

# Application for Qualification

Company RIPLEY TRANSPORT INC. Address 102 North Gorman Avenue

City Litchfield State MN Zip Code 55355

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

## Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date \_\_\_\_\_ Check One:     Contractor     Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Physical Exam Expiration Date \_\_\_\_\_

Current & Three Years Previous Addresses:

	From _____	To _____
	From _____	To _____
	From _____	To _____
	From _____	To _____

## Education and Employment History

Please circle the highest grade completed:

Grade School:    1   2   3   4   5   6   7   8   9   10   11   12

College:    1   2   3   4   Post-Graduate:    1   2   3   4

Give a **Complete Record** of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

	<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____		To _____	Name _____
Position Held _____			Address _____ <small>(Street) (City) (State/Zip)</small>
Reason For Leaving _____			Phone # (_____) _____

	<b>Mo/Yr</b>	<b>Mo/Yr</b>	<b>Present or Last Employer:</b>
From _____		To _____	Name _____
Position Held _____			Address _____ <small>(Street) (City) (State/Zip)</small>
Reason For Leaving _____			Phone # (_____) _____

## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

### Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?..... YES  NO

B. Has any license, permit or privilege ever been suspended or revoked?..... YES  NO

C. Have you ever been convicted of a felony?..... YES  NO

If the answers to A, B, or C is "YES", give details \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Disclosure & Authorization To Release Information

I am aware that consumer reports (Motor Vehicle Report) will be obtained on me in the course of my employment with Ripley Transport.

I hereby authorize, without reservation, any party, state or agency contacted by Hicks Bus Line to furnish the above mentioned information.

This authorization will remain on file and serve as ongoing authorization to procure consumer reports at any time during my employment period.

---

Sign & Print Name

Date



**STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC SAFETY  
SCHOOL BUS CRIMINAL RECORDS CHECK AUTHORIZATION**

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes, § 171.321, Subd. 3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

**If you have resided in Minnesota for less than five years, the ckeck will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time, which could delay the application process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check and the current price for the check. There is no additional fee associated with the BCA check; however, there is an additional fee to conduct the FBI check.**

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in Minnesota Statutes, §171.3215, when issuing or denying an application for a school bus driver's endorsement (see the reverse side of this form). The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions please call 651/297-5029, or TDD 651/282-6555; or write: Department of Public Safety, Commercial Driver License Unit, 445 Minnesota St., Suite 180, St. Paul, MN 55101-5180.

Please fax this form to: 651/297-4447 or mail to the above address.

"I, the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota Statutes, §171.321, Subd. 3."

**APPLICANT:**

**PROSPECTIVE EMPLOYER:**

\_\_\_\_\_  
Applicant's Full Name (please print)

\_\_\_\_\_  
Name of Prospective Employer

\_\_\_\_\_  
Applicant's maiden Name, Previous Name(s) Used

\_\_\_\_\_  
Prospective Employer's Street Address

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Prospective Employer's City, State, Zip

\_\_\_\_\_  
Applicant's City, State, Zip

\_\_\_\_\_  
Contact Person of Prospective Employer

\_\_\_\_\_  
Applicant's Driver's License Number

\_\_\_\_\_  
Contact Person's Phone Number

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Authorized Signature of Prospective Employer

\_\_\_\_\_  
Applicant's Signature