

PSATS CDL PROGRAM

CMV/CDL NEW HIRE RECORDS

Forms and other information used
to support the hiring of an employee
that will be operating
CMV and/or CDL vehicles.



This document current as of
9/2021.

PSATS CDL PROGRAM CMV/CDL DRIVER QUALIFICATION FILES (DQF)

Federal regulations generally define a CDL vehicle as any single or combination vehicle with a gross vehicle weight rating or gross combination weight rating (GVWR), or gross vehicle weight or gross combination operating weight, of 26,001 pounds or more, whichever is greater.

Pennsylvania regulations at *67 Pa. Code Chapter 231.8* define a CMV as any motor vehicle or combination used on a highway in intrastate commerce to transport passengers or property when the vehicle meets one of the following conditions:

- (i) Has a GVWR, or gross vehicle weight or gross combination weight, of 17,001 pounds or more, whichever is greater.
- (ii) Is designed or used to transport more than 8 passengers (including the driver) for compensation.
- (iii) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation.
- (iv) Is a school bus.
- (v) Is transporting hazardous materials which is required to be placarded in accordance with Department regulations.

Outlined below are the records your township should maintain in the employee's "driver qualification file" (DQF), which should be kept current, and stored in a secure location with controlled access. Click [HERE](#) for an overview of the new hire process.

1. Driver's qualification file (DQF).

- a. Chart *CDL FORM HIRING DQF* represents the full array of information and records that should be obtained at time of hire and kept in each driver's qualification file (DQF) for the duration of this employee's employment plus three years. This form also lists the additional required information needed to hire an employee who will be operating CDL vehicles.
- b. Chart *CDL FORM ANNUAL DQF* represents the full array of information and records needed each additional year of this employee's employment. This information must also be kept in the employee's DQF and retained in accordance with the enclosed *GUIDANCE - RECORD RETENTION SCHEDULE*.

2. Written application for employment. All applicants for CMV employment should provide a written application for employment using *CDL FORM APPLY*.

3. Pre-CDL employment drug test result. An applicant for employment that will require the use of a CDL vehicle must obtain a negative result on a pre-CDL employment drug test and be added to the employer's roster of CDL employees, prior to performing CDL duties. If the employer is a member of the PSATS CDL Program, they will use their Myescreen.com account to schedule the applicant's pre-employment drug test and to obtain the test result, and send an email to CDL@PSATS.org informing us to add them to your CDL roster.

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PSATS CDL PROGRAM CMV/CDL DQF CONTINUED...

4. **Request FMCSA Clearinghouse full query.** Any employer hiring a new CDL employee must check that applicant's record in the FMCSA Clearinghouse to see if they are prohibited from operating CDL vehicles. The employer and the applicant must both be registered in the Clearinghouse to accomplish this investigation.
5. **Request driver license reports from state driver licensing agencies.** Employers of new CMV employees should obtain, within 30 days of such employment, information about the new employee's driving record from the state that issued the applicant's driver's license to make sure they are qualified to drive. Prior to requesting any information from such state driver's license agencies, the prospective employee should sign the enclosed *CDL Form FCRA Applicant Driver License Record Consent* form allowing the new employer to electronically obtain the employee's driver's license information.
 - a. Upon receipt of the applicant's authorization to obtain their driver license report from PennDOT, the new employer should determine (using *CDL FORM HIRING QUALIFY*) if the employee is qualified to operate a CMV. The employer should then use [PennDOT's online driver license history portal](#) to access such information at least once every twelve months to determine that this employee remains qualified to operate CMVs using *CDL FORM ANNUAL QUALIFY*. Any new hire should also sign the enclosed *CDL Form Employee Driver License Record Consent* form to authorize the employer to regularly obtain driver's license reports for the duration of employment.
6. **Obtain employee's signature acknowledging receipt of employer's personnel policy regarding CDL drug and alcohol testing.** Each employee who will operate CDL vehicles shall participate in the employer's CDL drug and alcohol testing program and must sign *CDL FORM POLICY* indicating they have received a copy of the employer's CDL employee drug and alcohol testing policy. This form must be permanently retained in the employee's file. Members of the PSATS CDL Program must use *FORM ROSTER* to add a new CDL employee to their CDL roster.
7. **Pennsylvania New Hire Report and Federal New Hire Report (I-9)** must both be filed as appropriate: the Pa. New Hire Report must be sent to the state as indicated. Further, all federal I-9 forms must be kept either for three years after the date of hire, or for one year after employment is terminated, whichever is later. Click [HERE](#) for the PA new hire website, and click [HERE](#) for the most recent I-9 form.
8. **All applicants** for CMV employment must be given the information contained in *GUIDANCE - RIGHT TO REVIEW RESPONSES* from previous employers at time of application. All applicants should also be given the PennDOT form [DISQUALIFICATIONS AND TRAFFIC OFFENSES](#) fact sheet detailing how they can be disqualified from operating CMVs.
9. **Notifications to Employer.** New employees should also be given *CDL Form DRIVER ACCIDENT*, *CDL Form DRIVER CITATION*, and *CDL Form DRIVER CONVICTION* to alert them of the need to submit these records as necessary.

