override federal regulations:



## Driver Qualification File Checklist

page 4

This checklist outlines all of the materials a carrier needs to obtain before a driver can begin employment, such as driving records, release forms and a medical examiner's certificate. Many of these materials are also included in this toolkit.



## Application for Employment

page 5

An application that asks for information on personal details, work history, accidents and crashes, and more. You can also view additional guidance on [the FMCSA's website](#).



## Record Request for Driver/Applicant Safety Performance History

page 8

This form is required by the DOT when an applicant requests safety records for a prospective employer.



## Inquiry to State Agency for Driver's Record

page 9

Carriers must use an applicant's license and Social Security number to request driving records from each state that the applicant holds a motor vehicle operator's license or permit during the preceding three years.



## Certificate of Driver's Road Test

page 10

Employers may accept a commercial driver's license in place of the administration of a road test (as long as the driver was required to complete a road test in order to obtain the license). However, employers who intend to assign the driver to a vehicle necessitating a doubles/triples or tank vehicle endorsement must administer a road test in a representative vehicle.



## Motor Vehicle Record Disclosure and Release Form

page 11

Carriers should have applicants sign this form before they request motor vehicle records.



## Annual Inquiry and Review of Driving Record

page 12

This document gives an overview of a motor carrier's obligation to obtain and review motor vehicle records for commercial drivers every year. Carriers are also required to keep records of these annual reviews.



## Annual Certificate of Violations and Review of Driving Record

page 13

This form is completed by drivers and used during annual motor vehicle record reviews.



## Medical Examiner's Certificate

page 14

Drivers must be examined by a licensed medical examiner listed in the FMCSA's national registry every two years.



# Driver Qualification File Checklist

Driver's name

|  |
|--|
|  |
|--|

Driver's license number

Type of license

|     |  |
|-----|--|
| - - |  |
|-----|--|

State of issue

|  |
|--|
|  |
|--|

Hire date

Last day worked

|  |  |
|--|--|
|  |  |
|--|--|

## Driver Qualification File—Regularly Employed

- Driver's application for employment
- Copy of motor vehicle records from three years prior to employment
- Certificate of CMV driver road test (or equivalent)
- Copy of motor vehicle record for each year of employment
- Annual motor vehicle record review notes
- Driver-generated list of all traffic violations for each year of service
- Medical examiner's certificate
- Negative drug test
- Copy of medical variance documentation (if applicable)
- Skill performance evaluation certificate obtained from field administrator, division administrator or state director (if applicable)
- LCV training certificate (if applicable)

## Driver Qualification File—Intermittent/Occasional Driver

- Medical examiner's certificate
- Certificate of CMV driver road test (or equivalent)
- Copy of CMV driver's license
- Signed hours of service record statement(s)

Prepared by

Date

|  |  |
|--|--|
|  |  |
|--|--|

Employee signature

Date

|  |  |
|--|--|
|  |  |
|--|--|

Manager/supervisor signature

Date

|  |  |
|--|--|
|  |  |
|--|--|



# Driver Application

Applicant name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

|  |  |
|--|--|
|  |  |
|--|--|

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of birth: \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

### Residence Past Three Years

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How long? \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How long? \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How long? \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

### Experience and Qualifications—Driver

**Make a copy of the driver’s license and medical certificate.**

Applicant must list the states and license numbers of all licenses held for the past three years.

| State | License number | Expiration date | Class A, B, C | Endorsements |
|-------|----------------|-----------------|---------------|--------------|
|       |                |                 |               |              |
|       |                |                 |               |              |

### Driving Experience

| Equipment class      | Type of equipment<br>(e.g., van, flat, tank) | Dates<br>From | To | Approximate<br>number of miles |
|----------------------|--|---------------|----|--------------------------------|
| Straight truck       |  |               |    |                                |
| Tractor semitrailer  |  |               |    |                                |
| Tractor with doubles |  |               |    |                                |
| Tractor with triples |  |               |    |                                |
| Tractor with tank    |  |               |    |                                |
| Other                |  |               |    |                                |

