ALLIED TOWING

USDOT 2479316 • Driver Qualification File

APPLICATION FOR EMPLOYMENT

49 CFR § 391.21 • DOT / FMCSA

Complete every required field. An incomplete or unsigned application cannot be used to qualify a driver under 49 CFR § 391.21.

1. MOTOR CARRIER RECEIVING THIS APPLICATION

§ 391.21(b)(1)

Legal name of motor carrier: Allied Towing

USDOT number: 2479316

Business address:

2. APPLICANT IDENTIFICATION

§ 391.21(b)(2) & (b)(4)

Legal last name | First name | Middle | Suffix | Application date

Other names used (maiden, aliases) | Date of birth (MM/DD/YYYY) | Social Security Number

Primary phone | Email

3. CURRENT ADDRESS

§ 391.21(b)(2)

Street address | Apt / Unit

City | State | ZIP | How long at this address? (yrs / mos)

4. ADDRESS HISTORY — PAST 3 YEARS

§ 391.21(b)(3) • no gaps greater than 30 days

List every residence in the 3 years before the application date, including dates (month/year).

From (MM/YYYY)	To (MM/YYYY)	Street address	City	St	ZIP

5. COMMERCIAL LICENSES AND PERMITS

§ 391.21(b)(5) • every unexpired CMV license/permit

License data must later match the Motor Vehicle Record.

Issuing state	License / permit number	Class	Endorsements	Restrictions	Expiration

Has any license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? § 391.21(b)(9) ☐ Yes ☐ No

If Yes, state the facts and circumstances in detail

6. DRIVING EXPERIENCE

§ 391.21(b)(6) • required; not the same as employment history

DOT requires the nature and extent of CMV experience by equipment type, separate from where you worked.

Class of equipment	Type (van, dump, wrecker, tractor, etc.)	From	To	Approx. miles
Straight truck				
Tractor & semi-trailer				
Tractor & two trailers				
Wrecker / rollback / HDT				
Other CMV equipment				

States operated in during the last 5 years

Special courses, safe driving awards, wrecker or recovery training

7. ACCIDENT HISTORY — PAST 3 YEARS

§ 391.21(b)(7) • all motor vehicle accidents

Include date, nature, fatalities or injuries. Write "None" on the first line if none.

Date	Nature / location of accident	# Fatalities	# Injuries	HazMat released?	Preventable?

8. TRAFFIC CONVICTIONS — PAST 3 YEARS

§ 391.21(b)(8) • exclude parking only

List violations for which you were convicted or forfeited bond or collateral. Write "None" on the first line if none.

Date	Violation / charge	State / location	Commercial veh.?	Penalty

9. EMPLOYMENT HISTORY — LAST 3 YEARS (ALL JOBS)

§ 391.21(b)(10) • include unemployment; no gaps > 30 days

List every employer in the last 3 years. This is who you worked for — not a substitute for the equipment experience in Section 6.

Employer 1

Employer name | Phone | From (MM/YYYY) | To (MM/YYYY)

Street address | City / State / ZIP

Position held | Reason for leaving

Subject to FMCSRs while employed? ☐ Yes ☐ No DOT drug/alcohol testing (safety-sensitive) job? ☐ Yes ☐ No

Employer 2

Employer name | Phone | From (MM/YYYY) | To (MM/YYYY)

Street address | City / State / ZIP

Position held | Reason for leaving

Subject to FMCSRs while employed? ☐ Yes ☐ No DOT drug/alcohol testing (safety-sensitive) job? ☐ Yes ☐ No

9. EMPLOYMENT HISTORY (CONTINUED)

Employer 3

Employer name | Phone | From (MM/YYYY) | To (MM/YYYY)

Street address | City / State / ZIP

Position held | Reason for leaving

Subject to FMCSRs while employed? ☐ Yes ☐ No DOT drug/alcohol testing (safety-sensitive) job? ☐ Yes ☐ No

Employer 4

Employer name | Phone | From (MM/YYYY) | To (MM/YYYY)

Street address | City / State / ZIP

Position held | Reason for leaving

Subject to FMCSRs while employed? ☐ Yes ☐ No DOT drug/alcohol testing (safety-sensitive) job? ☐ Yes ☐ No

If unemployed during any period in the last 3 years, list dates and explain

10. MOTOR VEHICLE RECORD (MVR) CONSENT

18 U.S.C. § 2721 et seq. • Driver's Privacy Protection Act

In conjunction with my potential employment at Allied Towing, I _____ consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records in connection with matters of motor vehicle or driver safety that may be related to the position for which I am applying. I also consent to the review and evaluation of the MVR I have provided to the company and understand that release of the MVR does not necessarily mean I will be hired for driving, or any other position.