CMV/CDL Driver's Qualification File Time-of-Hire Documents Checklist

Applicant's Name: _____

Applicant's CDL License # and Issuing State: _____

Hire Date, if any: _____

Optional records for hiring municipal CMV driver (required for private sector CMV employment):

Date applicant submits application for employment (Form DRIVER APPLY)	Date employer requests applicant's driving record from PennDOT	Date employer determines applicant's driver's license is not suspended (Form EMPLOYER HIRING QUALIFY)

Required records for hiring any employee:

Date employer submits PA New Hire Form	Date applicant submits completed Federal I-9 Form

Required records when hiring a public- or private-sector CDL driver:

Date of applicant's negative pre-CDL drug test	Date employer verifies applicant's negative results of full Clearinghouse query	Date new employee receives a copy of employer's CDL employee testing policy (Form DRIVER POLICY)

REMINDER: Medical examiners certificate not required for Pa. state and local government CDL employees.

CMV/CDL Driver's Qualification File Annual Employment Documents Checklist

Employee's Name: _____

Employee's CDL License # and Issuing State: _____

Hire Date: _____

Optional records for continuing municipal CMV employment (required for private sector CMV employment):

Next calendar year of employment	Date employer requests employee's driving record from PennDOT	Date employer determines employee's driver's license is not suspended (Form EMPLOYER ANNUAL QUALIFY)	Date employee provides accident report, if any (Form DRIVER ACCIDENT)	Date employee submits notice of traffic citation, if any (Form DRIVER CITATION)	Date employee submits notice of traffic conviction, if any (Form DRIVER CONVICTION)

Records required for continuing public- or private-sector CDL employment:

Next calendar year of employment	Date employer conducts annual limited query of CDL employee's records in FMCSA Clearinghouse	Employee received new CDL policy if changed? (Form DRIVER POLICY)



PSATS CDL Program Guidance

Record Retention Schedule

General federal requirement. Each employer shall maintain the following original driver qualification records in a secure location with controlled access as per [49 CFR 382.401](#) for each of its CDL employees:

Records to be retained for a minimum of one year:

1. Records of negative and canceled controlled substances test results (as defined in part 40 of this title) and alcohol test results with a concentration of less than 0.02.
 - a. NOTE: For members of the PSATS CDL Program, these records are permanently maintained in your Myescreen.com account and paper copies not needed.

Records to be retained for a minimum of two years:

2. Records related to the alcohol and controlled substances collection process (except calibration of evidential breath testing devices).
 - a. NOTE: Members of the PSATS CDL Program would need to contact us for any required copies of these records.

Records to be retained for a minimum of three years:

3. Results of the annual review of each CDL employee's driver's license report (Form QUALIFY).
4. CDL employee citations (Form CITATION).
5. CDL employee convictions (Form CONVICTION).
6. CDL employee accident reports (Form ACCIDENT).

Records to be retained for a minimum of five years:

7. Records of MRO-verified positive controlled substances test results.
8. Records of driver alcohol test results indicating an alcohol concentration of 0.02 or greater.
9. Documentation of refusals to take required alcohol and/or controlled substances tests,
10. Records concerning a positive-tested CDL employee's SAP evaluation and referrals.
11. A copy of each annual calendar year summary required by 49 CFR 382.

Records to be retained for duration of employment:

12. Records related to the education and training of supervisors and drivers shall be maintained by the employer while the individual performs the functions which require the training and for two years after ceasing to perform those functions.
13. CDL employee's signed authorization to obtain limited queries from the FMCSA Clearinghouse.

