



I am interested in:  
 Owner Operator  
 Lease Purchase  
 Drive for Owner

## Copeland Trucking & CRST Malone Contractor Pre-Qualification Form

### Section I Personal Information

Driver Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone/Pager: \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_  
 CDL: \_\_\_\_\_ St.: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

### Section II Safety Record

# of Moving Violations in last 3 years: \_\_\_\_\_ Failed/refused a drug test?  Yes  No  
 # of Accidents in last 3 years: \_\_\_\_\_ Failed/refused an alcohol test?  Yes  No  
 DUI/DWI:  Yes  No Misdemeanor:  Yes  No Felony:  Yes  No If yes, when? \_\_\_\_\_  
 Explain Above: \_\_\_\_\_

### Section III Work Record (List last 3 years of work history)

Current/Last Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact?  Yes  No Phone: \_\_\_\_\_  
 Truck operated:  Semi  Straight Trailer pulled: \_\_\_\_\_ OTR  Local  Mile radius: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact?  Yes  No Phone: \_\_\_\_\_  
 Truck operated:  Semi  Straight Trailer pulled: \_\_\_\_\_ OTR  Local  Mile radius: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact?  Yes  No Phone: \_\_\_\_\_  
 Truck operated:  Semi  Straight Trailer pulled: \_\_\_\_\_ OTR  Local  Mile radius: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact?  Yes  No Phone: \_\_\_\_\_  
 Truck operated:  Semi  Straight Trailer pulled: \_\_\_\_\_ OTR  Local  Mile radius: \_\_\_\_\_

I certify that I personally completed this Pre-Qualification Form and that all of the information is true and correct. I authorize CRST Malone Inc. or their agents to conduct a complete investigation of my background, including but not limited to all information from previous employers, criminal checks and USIS/DAC services, or other consumer reports, in accordance with state and federal laws, including FHWA 49 CFR parts 391.23, 40.25, 40.321 (b), and subpart B of part 382. I give my express consent for CRST Malone Inc., any previous employer, their agent or Medical Review Officer or their agent to release information concerning any of my past controlled substance tests, employment and training records and hold them harmless from release of said information. I understand that false or misleading information will disqualify me from further consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by(DC) \_\_\_\_\_

**Fax to Copeland Trucking at 405-378-7224**