

# **CAPITAL LOGISTICS LLC.**

## **Driver Minimum Qualifications**

**Please check each qualification you meet.**

**All applicants must meet or exceed the following standards:**

- ☐ **Minimum age 24**
- ☐ **2 years verifiable TT driving experience within the past 5 years**
- ☐ **Must take and pass a DOT road test**
- ☐ **Must have a valid CDL from state of residence (or 30 days to acquire)**
- ☐ **Must pass DOT physical and pre-employment drug screen**
- ☐ **No prior felony convictions or pending criminal charges**
- ☐ **No DUI or DWI convictions (alcohol or drugs) within the past 10 years**
- ☐ **No prior or refused/positive DOT drug or alcohol tests**
- ☐ **No reckless driving convictions within the past 10 years**
- ☐ **No more than 3 moving violations within the past 3 years**
- ☐ **No driver's license suspensions within the past 5 years**
- ☐ **No major preventable accidents within the past 5 years**
- ☐ **No more than 2 minor preventable accidents within the past 3 years**
- ☐ **No convictions for possession or use of drugs or controlled substances**
- ☐ **Must have good safety record and employment history**

**I have read and understand CAPITAL LOGISTICS LLC. minimum qualifications for commercial tractor-trailer drivers. By my signature, I am certifying that I meet or exceed these minimum qualifications.**

**Signature Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Print:** \_\_\_\_\_

**Signature Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CAPITAL LOGISTICS LLC.

## Driver Application

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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.*

### To Be Read 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 if and after a conditional offer or employment has been extended.) I hereby release employers, schools, health care providers and other persons from 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 that I am required to abide by all rules and regulations of CAPITAL LOGISTICS LLC.

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 49 CFR 391.23 (d) and (e). I understand I have the right to: review information provided by previous employers; have errors in the information corrected by previous employers and for the 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:** \_\_\_\_\_

### For Company Use

Hire Date: \_\_\_\_\_ Rejected Date: \_\_\_\_\_  
Terminal Location: \_\_\_\_\_ Department: \_\_\_\_\_  
Signature of Interviewing Officer: \_\_\_\_\_

### Employment Termination

Date Terminated: \_\_\_\_\_ Department Released From: \_\_\_\_\_  
Terminating Supervisor: \_\_\_\_\_

## Applicant To Complete

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long: \_\_\_\_\_

\_\_\_\_\_ How Long: \_\_\_\_\_

\_\_\_\_\_ How Long: \_\_\_\_\_

### CDL Information

State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_

Have any licenses, permits, or privileges ever been suspended or revoked? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever worked for this company? Yes: \_\_\_\_\_ Location: \_\_\_\_\_ No: \_\_\_\_\_

Dates (if yes): From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded: \_\_\_\_\_ Name of bonding company: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is there any reason you might be unable to perform job functions for which you have applied? \_\_\_\_\_

### Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the last 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Employer Name: \_\_\_\_\_

From: \_\_\_\_\_ month \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ year

Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were you subject to the FMCSR \* while employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
From: \_\_\_\_\_ month \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSR \* while employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
From: \_\_\_\_\_ month \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSR\* while employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
From: \_\_\_\_\_ month \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSR\* while employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
From: \_\_\_\_\_ month \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ year  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSR\* while employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\* The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when a vehicle weighs or has a GVWR of 10,001 pounds or more; is designed or used to transport 9 or more passengers; or is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

## Accident Record

(past 3 years)

Last Accident Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_  
Fatalities? \_\_\_\_\_ Injuries? \_\_\_\_\_ Hazardous Spill? \_\_\_\_\_

Next Accident Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_  
Fatalities? \_\_\_\_\_ Injuries? \_\_\_\_\_ Hazardous Spill? \_\_\_\_\_

## Traffic Convictions

(convictions and forfeitures in past 3 years)

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

## Equipment Operated

Tractor/Semi Trailer

Describe: (tank, van, flat, dump, refer) \_\_\_\_\_

Years Operated: \_\_\_\_\_ Commodity Types: \_\_\_\_\_

## General Information

List all states operated in the last 5 years: \_\_\_\_\_

List special courses/training: \_\_\_\_\_

Safe driving awards: \_\_\_\_\_

List special equipment or technical materials worked with: \_\_\_\_\_

## Education

Highest Grade Completed: \_\_\_\_\_ Last school attended: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

My signature certifies that this application was completed by me, and that all information I provided is true and complete to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CAPITAL LOGISTICS LLC.

## Driver Profile

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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Best/Worst working experience(s):

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Are you willing to work weekends? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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Areas of the U. S. you have not traveled:

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What do you expect from our company?

