



CF LOGISTICS LLC

PO Box 686, Avondale, PA 19311
Phone: 610-268-5147
Fax: 610-268-3695

Thank you for your interest in becoming a Professional CDL Driver with CF Logistics LLC

We understand that the information you provide us on this application is very sensitive and want you to know that we will safeguard this information and only use it as necessary to meet the Department of Transportation and CF Logistics requirements.

Criteria needed in order to be considered for employment

- 1 or more years or of verified tractor trailer experience (Full Time / like equipment)
- Clean MVR
- Current DOT medical card
- Minimum of 23 years of age
- No drug convictions, positive drug screens, or refusals to test
- No DUI or DWI violation while driving a commercial vehicle
- Valid CDL Class A driver's license

Required assessments prior to job offer

- Credit Report
- Criminal History
- DMV Record Check
- DOT Background Check
- Driver's Road Test
- Pre-employment Drug Test
- Previous Employment Verification

If you meet the above criteria, please, take the time to fill out the driver application completely

Please write your name exactly as it is shown on your social security card

Please include your middle name

Please return all paperwork to CF Logistics and we will be contacting you shortly

Thank you

CF Logistics LLC
Recruiting



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Sample Driver Positions

Local Drivers 150 mile radius – Home every night
Regional Drivers 500 mile radius – On the road 1-2 nights
Over the Road Drivers: 1500 mile radius – On the road 3-5 nights

Operations

Equipment: More than 25 tractors
More than 29 – 48' & 53' Air Ride Reefers
3 Class B Refrigerated Straight Trucks
Terminals: Avondale, PA
Winter Haven, FL
Services: Truckload
LTL
Contract Distribution
Warehousing
Air Freight
Ocean Freight
Export
Area Served: Nationwide

Offers

Competitive Pay
Dedicated Runs
Assigned Late Model Equipment
Close Working Relationship with Employees
Long Term Customer Relationships
Flexible Work Schedules
Bonuses

Benefit Program

Paid Holidays
Paid Vacation
Paid Medical
Major Medical/ Prescription Plan
Low Cost Doctor Visits
Vision, Dental, Paid Short Term Disability
Paid Life Insurance
Retirement Program

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Driver Application for Employment

In compliance with Federal & State Equal Employment Opportunity Laws, it is the policy of CF Logistics LLC to provide equal employment opportunity to all qualified applicants regardless of race, color, religion, age, national origin, sex, marital status, veteran status, or the presence of a non-job related medical condition or handicap or any other characteristic protected by federal, state, or local law. In addition, CF Logistics LLC will provide reasonable for otherwise qualified disabled individuals.

PLEASE READ CAREFULLY:

Each question should be fully and accurately answered. No action can be taken until all questions have been answered. Use blank paper if you do not have enough space on this application to provide additional information in completing any questions. DO NOT write any comments or make any other notes on this application that are not asked for. Please print, except for your signature. In reading and answering the following questions, be aware that none of the questions and intended to imply illegal preferences or discrimination based upon non-job-related information.

As part of the application process, I am aware that certain pre-qualification procedures are involved, including driving test, classroom attendance, and other pre-hiring examinations. I understand and agree that during this period, I am not an employee of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring and until such time as I receive written notification from a Company official that I have been hired, my position is that of an applicant.

PLEASE PRINT (Handwritten by applicant)

Today's Date: _____
mm / dd / yyyy

Full Name _____
Last First Middle Initial

Social Security No _____

Address _____
Street

E-Mail Address _____

City State Zip

How Long Have You Lived At This Address? ____ Years, ____ Months

Addresses For The Past Three (3) Years other than above:

Street	City	State	Zip	How Long
				Yrs. Months
				Yrs. Months
				Yrs. Months

Home Phone (____) _____ Cell Phone (____) _____ Other (____) _____

In Case Of Emergency, Notify _____ at (____) _____

Date of Birth _____
mm / dd / yyyy

If Hired, Can You Provide Proof Of Age? Yes No

How Did You Hear About Our Company? _____
(Insert Name of Employee, Name of Newspaper, Etc...)

