



APPLICATION FOR QUALIFICATION

U.S. DOT No. 125550

ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 252-8885 / (812) 424-2222

AGENT NAME: \_\_\_\_\_

AGENT CODE: \_\_\_\_\_

APPLICANT:

Frequently the qualification process is delayed due to incomplete or missing information on the application for driver qualification. IN ORDER TO AVOID ANY DELAY, PLEASE TAKE A FEW MINUTES AFTER YOU COMPLETE THE APPLICATION TO MAKE SURE ALL SECTIONS ARE COMPLETE. If you have any questions, feel free to contact the Atlas Safety Department.

NAME (First Full Name) (Middle) (Last) DATE OF BIRTH

SOCIAL SECURITY NO. PHONE (Area Code)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

CURRENT MAILING ADDRESS (Street) (City) (State & Zip) HOW LONG? YRS/MONTHS

CURRENT RESIDENCE ADDRESS (Street) (City) (State & Zip) HOW LONG? YRS/MONTHS

IF DIFFERENT FROM ABOVE: (Street) (City) (State & Zip) HOW LONG? YRS/MONTHS

ALL RESIDENCE ADDRESSES FOR PAST THREE YEARS (Street) (City) (State & Zip) HOW LONG? YRS/MONTHS

WHO REFERRED YOU TO ATLAS? \_\_\_\_\_

EDUCATION AND TRANSPORTATION EXPERIENCE SECTION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED (Name) (City & State) (Date - Month/Year)

DRIVING EXPERIENCE SECTION

Table with 4 columns: CLASS OF EQUIPMENT, TYPE OF EQUIPMENT, DATES (MONTH/YEAR) FROM TO, APPROXIMATE NUMBER OF MILES. Rows include STRAIGHT TRUCK and TRACTOR & TRAILER.

DRIVER LICENSE SECTION

A. List all licenses you have held during the past 3 years regardless whether or not you still hold the license.

Table with 5 columns: DRIVER LICENSE, STATE, LICENSE NUMBER, TYPE/CLASS, EXPIRATION DATE.

B. HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN DENIED, SUSPENDED OR REVOKED? YES NO IF YES, LIST DATE, STATE AND GIVE COMPLETE DETAILS. THIS QUESTION IS NOT LIMITED TO THE LAST THREE YEARS.

**EMPLOYMENT SECTION**

We must have a full 3 years employment history. Start with your present employer and list the month/year you began employment and the month/year you terminated employment. **BE SURE TO GO BACK 3 FULL YEARS FROM THE DATE OF THE APPLICATION.** Explain fully any gaps in employment during the 3 years listed. If you were self-employed or unemployed during this period, you must supply 3 references (other than relatives) who can verify your whereabouts. Submit name, address and phone number of each reference. **NOTE: IF YOU HAVE BEEN EMPLOYED AS A COMMERCIAL MOTOR VEHICLE OPERATOR, YOU MUST LIST ALL PREVIOUS EMPLOYMENT AS A DRIVER DURING THE PRIOR 10-YEAR PERIOD ENDING ON THE DATE OF THE APPLICATION.** We are unable to accept resumes in lieu of an application.

**PRESENT / LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

- 1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
- 2. 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
- 3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**SECOND LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

- 1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
- 2. 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
- 3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**THIRD LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

- 1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
- 2. 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
- 3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**FOURTH LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

- 1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
- 2. 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
- 3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**FIFTH LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**SIXTH LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**SEVENTH LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**EIGHTH LAST EMPLOYER:**

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING \_\_\_\_\_

1. While employed, did you operate a motor vehicle in interstate commerce used to transport passengers or property and the vehicle (a) weighed or had a GVWR of 10,001 pounds or more; (b) was designed to transport 9 or more passengers; or (c) was of any size and was used to transport hazardous materials in a quantity regarding placarding?  YES  NO
2. 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
3. Did you operate a motor vehicle that required a commercial driver's license (CDL)?  YES  NO

**ACCIDENT INVOLVEMENT SECTION**

A. List all accidents in which you have been involved during the last 3 years whether chargeable or non-chargeable and while operating both personal and commercial vehicles. **IF YOU HAVE NOT BEEN INVOLVED IN ANY ACCIDENTS DURING THIS PERIOD, WRITE "NONE".**

CITY/STATE	MONTH/YR	FATALITIES	INJURIES	HAZARDOUS MAT'L SPILL	BRIEF DESCRIPTION OF ACCIDENT (INCLUDE TYPE OF VEHICLE)

**TRAFFIC CONVICTIONS/FORFEITURES SECTION**

A. List all traffic convictions or forfeitures, other than parking violations, for the past 3 years. This includes, but is not limited to, equipment violations, overweight and all moving violations. This section is to include both personal and commercial motor vehicles. **IF YOU HAVE NOT RECEIVED ANY CONVICTIONS OR FORFEITURES DURING THIS PERIOD, WRITE "NONE". IF VIOLATION IS SPEEDING, PLEASE LIST THE SPEED CITED FOR AND THE POSTED SPEED LIMIT.**