### Accidents/Crashes for the Past Three Years or More

| Date | Nature of accident<br>(backing, head-on, rollover, turning) | Fatalities | Injuries |
|------|---|------------|----------|
|      |   |            |          |
|      |   |            |          |
|      |   |            |          |

### Moving Traffic Convictions and Forfeitures for the Past Three Years

| Date of conviction | Offense | Location | Type of motor vehicle operated |
|--------------------|---------|----------|--------------------------------|
|                    |         |          |                                |
|                    |         |          |                                |
|                    |         |          |                                |



### Driver Application

|  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit or privilege ever been revoked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, attach statement giving details.   |                              |                             |
| <b>This company requires all drivers who drive commercial motor vehicles (CMVs) that require a commercial drivers license (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                             |

### Employment Record

#### All for Past Three Years and Commercial Driving Experience for Past 10 Years

|  |       |        |
|--|-------|--------|
| Last employer:   |       |        |
| Position held:   | From: | To:    |
| Address:   | City: | State: |
| Telephone:   |       |        |
| Reason for leaving:  |       |        |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |
| Last employer:   |       |        |
| Position held:   | From: | To:    |
| Address:   | City: | State: |
| Telephone:   |       |        |
| Reason for leaving:  |       |        |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |
| Last employer:   |       |        |
| Position held:   | From: | To:    |
| Address:   | City: | State: |
| Telephone:   |       |        |
| Reason for leaving:  |       |        |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |

*This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.*

Applicant's signature:

Date:



## Driver Application Addendum

### Residence

|          |       |        |      |           |
|----------|-------|--------|------|-----------|
| Address: | City: | State: | ZIP: | How long? |
|          |       |        |      |           |
| Address: | City: | State: | ZIP: | How long? |
|          |       |        |      |           |
| Address: | City: | State: | ZIP: | How long? |
|          |       |        |      |           |

### EMPLOYMENT

|  |       |        |  |  |
|--|-------|--------|--|--|
| Last employer:   |       |        |  |  |
| Position held:   | From: | To:    |  |  |
| Address:   | City: | State: |  |  |
| Telephone:   |       |        |  |  |
| Reason for leaving:  |       |        |  |  |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |  |  |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |  |  |
| Last employer:   |       |        |  |  |
| Position held:   | From: | To:    |  |  |
| Address:   | City: | State: |  |  |
| Telephone:   |       |        |  |  |
| Reason for leaving:  |       |        |  |  |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |  |  |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |  |  |
| Last employer:   |       |        |  |  |
| Position held:   | From: | To:    |  |  |
| Address:   | City: | State: |  |  |
| Telephone:   |       |        |  |  |
| Reason for leaving:  |       |        |  |  |
| Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |        |  |  |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |  |  |



# Records Request for Driver/Applicant Safety Performance History

**§391.23(i)(2):** Drivers who have previous DOT-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 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 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his or her request to review the records. Additional guidance on investigations and inquires can be found on [the FMCSA's website](#).

|  |  |   |
|--|--|---|
| <b>Part 1:</b>   | <b>To be completed by the driver/applicant</b> |   |
| To:  | Prospective employer:                          |   |
|  | Street/P.O. box:                               |   |
|  | City, State, ZIP:                              | Telephone:    -    -                                      |
| From:  | Driver/applicant:                              | Social Security:    -    -                                |
|  | Street:  |   |
|  | City, State, ZIP:                              | Telephone:    -    -                                      |
| I am submitting this written request to obtain copies of my Department of Transportation (DOT) safety performance history for the preceding three years. I understand, for reasons requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. |  |   |
| This information should be:  |  | <input type="checkbox"/> Sent to me at the above address. |
|  |  | <input type="checkbox"/> I will arrange to pick it up.    |
| Driver/applicant signature:  |  | Date:   |
| <b>Part 2:</b>   | <b>Completed by the prospective employer</b>   |   |
| The information must be provided 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.                                 |  |   |
| <b>Information supplied to:</b>  |  |   |
| Name:  |  |   |
| Street:  |  |   |
| City, State, ZIP:  |  |   |
| Comments:  |  |   |
| <b>By:</b>   | -    -   | /    /  |
| Signature/person providing information   | Telephone:    -    -                           | Date:   |

**Copy 1: Prospective Employer**



# Inquiry to State Agency for Driver's Record

Driver's name:

Driver's/operator's license number:

Driver's Social Security number:

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state to the applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us the necessary forms to complete our inquiry into the driving record of this individual.