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If yes, reason for leaving: _____

Are you currently employed? Yes No When would you be available to start working? _____
mm / dd / yyyy

Are you prevented from lawful employment in this country because of immigration status? Yes No

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Did you graduate? Yes No

Other Training: _____

Do you have full knowledge of the federal motor carrier safety regulations? Yes No

Applicant Initials _____

Driving Experience

Power Equipment	Type Of Equipment (Van, Tank, Flat, etc...)	Number Of Years Experience	Approximant Miles Driven	States You Have Driven In
Straight Truck				
Tractor Trailer				
Doubles				
Other (Specify)				

List Each Motor Vehicle Operator's License or Permit You Have Been Issued in the Last 3 Years

License Number	State	Type Of License (CDL Class A, Class 1, Etc.)	CDL Endorsements	Expiration Date

Work History Experience and Qualifications for the Past 10 Years

Leave No Gaps – Include All Information (Driving and Non-Driving)

In the spaces below give a complete and consecutive work history covering the past 10-years of employment. Show all periods of unemployment and explain reasons leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of employment.

Current or most recent employer if unemployed now		From Date: _____	To Date: _____
Company: _____		Phone Number: _____	Fax Number: _____
Address: _____			
Street	City	State	Zip
Position Held: _____	Pay Rate: _____	Annual Mileage: _____	
Reason for Leaving: _____		Supervisor: _____	
Type of equipment operated at this job, specify amount of time operated for each equipment type.			
<input type="checkbox"/> Tractor / Trailer _____	<input type="checkbox"/> Tanker / Bulk _____	<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Bus _____	<input type="checkbox"/> Straight Truck _____	<input type="checkbox"/> Flatbed _____	
Type of driving could be best described as: <input type="checkbox"/> Long Haul <input type="checkbox"/> Regional <input type="checkbox"/> P & D <input type="checkbox"/> Day time <input type="checkbox"/> Night time			
Was this a safety-sensitive position requiring drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second to last employer		From Date: _____	To Date: _____
Company: _____		Phone Number: _____	Fax Number: _____
Address: _____			
Street	City	State	Zip
Position Held: _____	Pay Rate: _____	Annual Mileage: _____	
Reason for Leaving: _____		Supervisor: _____	
Type of equipment operated at this job, specify amount of time operated for each equipment type.			
<input type="checkbox"/> Tractor / Trailer _____	<input type="checkbox"/> Tanker / Bulk _____	<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Bus _____	<input type="checkbox"/> Straight Truck _____	<input type="checkbox"/> Flatbed _____	
Type of driving could be best described as: <input type="checkbox"/> Long Haul <input type="checkbox"/> Regional <input type="checkbox"/> P & D <input type="checkbox"/> Day time <input type="checkbox"/> Night time			
Was this a safety-sensitive position requiring drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant Initials _____

Work History Continued...

Third to last employer From Date: _____ To Date: _____

Company: _____ Phone Number: _____ Fax Number: _____

Address: _____
Street City State Zip

Position Held: _____ Pay Rate: _____ Annual Mileage: _____

Reason for Leaving: _____ Supervisor: _____

Type of equipment operated at this job, specify amount of time operated for each equipment type.

Tractor / Trailer _____ Tanker / Bulk _____ Other (Specify) _____

Bus _____ Straight Truck _____ Flatbed _____

Type of driving could be best described as: Long Haul Regional P & D Day time Night time

Was this a safety-sensitive position requiring drug/alcohol testing? Yes No

Forth to last employer From Date: _____ To Date: _____

Company: _____ Phone Number: _____ Fax Number: _____

Address: _____
Street City State Zip

Position Held: _____ Pay Rate: _____ Annual Mileage: _____

Reason for Leaving: _____ Supervisor: _____

Type of equipment operated at this job, specify amount of time operated for each equipment type.

Tractor / Trailer _____ Tanker / Bulk _____ Other (Specify) _____

Bus _____ Straight Truck _____ Flatbed _____

Type of driving could be best described as: Long Haul Regional P & D Day time Night time

Was this a safety-sensitive position requiring drug/alcohol testing? Yes No

Fifth to last employer From Date: _____ To Date: _____

Company: _____ Phone Number: _____ Fax Number: _____

Address: _____
Street City State Zip

Position Held: _____ Pay Rate: _____ Annual Mileage: _____

Reason for Leaving: _____ Supervisor: _____

Type of equipment operated at this job, specify amount of time operated for each equipment type.