LOCATION	MONTH/YR	CHARGE	PENALTY	TYPE OF VEHICLE (COMMERCIAL OR PERSONAL)

**COURT RECORD SECTION**

A. Have you ever been convicted of anything other than a minor traffic violation?  YES  NO

NOTE: If the answer to this question is YES, explain in detail including the specific location (county) and date of conviction. A record will not necessarily disqualify an applicant. However, should you answer NO and our investigation discovers otherwise, this may be considered falsification of the application and you may not be qualified. **THIS SECTION IS NOT LIMITED TO 3 YEARS.**

**TO BE READ AND SIGNED BY APPLICANT**

I understand that: (a) Atlas Van Lines, Inc. (Atlas) is an interstate motor carrier subject to federal law and regulations issued by the U.S. Department of Transportation (DOT) and its agencies; (b) this is an application for qualification by Atlas as a driver as required by DOT regulations and is not an application for employment by Atlas or any Atlas agent; (c) the persons identified in this application, including each previous employer who employed me to operate a commercial motor vehicle within the previous three years (a DOT Employer), will be contacted to make an investigation of my personal and employment history and the investigations required by 49 C.F.R. §391.23; (d) I am required by law to pass a DOT medical examination and drug test(s) prior to qualification; (e) this application does not obligate Atlas to qualify me and, if I am qualified, does not create an employment relationship between Atlas or any Atlas agent and me; (f) all conditions and terms of qualification by Atlas are subject to change without notice, qualification is for no definite period of time, Atlas may terminate my qualification, with or without cause, and with or without notice, at any time; (g) any misrepresentation or omission of information by me in this application shall be grounds for rejection of my application or suspension or termination of my qualification with Atlas; (h) I may be asked to furnish additional information; and (i) I have the right to:

- Review information provided by previous DOT Employers;
- Have errors in the information corrected by previous DOT Employers and for those previous DOT Employers to send the corrected information to Atlas; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous DOT Employer and I cannot agree on the accuracy of the information.

I authorize (a) Atlas to make an investigation of my general and personal information and employment history; (b) Atlas to make the investigations required by 49 C.F.R. §391.23 of my general information, employment, driving record, safety performance history with DOT Employers, accident history, alcohol and drug testing results and refusals to test, completion of or failure to complete any rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the DOT drug and alcohol testing requirements and testing violations subsequent to completion of a SAP's rehabilitation referral; (c) Atlas to obtain a consumer report (as defined in The Fair Credit Reporting Act) on me in connection with its investigations that may be used for employment purposes; (d) any person who is contacted by Atlas in connection with its investigations, including my prior employers, schools or educational institutions, consumer reporting agencies and any other persons, to respond to Atlas' inquiries and participate in such investigations; and (e) Atlas to release to its agent(s) information obtained in connection with the investigations set out in (a) and (b) and the report in (c), including copies of this application and any other applicable documents.

I release Atlas, its agents, the persons providing information in response to Atlas' investigations and obtaining a consumer report, and the employees of each of them, from any and all claims for liability and damages that I may have as a result of such investigations and report. Except with respect to DOT Employers, I waive any right to written or verbal notice of information disclosed by my prior employers.

I certify that the statements made in this application are true and correct.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**ATLAS VAN LINES, INC.**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208) (the *Act*), you are being informed that a consumer report (as defined in the Act), that among other things, verifies your previous employment, previous drug and alcohol test results, your driving record and criminal history may be obtained on you and may be used for employment purposes. If any adverse action is taken with respect to you that is based in whole or in part on any information contained in a consumer report, you have the right to obtain a free copy of the consumer report on you from the consumer reporting agency if you make a request for such report not later than 60 days after receipt by you of notice of the adverse action. You shall also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security Number

**NOTICE AND AUTHORIZATION REGARDING  
CRIMINAL BACKGROUND INVESTIGATIONS**

**Note: This form is not for California, Oklahoma or Minnesota Residents**

Re: Mabeys Moving & Storage, Inc. (the Employer)

I understand that a consumer report concerning my criminal and police records, including information maintained by public and private organizations, may be obtained by the Employer in connection with my application for employment.

I also understand that before any adverse action is taken, based in whole or in part on the information contained in the report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I authorize the Employer to utilize the services of a consumer reporting agency to conduct an investigation concerning my criminal or police records, including information maintained by both public and private organizations for the purpose of confirming information on my application and/or obtaining other information which may be material to my qualifications for employment.

I release the Employer and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits involving information obtained from any and all of the above-referenced sources.

I have been given this notification that a report will be requested and used for the purpose of evaluating me for employment.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Maiden Name or any other Name(s) used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip