

Application & document checklist

Download and complete the forms in a PDF reader, or print and complete them. Use N/A where a question does not apply. Add signed and dated continuation pages whenever more space is needed.

Recruiting: Bini@Mercilogisticsllc.com | 678-301-8868 / 206-600-1701. Contact recruiting to arrange delivery of completed paperwork containing SSNs or identity documents. Employer address: 22804 110th Ave SE, Kent, WA 98031.

1. Prepare your application

[] **Signed driver employment application.** Include your contact details, date of birth, required identifying information, three-year residence history, driving experience, licenses, and availability.

[] **Employment history.** List every employer in the last three years, plus CMV-driving employers from the preceding seven years. Include dates, addresses, reasons for leaving, and the FMCSR / DOT testing questions. Attach extra application employment pages if needed; explain gaps.

[] **Driving history.** Report accidents and reportable traffic convictions / bond forfeitures for the last three years, and any license denial, suspension, or revocation. Include all unexpired CMV licenses or permits and prior licensing states.

2. Gather supporting documents

[] **CDL:** clear front and back copies, including endorsements and restrictions.

[] **Medical qualification:** provide your current medical certificate if available and any applicable FMCSA medical variance or SPE certificate. Merci must verify CDL medical status using the required licensing-state record; a card alone does not replace that verification.

[] **Previous employer contacts:** company name, address, phone, and safety contact for the required history. Sign applicable safety-history release requests as directed by recruiting.

[] **Drug / alcohol questionnaire:** complete and sign the included pre-employment questionnaire. Prior test results supplied by an applicant do not replace employer-arranged testing.

Do not enter SSNs, license numbers, medical documents, or bank details in the website general inquiry form. Do not provide a full medical examination report for an initial application.

Before your first dispatch

3. Complete these when instructed

- [] **Clearinghouse:** register or sign in and respond to Merci Logistics' pre-employment full-query consent request inside the official Clearinghouse. A paper consent or a screenshot does not replace electronic full-query consent.
- [] **Hours of service:** complete the prior-seven-days hours statement when instructed before your first dispatch, including all compensated work and the last release-from-duty time.
- [] **Additional records:** supply road-test certificates, training records, or other qualification documents only where applicable and requested.

4. Merci Logistics must arrange / verify

Recruiting must obtain required state driving records and medical-status verification, investigate prior-employer safety history, complete the required Clearinghouse query, arrange DOT pre-employment drug testing (unless a documented regulatory exception applies), and complete a road test or a permitted equivalent. Company / insurer eligibility and required company training must also be reviewed. Downloading or signing this packet does not qualify a driver to start work.

The included FMCSA safety-history sample is a template. Recruiting must apply current rules: for FMCSA-regulated drug / alcohol history, Clearinghouse requirements apply; requests to prior employers remain necessary where otherwise required, including applicable non-FMCSA DOT testing history. Any third-party consumer-report screening needs its own applicable disclosure and authorization process.

5. Hiring and payroll documents - later

- [] **Form I-9:** complete employment-eligibility verification at the proper hiring stage. Employees choose acceptable documents from the official lists; the company does not require a specific passport, green card, or EAD.
- [] **Form W-4:** complete the current IRS employee withholding form during onboarding. Company drivers use employee payroll paperwork, not an owner-operator W-9 packet.
- [] **Company-specific onboarding:** emergency contact, payroll / direct-deposit information, handbook and safety-policy acknowledgments, and ELD / equipment orientation, provided separately by Merci.

Form sources & return instructions

Two versions are available: the 11-page printable packet uses FMCSA sample forms. The 12-page fillable packet includes a seven-page Merci driver application and one-page safety-history authorization, drug / alcohol questionnaire, and prior-hours statement. Type using a PDF reader, save a copy, and add your signature with the reader signature tools or print and sign. No consents are executed by downloading.

Recruiting: Bini@Mercilogisticsllc.com | 678-301-8868 / 206-600-1701.

Sources: ecfr.gov/current/title-49/section-391.21; ecfr.gov/current/title-49/section-391.51; csa.fmcsa.dot.gov/SafetyPlanner; clearinghouse.fmcsa.dot.gov; irs.gov/forms-pubs/about-form-w-4; uscis.gov/i-9. Prepared October 13, 2026.

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION
MERCI LOGISTICS LLC | 22804 110th Ave SE, Kent, WA 98031
 Bini@Mercilogisticsllc.com | 678-301-8868 / 206-600-1701

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO						

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO						

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	First M.I. Last Social Security Number
Hereby authorize: _____	 Date of Birth
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____	
Prospective employer's email address: _____	
_____ Applicant's Signature	_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes ☐ No ☐	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____	
2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ If there is no safety performance history to report, check here ☐ , sign below and return.	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check ☐ here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____	

Any other remarks: _____	

Signature: _____	
Title: _____	Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return. Driver was subject to Department of Transportation testing requirements from _____ to _____. - Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES ☐ NO ☐ - Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ☐ NO ☐ - Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES ☐ NO ☐ - Has this person committed other violations of Subpart B of Part 382, or Part 40? YES ☐ NO ☐ - If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES ☐ NO ☐ - For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ☐ NO ☐ In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1. Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____ By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone Date: _____ ☐ Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee • Complete the information required in this section • Sign and date • Submit to the Prospective Employer PAGE 2 PART 4a: Prospective Employer • Complete the information • Send to Previous Employer PAGE 1 PART 2: Previous Employer • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3	PAGE 2 PART 3: Previous Employer • Complete the information required in this section • Sign and date • Return to Prospective Employer PAGE 2 PART 4b: Prospective Employer • Record receipt of the information • Retain the form
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**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:

COMPLETED BY THE DRIVER/APPLICANT

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____ / _____ / _____
M D Y

PART 2:

COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By:

Signature/person providing information Telephone # _____ Release Date: _____ / _____ / _____
M D Y

COPY 1 PROSPECTIVE EMPLOYER

This form is an example only. Questionnaires may look different, but should include, at minimum, the two questions below.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Applicant Name _____

Yes

No

☐☐

Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?

☐☐

If yes, have you successfully completed the return-to-duty process?

HOURS OF SERVICE RECORD FOR FIRSTTIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____
FIRST MIDDLE LAST

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
TOTAL	_____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
Hour/Date Hour/Date

Signature: _____ Date: _____