Tractor / Trailer _____ Tanker / Bulk _____ Other (Specify) _____

Bus _____ Straight Truck _____ Flatbed _____

Type of driving could be best described as: Long Haul Regional P & D Day time Night time

Was this a safety-sensitive position requiring drug/alcohol testing? Yes No

Applicant Initials _____

Work History Continued...

Sixth to last employer From Date: _____ To Date: _____
 Company: _____ Phone Number: _____ Fax Number: _____
 Address: _____
Street City State Zip
 Position Held: _____ Pay Rate: _____ Annual Mileage: _____
 Reason for Leaving: _____ Supervisor: _____

Type of equipment operated at this job, specify amount of time operated for each equipment type.

Tractor / Trailer _____ Tanker / Bulk _____ Other (Specify) _____
 Bus _____ Straight Truck _____ Flatbed _____

Type of driving could be best described as: Long Haul Regional P & D Day time Night time

Was this a safety-sensitive position requiring drug/alcohol testing? Yes No

List ALL Motor Vehicle Accidents (REGARDLESS OF FAULT or Vehicle Type) In which you were involved during the past FIVE years

If you have not been involved in any accidents, please write "None" in the space provided

Date	Nature of Accident (Overturn, Jack Knife, Rear End, Etc.)	No. of Fatalities	No. of Injuries	Commercial Vehicle	Personal Automobile

Motor Vehicle Violations during the past FIVE years

List all violations of Motor Vehicle Laws or Ordinances (other than parking) of which you have been convicted or forfeited bond or collateral during the past 5 years. If you have not had any, write "None" in the space provided

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

- | | | |
|--|------------------------------|-----------------------------|
| A Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B Has any license, permit or privilege been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C Have you ever been convicted for driving while intoxicated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D Have you ever been convicted for possession, sale, or use of a narcotic drug? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E Have you ever been refused auto liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F Have you ever been arrested or convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your answer to A, B, C, D, E, or F is YES, state circumstances and dates: _____

Applicant Initials _____

Applicant Must Read And Sign

I certify that I have read and understood all of this employment application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I understand that if offered a job, it may be conditioned on the results of an investigation of my workers' compensation history and I give my consent to the CF Logistics LLC to inquire and request from any previous employer, local, state or federal agency, the release of any information regarding past injuries or workers' compensation history that may exist as part of my job application and the screening process. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment or discharge.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and no other reason.

In consideration of my leasing/ employment, I agree to the rules and regulations of this company, and my employment can be terminated with or without notice, at any time at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice-President of the company has any authority to enter into any agreements for employment/ leasing for any special period of time, or to make any agreement contrary to the foregoing.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested, or allowed to attend a training class is intended to create an employment/ lease contract between this company and myself for either employment/ leasing or for the providing of any benefit.

No promises regarding employment/ leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/ leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

In connection with my application with you, I understand that an investigative consumer report is being used from DAC Services or another provider that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from the previous employers. Further, I understand that you will be requesting information regarding my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/ leased will be supplied to DAC to other companies that subscribe to their services.

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can you perform the functions described in the job description? Yes No

Please explain how, with or without reasonable accommodation, you will be able to perform those functions _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete.

Applicant's Signature

Date

Applicant's Name (PRINT)



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Applicant Certification Statement

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application, ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history.

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or, FRA) it was determined that you violated drug and alcohol regulations within the prior two years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

Date of violation

- I was deemed to have violated one or more of the following prohibitions. _____
- I had a verified positive drug test for a prior employer or as a pre-employment test. _____
- I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer. _____
- I refused to be tested (includes submitting a substituted or altered specimen). _____
- I performed a safety-sensitive function within five hours after using alcohol. _____
- I used alcohol while performing safety-sensitive functions. _____
- I was involved in an accident that required post-accident testing and I used alcohol prior to being tested. _____
- I used controlled substances while performing a safety-sensitive function. _____
- I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above. _____

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have have not completed the return to duty requirements

Prior employer (or company which I applied to) Company Name _____

Employer's Designated Employer Representative _____

Employer's Address _____

Employer's Telephone Number _____

Substance Abuse Professional information _____

Certification: I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or terminated of my employment if I am hired.

Applicant's Signature

Date

Applicants Name (PRINT)

Applicant's Authorization to Release Drug and DOT Information

To: _____
Name of Former Employer

I hereby authorize this company the right to make a thorough investigation of my past employment and activities and I release from all persons, companies, and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested, or allowed to attend a training class is intended to create an employment/ lease contract between this company and myself for either employment/ leasing or for the providing of any benefit. No promises regarding employment/ leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/ leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I have completed this release, and that all entries on it and information in it are true, correct, and complete.

