

# DRIVER PROFILE

This form is required by Sections 383.5 & 391.21 of the Federal Motor Carrier Safety Regulations.



*“When Customer Service Counts”*<sup>®</sup>

955 Hamilton Avenue  
University Park IL 60466

**PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS**

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PRESENT CITY, STATE, ZIP \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
*(If at present address for less than 3 years)*

PREVIOUS CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SECONDARY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

WHERE DID YOU HEAR ABOUT **DYNAMIC**<sup>®</sup>? \_\_\_\_\_

<u>HIGH SCHOOL NAME</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>
<u>TRUCK DRIVING SCHOOL</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>
<u>ANY OTHER SCHOOL(S)</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>

Have you ever been convicted of a criminal offense other than traffic? YES NO  
if yes, when & where? \_\_\_\_\_

Have you ever been discharged or suspended from a job? YES NO  
if yes, when & why? \_\_\_\_\_

Have you ever been known by any other legal name? YES NO

Do you have more than one driver's license? YES NO

Do you have a current valid CDL? YES NO

Are you a U.S. Citizen? YES NO

**LIST ALL LICENSES HELD IN THE PAST 5 YEARS FROM ALL STATES**

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>

**ACCIDENT RECORD**  
LIST ALL ACCIDENTS WHILE IN EITHER YOUR TRUCK OR AUTO, INCLUDING PROPERTY DAMAGE FOR THE PAST 3 YEARS (BOTH PREVENTABLE & NON-PREVENTABLE)

<u>DATE</u>	<u>TYPE OF VEHICLE</u>	<u>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</u>	<u>LOCATION (STATE)</u>	<u>INDICATE PREVENTABLE OR NON-PREVENTABLE</u>	<u>NUMBER OF FATALITIES</u>	<u>NUMBER OF INJURIES</u>	<u>AMOUNT OF PROPERTY DAMAGE</u>

**LIST TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS**

<u>DATE</u>	<u>TYPE VEHICLE</u>	<u>LOCATION (STATE)</u>	<u>VIOLATION</u>	<u>PENALTY (FINE, SUSPENSION, ETC.)</u>

- |  |     |    |
|--|-----|----|
| Have you ever been denied a license or privilege to operate a motor vehicle?                           | YES | NO |
| Has any license or privilege ever been suspended or revoked?   | YES | NO |
| Have you ever been convicted of driving while intoxicated?   | YES | NO |
| Have you ever been convicted of possession, sale or use of a narcotic drug, amphetamine or derivative? | YES | NO |
| Have you ever been refused auto liability insurance?   | YES | NO |

*If the answer to any of the above is "YES", state the circumstances and date:*

**LIST DRIVING EXPERIENCE**

<u>CLASS OF EQUIPMENT</u>	<u>TYPE &amp; SIZE OF TRAILER</u>	<u>DATES</u>		<u>APPROXIMATE NUMBER OF MILES</u>
		<u>FROM</u>	<u>TO</u>	
DIESEL TRACTOR & SEMI-TRAILER				
DIESEL TRACTOR & REEFER				
ANY OTHER COMBINATION				

CHECK BELOW STATES IN WHICH YOU HAVE OPERATED A COMMERCIAL VEHICLE DURING THE PAST 10 YEARS

<i>EAST</i>	<i>MIDWEST</i>	<i>WEST</i>	<i>SOUTH</i>
<input type="checkbox"/> CONNECTICUT	<input type="checkbox"/> ILLINOIS	<input type="checkbox"/> ARIZONA	<input type="checkbox"/> ALABAMA
<input type="checkbox"/> DELAWARE	<input type="checkbox"/> INDIANA	<input type="checkbox"/> CALIFORNIA	<input type="checkbox"/> ARKANSAS
<input type="checkbox"/> MAINE	<input type="checkbox"/> IOWA	<input type="checkbox"/> COLORADO	<input type="checkbox"/> FLORIDA
<input type="checkbox"/> MARYLAND	<input type="checkbox"/> KANSAS	<input type="checkbox"/> IDAHO	<input type="checkbox"/> GEORGIA
<input type="checkbox"/> MASSACHUSETTS	<input type="checkbox"/> MICHIGAN	<input type="checkbox"/> MONTANA	<input type="checkbox"/> KENTUCKY
<input type="checkbox"/> NEW HAMPSHIRE	<input type="checkbox"/> MINNESOTA	<input type="checkbox"/> NEVADA	<input type="checkbox"/> LOUISIANA
<input type="checkbox"/> NEW JERSEY	<input type="checkbox"/> MISSOURI	<input type="checkbox"/> NEW MEXICO	<input type="checkbox"/> MISSISSIPPI
<input type="checkbox"/> NEW YORK	<input type="checkbox"/> NEBRASKA	<input type="checkbox"/> OKLAHOMA	<input type="checkbox"/> NORTH CAROLINA
<input type="checkbox"/> PENNSYLVANIA	<input type="checkbox"/> NORTH DAKOTA	<input type="checkbox"/> OREGON	<input type="checkbox"/> SOUTH CAROLINA
<input type="checkbox"/> RHODE ISLAND	<input type="checkbox"/> OHIO	<input type="checkbox"/> TEXAS	<input type="checkbox"/> TENNESSEE
<input type="checkbox"/> VERMONT	<input type="checkbox"/> SOUTH DAKOTA	<input type="checkbox"/> UTAH	<input type="checkbox"/> VIRGINIA
	<input type="checkbox"/> WISCONSIN	<input type="checkbox"/> WASHINGTON	<input type="checkbox"/> WEST VIRGINIA
		<input type="checkbox"/> WYOMING	