Respectfully yours,

---

Signature of individual making inquiry

---

Printed name of person making inquiry

---

Title of person making inquiry

---

Motor carrier name

---

Address:

City

State

ZIP



## Certificate of Driver's Road Test

If the road test is successfully completed, the person who gave it shall complete a certificate of the 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.

|   |
|---|
| Driver's name:                            |
| Operator's or chauffeur's license number: |
| State:                                    |
| 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 the date of \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

---

(Signature of examiner)

---

(Title)

---

(Organization and address of examiner)



# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with , I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to GDI Insurance Agency, Inc. or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

---

Full legal name (include middle initial)

Social Security number

---

Driver's license number

State of issuance

---

Date of birth

---

Signature

Date



## Annual Inquiry and Review of Driving Record

- A. Except as provided in subpart G of this regulation, each motor carrier shall, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every state in which the driver held a commercial motor vehicle operator's license or permit during the time period.
- B. Except as provided in subpart G of this regulation, each motor carrier shall, at least once every 12 months, review the motor vehicle record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to [§391.15](#).

The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

### Recordkeeping

- A copy of the motor vehicle record required by paragraph A of this section shall be maintained in the driver's qualification file.
- A note, including the name of the person who performed the review of the driving record required by paragraph B of this section and the date of such review, shall be maintained in the driver's qualification file.



# Annual Certificate of Violations and Review of Driving

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Driver's name:       | License number:      | State:               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Annual Certificate of Violations

*I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.*

- Violations are listed below.**
- I have had no violations.**

| Date of conviction   | Offense              | Location             | Type of motor vehicle operated |
|----------------------|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>           |

*If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.*

## Date of Certification

Driver signature:

|                      |                      |
|----------------------|----------------------|
| Reviewed by:         | Title:               |
| <input type="text"/> | <input type="text"/> |

## Annual Review of Driving Record

*In accordance with 49 Code of Federal Regulations Section 391.25 (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him or her in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.*

|                      |                      |
|----------------------|----------------------|
| Reviewer:            | Date:                |
| <input type="text"/> | <input type="text"/> |



# Medical Examiner's Certificate

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

|  |  |
|--|--|
| <input type="checkbox"/> Wearing corrective lenses               | <input type="checkbox"/> Driving with an exempt intracity zone (49 CFR 391.62)           |
| <input type="checkbox"/> Wearing a hearing aid                   | <input type="checkbox"/> Accompanied by a skill performance evaluation certificate (SPE) |
| <input type="checkbox"/> Accompanied by a _____ waiver exemption | <input type="checkbox"/> Qualified operation of 49 CFR 391.64                            |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

|                                |                      |                      |
|--------------------------------|----------------------|----------------------|
| Signature of medical examiner: | Telephone:           | Date:                |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> |

|                                  |  |
|----------------------------------|--|
| Medical examiner's name (print): | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician assistant<br><input type="checkbox"/> Advanced practice nurse |
| <input type="text"/>             |  |

|   |
|---|
| Medical examiner's license or certificate number/issuing state: |
| <input type="text"/>  |

|                      |                          |                      |
|----------------------|--------------------------|----------------------|
| Signature of driver: | Driver's license number: | State:               |
| <input type="text"/> | <input type="text"/>     | <input type="text"/> |

|                      |
|----------------------|
| Address of driver:   |
| <input type="text"/> |

|                                      |
|--------------------------------------|
| Medical certificate expiration date: |
| <input type="text"/>                 |