



APPLICATION FOR QUALIFICATION

Company: Universal Communications, LLC.

Address: 19915 W 161st St Suite E

City: Olathe State: KS Zip: 66062

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 is "No" or "None", do not leave blank, write "No" or "None".

Date _____ Position Applying for _____

Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**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.*

Physical Exam Expiration Date: _____

Email Address: _____

Current & Three Years Previous Address:

_____ From _____ To _____
Address City State Zip

_____ From _____ To _____
Address City State Zip

_____ From _____ To _____
Address City State Zip

Have you worked for this company before? ___ Yes ___ No

If yes, give dates. From _____ To _____

Reason for leaving? _____

Education 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



Employment History

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.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
Were you subjected to FMCSRs* while employed here? () Yes () No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? () Yes () No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
Were you subjected to FMCSRs* while employed here? () Yes () No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? () Yes () No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
Were you subjected to FMCSRs* while employed here? () Yes () No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? () Yes () No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____
Were you subjected to FMCSRs* while employed here? () Yes () No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? () Yes () No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

Driving Experience

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

List states operated in, for the last five years: _____

List special courses/training competed (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	Endorsement	Expiration Date

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

A. Has any license, permit or privilege ever been suspended or revoked? YES [] NO []

B. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES [] NO []

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

If the answers to A, B, C, or D is "YES", give details _____

Personal Reference

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 _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating 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 application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Applicant Signature _____ Date _____