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Hobbies & interests: \_\_\_\_\_

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### License Information

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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**CAPITAL LOGISTICS LLC.**  
**4646 POPLAR AVENUE STE 413, MEMPHIS, TN 38117**  
**(901) 249-6118 Fax (860)780-5449**

**Employment Verification**

To: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

***The following individual has applied for a driving position with CAPITAL LOGISTICS LLC. and in accordance with the Federal Motor Carrier Safety Regulations, please provide the following information;***

**Applicant's Name:** \_\_\_\_\_

**SS #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant states that he/she was employed by you from \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_ as a \_\_\_\_\_. Are the dates correct? ☐ Yes ☐ No

If not correct, please provide the actual dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_.

Did he/she drive a truck for your company? ☐ Yes ☐ No What type of equipment? \_\_\_\_\_

Over the road or local? ☐ OTR ☐ Local

Why did the applicant leave your company? \_\_\_\_\_

Is he/she eligible for rehire? ☐ Yes ☐ No Was his/her safety record with you satisfactory? ☐ Yes ☐ No

If not, please explain: \_\_\_\_\_

Did the applicant have any accidents? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

Is there any reason that the applicant should not be considered eligible for employment as a Commercial Driver?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**In the past three years, has the applicant:** Had an alcohol test with a result of 0.04 or greater? ☐ Yes ☐ No

Had a verified positive DOT Drug Test? ☐ Yes ☐ No Refused to be tested for drugs or alcohol? ☐ Yes ☐ No

*Requested in accordance with regulations of the Federal Highway Administration, title 49, sections 382, 405, 382.413, 383.35, 391.23 and 391.27.*

The name or signature of the person providing this information: \_\_\_\_\_

Official Title: \_\_\_\_\_ Name of Company: \_\_\_\_\_

**Applicant's Release:** Please provide CAPITAL LOGISTICS LLC. with any and all information that is requested in this form as well as any other information relevant to my qualifications as a commercial vehicle operator. You may provide information as to my character, school records, previous employment history, work record, driving and accident records, background, past Substance Abuse Test Results (or refusals), as well as any other information that pertains to my qualifications to operate a tractor-trailer in Interstate Commerce. I hereby release you and your company from any and all claims or causes of action for providing the requested information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**1st Req:** \_\_\_\_/\_\_\_\_/20 @ \_\_\_\_:\_\_\_\_ am/pm **2nd Req:** \_\_\_\_/\_\_\_\_/20

@ \_\_\_\_:\_\_\_\_ am/pm **3rd**

**Req:** \_\_\_\_/\_\_\_\_/20 @ \_\_\_\_:\_\_\_\_ am / pm

**CAPITAL LOGISTICS LLC.  
BACKGROUND CHECK PERMISSION**

I certify that I have read and understand all of this employment application. It is agreed that CAPITAL LOGISTICS LLC. or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release CAPITAL LOGISTICS LLC., its agents and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with CAPITAL LOGISTICS LLC., I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and/or drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with CAPITAL LOGISTICS LLC. and for no other reason. It is agreed and understood that under the Fair Credit Reporting Act, Public Law 97-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of CAPITAL LOGISTICS LLC. My signature below certifies that I completed this application and that all entries on it and all information in it are complete and true, to the best of my knowledge.

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Signature of Applicant

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Date

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Signature of Witness

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Date

**GENERAL CONSENT AND RELEASE TO BE DRUG AND/OR ALCOHOL TESTED**

I, \_\_\_\_\_ hereby authorize CAPITAL LOGISTICS LLC. to conduct any and all drug and/or alcohol tests on me as required by regulations of the United States Department of Transportation and the terms and conditions of the Company's drug and alcohol abuse policy, whose terms and conditions I have read and understand and have consented to abide by. In furtherance of this, I hereby authorize the medical or health care facility designated by the Company, its physicians, nurses, and technicians, to withdraw specimens of my urine and/or blood for the purpose of determining the illegal presence, content and quantity of controlled substances in my body. I also authorize the medical or health care facility and its trained breath alcohol technicians to take specimens of my breath for the purpose of determining the illegal presence and content of alcohol in my body. In executing this Consent and Release, I understand and agree that my drug and/or alcohol test results must be disclosed to my Company's Medical Review Officer (in the event of a drug test) and the Company, its physicians, nurses, technicians, and any other of its employees or agents properly involved with my tests from any and all claims or causes of actions which may result from the disclosure of those test results. I hereby further consent and agree to waive any physician/patient privilege that may otherwise exist with respect to the confidentiality of my drug test results.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

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Drivers' Name (print)

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Driver's Signature

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Witness

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Name and Title