**EMPLOYMENT HISTORY FOR THE LAST 10 YEARS**  
*LEAVE NO GAPS! ACCOUNT FOR ALL TIME IN THE LAST 10 YEARS.*  
 May we contact your current employer to verify employment?    YES    NO

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
 Company Truck? YES NO      Refrigerated Freight? YES NO  
 Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
 Reason for leaving: \_\_\_\_\_

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
 Company Truck? YES NO      Refrigerated Freight? YES NO  
 Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
 Reason for leaving: \_\_\_\_\_

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
 Company Truck? YES NO      Refrigerated Freight? YES NO  
 Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
 Reason for leaving: \_\_\_\_\_

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
Company Truck? YES NO Refrigerated Freight? YES NO  
Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
Reason for leaving: \_\_\_\_\_

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
Company Truck? YES NO Refrigerated Freight? YES NO  
Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
Reason for leaving: \_\_\_\_\_

COMPANY: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Total # of accidents: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position you held: \_\_\_\_\_  
Company Truck? YES NO Refrigerated Freight? YES NO  
Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO  
Reason for leaving: \_\_\_\_\_

Driver has the right to: 1) Review responses to employment inquiries from past employer(s), 2) Request to have past employer(s) correct any errors and resubmit the response(s) to Dynamic Transportation Company, Inc., and 3) Submit a rebuttal statement if the driver and previous employer(s) disagree upon the accuracy of the information provided.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty by myself. It is agreed and understood that *Dynamic Transportation Company, Inc.* or its agents will investigate the driver's background to ascertain any and all information pertaining to the driver's record, whether same is of record or not, and driver releases all persons and companies named herein from all liability for any damages on account of his or her furnishing such information. The driver agrees to furnish such additional information and complete such examinations as may be required to complete his or her file. It is agreed and understood that this form in no way obligates *Dynamic Transportation Company, Inc.* to contract with the driver. This certifies that this form was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

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

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

Telephone: 800/654-8989

FAX: 708/534-9005

Request for Information from Previous Employers

I hereby authorize you to release the following information to Dynamic Transportation Company, Inc. for purposes of investigation as required by Section 391.23 of the FMCSR. Such information will include, but is not limited to: (1) Hours-of- Service violations that resulted in an out-of-service order. (2) Accidents. (3) Failure to undertake or complete a rehabilitation program recommended by a substance abuse professional (SAP). (4) The results of any previous drug or alcohol test results, including refusals to be tested as stated in 49 CFR.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

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

Attn: Safety Department

The below named individual has contacted our company for a position as an independent contractor/driver and states that he/she was employed by your company from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing the information requested below. **Please return FAX to 708/534-9005.**

Sincerely,  
*Lyle Braun*  
Safety Department

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Name of contractor: \_\_\_\_\_ S/S #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_.

Did he/she drive a motor vehicle for you?      Y      N      Refrigerated?      Y      N  
Was he/she a safe driver?      Y      N      Long Haul?      Y      N

What was his/her reason for leaving?      Discharged \_\_\_\_, Resigned \_\_\_\_, Lack of Work \_\_\_\_. *Please check one*

Was his/her general conduct satisfactory?      Y      N      *If not, please explain:* \_\_\_\_\_

Did he/she have any known physical limitations or disabilities?      Y      N

**Out-of-Service Violations**

Did he/she have any Hours-of-Service violations which resulted in an out-of-service-order?      Y      N  
Please explain:

**If an owner-operator,**

Did he/she have any equipment maintenance problems which resulted in an out-of-service order?      Y      N

**Accidents**

How many accidents did he/she have in the last 3 years while working for your company? \_\_\_\_\_

# Preventable \_\_\_\_\_      # Non-preventable \_\_\_\_\_

Any other remarks or comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return FAX to 708/534-9005 or Call 800/654-8989**

## Driver Notification and Release

In connection with my *qualification* to operate a Commercial Motor Vehicle under Dynamic Transportation Company, Inc. (hereinafter referred to as Dynamic) operating authority, I understand that a consumer report which may contain public record information may be requested from any consumer reporting agency, including, but not limited to, DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc., from federal, state, and other agencies which may maintain such records as well as information from any consumer reporting agency concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving myself in the files of insurance companies.

**I authorize without reservation, any party contacted by Dynamic, DAC or any other consumer reporting agency to furnish the above mentioned information. I also authorize *Dynamic Transportation Company, Inc.* to furnish such information to *DAC*.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my work history with Dynamic (if applicable) will be supplied by Dynamic to DAC, and by DAC to other companies which subscribe to DAC Services.

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*Print Name*

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*Social Security Number*

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*Applicant's Signature*

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*Date*

**Tractor/Trailer Information**

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Federal I.D#:** \_\_\_\_\_ *(if None write None)*

**Are You Incorporated?** Yes No *(Please circle one)*

\*\*\*\*\*

**Tractor Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Tractor Serial #:** \_\_\_\_\_ *(entire)*

**# of Axles:** \_\_\_\_\_ **Empty Weight:** \_\_\_\_\_ *pounds*

**Cabover..... Conventional** *(circle one)*

**Tractor Air Ride?** Yes No *(please circle one)*

\*\*\*\*\*

**Reefer unit:** Make: \_\_\_\_\_ Year: \_\_\_\_\_ Hours: \_\_\_\_\_

**Last Calibration Date:** \_\_\_\_\_

**Trailer Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Length:** \_\_\_\_\_ *feet* **Height:** \_\_\_\_\_ *feet* **Width:** \_\_\_\_\_ *feet*

**Trailer Serial #:** \_\_\_\_\_ *(entire)*

**Trailer Empty Weight:** \_\_\_\_\_ *(pounds)*

**Trailer Air Ride?** Yes No *(please circle one)*