This consent is given in satisfaction of Public Law 18 U.S.C. § 2721 et seq., the Federal Drivers Privacy Protection Act, and is intended to constitute "written consent" as required by this Act.

Signed (applicant) | Date | Driver license number | State

11. APPLICANT CERTIFICATION AND SIGNATURE

§ 391.21 • 49 CFR § 390.32 • ESIGN

1. I certify that this application was completed by me and that all entries and information are true and complete to the best of my knowledge.
2. I understand that misrepresentation or omission of facts is cause for rejection of this application or dismissal if discovered after hire.
3. I understand I may not operate a CMV for this motor carrier until a completed application meeting § 391.21 is on file with the other Driver Qualification File items required by Part 391.
4. I consent to electronic records and electronic signatures for this application and related qualification documents as permitted by 49 CFR § 390.32 and the ESIGN Act, 15 U.S.C. § 7001. I may request a paper copy.
5. I authorize this motor carrier to obtain Motor Vehicle Records from every state in which I held a license during the past three years, and to query the FMCSA Drug and Alcohol Clearinghouse (with separate consent as required).
6. If hired, I agree to comply with the Federal Motor Carrier Safety Regulations and company safety policies applicable to my work.

Applicant full legal name (printed) | Signature | Date signed

I intend this to be my electronic signature on this Application for Employment. ☐ Yes, I agree

Last 4 of SSN (identity) | City / state where signed

12. CARRIER USE ONLY

Received by | Date received | Complete per 391.21? (Y/N) | DQ file date | Hire / decline

MVR ordered (states / date) | Clearinghouse full query date

PRIOR-EMPLOYER SAFETY PERFORMANCE HISTORY AUTHORIZATION

49 CFR §§ 391.23, 40.25, 382.413

Detach and send this page to previous DOT-regulated employers. Keep a copy in the Driver Qualification File.

TO BE COMPLETED BY THE APPLICANT

Applicant last name | First name | SSN last 4 | Date of birth

Previous employer name (send this page to) | Previous employer city / state

Dates employed there — from | To | Position / equipment

I authorize Allied Towing (USDOT 2479316) and its agents to investigate my background, including prior employers, driving records, and drug and alcohol testing history as required by 49 CFR §§ 391.23, 40.25, and 382.413.

I authorize the previous employer named above to release to Allied Towing information about my safety performance history for the preceding three years, including accidents (and whether they were preventable), and drug and alcohol testing information, including alcohol tests of 0.04 or greater, verified positive controlled-substance tests, refusals to be tested (including adulterated or substituted specimens), and other violations of DOT drug and alcohol regulations, together with documentation of completion (or failure to complete) of the return-to-duty process and SAP follow-up testing.

I release the previous employer, Allied Towing, and their agents and employees from liability for providing or receiving that information in good faith. A photocopy or electronic copy of this authorization is as valid as the original.

Applicant printed name | Applicant signature | Date

TO BE COMPLETED BY THE PREVIOUS EMPLOYER

Did the applicant work for you? ☐ Yes ☐ No From To Position

Was the job subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive / DOT drug & alcohol testing? ☐ Yes ☐ No

Accidents in the 3 years before the inquiry date (49 CFR § 390.15)

Date	Location / nature	# Fat.	# Inj.	HazMat	Preventable?

No accidents in that period ☐

DOT drug and alcohol history (preceding 3 years)

Verified positive controlled-substance test	☐ Yes	☐ No	☐ N/A
Alcohol test 0.04 or greater	☐ Yes	☐ No	☐ N/A
Refusal to be tested (including adulterated/substituted)	☐ Yes	☐ No	☐ N/A
Other DOT Part 40 / Part 382 violation	☐ Yes	☐ No	☐ N/A
Completed SAP / return-to-duty and follow-up (if any violation)	☐ Yes	☐ No	☐ N/A

Remarks / eligible for rehire?

Completed by (printed name / title) | Phone | Signature | Date

Return to: Allied Towing • USDOT 2479316 • Keep a copy with the Driver Qualification File.
Previous employer: respond within 30 days of receipt (49 CFR § 391.23). Applicant may rebut information under § 391.23(i)–(j).