In connection with my application with you, I understand that an investigative consumer report is being used from DAC Services or another provider that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from the previous employers. Further, I understand that you will be requesting information regarding my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/ leased will be supplied to DAC to other companies that subscribe to their services.

INVESTIGATION AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. This release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties, and type of equipment driven.

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or non-DOT) that you wish to provide to the prospective employer.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b) (I) (i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Signature

Date

Applicants Name (PRINT)

Investigation into Previous Employment

Date: _____

§ 391.23

Previous Employer:

Motor Carrier:

Company _____

Company _____

Name / Title _____

Name / Title _____

Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

Phone # _____

Phone # _____

Mr. / Mrs. / Ms. _____, Social Security No. _____
 has applied to our company for a position as a driver and states that he / she was employed by your company as a
 _____ from _____ to _____

We must obtain this information from you and review it within 30 days of the date of the driver's employment begins. Your reply will be held in strict confidence.

Sincerely,

Signature of Company Official

Release Authorization

I am authorizing you to release any and all information regarding my employment history, service, and conduct while I was employed by your company. You are release from any and all liability which may result from furnishing such information. You are hereby authorized to give the information requested to the person named above.

Applicant's Signature

Date

NOTE: The information may be obtained by personal interviews, telephone interviews, by mail, or by any other method the motor carrier deems appropriate.

1. Is employment record with your company correct as stated above? Yes No
 If no, please state correct information. _____
2. What kind(s) of work did he / she do? _____
3. Did he / she have custody of money or valuables? _____ Were his / her accounts properly kept? _____
4. If employed as a driver, specify what type of equipment was driven. _____
5. Was the above named person ever involved in any preventable accidents? Yes No If yes, how many? _____
6. The reason for leaving your employment was a result of: Discharge Laid Off Resigned
7. Was his / her general conduct satisfactory? Yes No Other _____
8. Would you ever consider re-hiring this person? Yes No Other _____
9. Do you have any additional comments on the above named person's employment history or to any of the above questions?

Previous Employer's Signature

Date

CF LOGISTICS, LLC.

PO Box 686, Avondale, PA 19311
Phone: 610-268-5147
Fax: 610-268-3695

Request for Official Copy of Driving Record

Date: _____

§§ 391.23, 391.25

Issued To:

From:

State Agency _____

Company _____

Name / Title _____

Name / Title _____

Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

The person named below has either applied or is being re-certified with our company for the position of a commercial motor vehicle driver. The Federal Motor Carrier Safety Regulations require us to obtain an official copy of the driving record for the past three years on all commercial motor vehicle drivers.

Please furnish us with the driving record of the person named below, or certify that no record exists. In the event that this request does not satisfy your requirements for making such a request, please send us the necessary from.

Enclosed you will find check no. _____ for \$ _____ to cover the cost.

Sincerely,

Signature of Company Official

Name Of Commercial Motor Vehicle Driver _____
First Middle Last

Address _____
Street City State Zip

License No. _____

Social Security No. _____ Date of Birth: _____

COMMERCIAL MOTOR VEHICLE DRIVER'S RELEASE AUTHORIZATION

I authorize you to release my driving record to the motor carrier named above.

Applicant's Signature

Date

I hereby certify that we will use the driving record for the sole purpose stated above.

* NOTARIZATION
Subscribed and sworn to before me:

Signature of Requestor

Date

Signature of Person Administering Oath

SEAL

Please note: Some states do not require this form to be notarized. Some states will not accept this form.



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STATEMENT OF VIOLATIONS

This form is to be completed at least once every 12 months.

DRIVER'S NAME: _____

§ 391.25 Annual Inquiry and Review of Driving Record
§ 391.27 Record of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature

Date

NAME OF MOTOR CARRIER: _____

ADDRESS: _____

Reviewed By: Signature

Title

CERTIFICATE OF REVIEW

To be certified by a motor carrier supervisor.

I have reviewed the driving record of _____
Driver's Name

In accordance with §391.25 and find that he / she:

_____ Meets minimum requirements for safe driving.

_____ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: _____

Supervisor's Signature

Date

Distribution of copies: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.