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APPLICATION FOR MUNICIPAL CMV/CDL EMPLOYMENT

All information must be obtained as per 49 CFR 391.21. Attach extra sheets if more space is needed for any of the following answers.

Employer Information:

Name _____

Street Address _____

City, State, Zip _____

Contact Person Phone #: _____

Applicant Information:

Print Applicant's Name _____

Date of Birth _____ CDL License # and State: _____

Current Address _____
(Street) (City) (State) (Zip)

Addresses for past three years:

Address _____
(Street) (City) (State) (Zip)

Address _____
(Street) (City) (State) (Zip)

Nature and Extent of Driving Experience			
<u>Type of equipment</u>	<u>Date from:</u>	<u>Date to:</u>	<u>Total miles driven:</u>

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years			
<u>Date of accident:</u>	<u>Nature of accident</u>	<u># Fatalities</u>	<u># Injuries</u>

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years			
<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

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Operating Privileges

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

Yes ____ No ____

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

Yes ____ No ____

If any answer is "Yes", applicant must attach a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred

Record of Employment for Past 10 Years

Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this job subject to FMCSRs? (i.e., CMV) Yes / No

Was this job subject to U.S. DOT random testing? (i.e., CDL) Yes / No

2nd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this job subject to FMCSRs? (i.e., CMV) Yes / No

Was this job subject to U.S. DOT random testing? (i.e., CDL) Yes / No

TO BE READ AND SIGNED BY APPLICANT

By signing below, 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's signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.

**Applicant Authorization Allowing This Employer to Obtain A
Driver License Report from A State Driver License Agency**

FOR JOB APPLICANTS: In conjunction with my application for employment with this employer that will require the operation of motor vehicles on public roads, I understand that this employer, as authorized by Section 604(a)(3)(B) of the federal Fair Credit Reporting Act (FCRA), intends to use, for employment purposes, my driver's license record from the state driver license agency which issued my current driver's license.

As required by Section 604(a)(2) of the FCRA, by signing the "Applicant Signature" line below, I hereby authorize this employer (or its authorized agents) a one-time consent to obtain my driver license report from the state driver license agency below for the purpose of determining whether to offer me employment.

DISCLOSURES: I agree that any and all disputes arising from the prospective employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

I understand that this employer may use the information provided by such state driver license agency in determining whether to continue employment based on the findings of such report. I further understand that, if this employer takes any adverse action (such as not offering my employment) based in whole or in part on this information, the employer shall provide to me the information required by Section 615 of the FCRA.

Print Prospective Employer Name: _____

Print Applicant Name: _____

Applicant Signature: _____

State Which Issued Driver's License: _____

Today's Date: _____

NOTE: This original, signed form, and any information that is disclosed to the employer as a result of its use, must be maintained in this employee's personnel file and remain confidential.

CMV EMPLOYEE TIME-OF-HIRE REVIEW OF DRIVING RECORD

Employer Name: _____

Driver Name: _____ **PA Drivers License #:** _____

Federal regulation 49 CFR 391.25 requires employers to review, at time of hire, the driving record of each CMV driver it hires to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive commercial motor vehicles. In reviewing the driving record, the employer must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and/or the Hazardous Materials Regulations.

The employer must also consider the driver's accident record and any evidence the driver has violated laws governing the operation of motor vehicles as provided by any State driver's license bureau, and must give great weight to violations such as speeding, reckless driving, and operating while under the influence of alcohol or drugs that indicate the driver has exhibited a disregard for the safety of the public.

This form and the response(s) from the state(s) which provide this driver's driving record shall be maintained in this drivers' qualification file for duration of employment plus three years.

TIME-OF-HIRE REVIEW

I have reviewed the driving record of the above named driver in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations as outlined above, and I find:

_____ The driver meets the minimum requirements for safe driving, or

_____ The driver is disqualified to drive a commercial motor vehicle.

Signature and Title of Reviewer

Date

Employee Authorization Allowing Employer to Obtain Driver License Reports from State Driver License Agencies

I understand that this employer intends to regularly obtain, during the course of my employment, my driver's license record from the state driver license agency which issued my current driver's license for employment purposes as authorized by Section 604(a)(3)(B) of the federal Fair Credit Reporting Act (FCRA).

As required by Section 604(a)(2) of the FCRA, by signing the "Employee Signature" line below, I hereby authorize this employer (or its authorized agents) to obtain my driver license report any time during my employment. Any copy of this signed authorization shall be as valid as the original.

DISCLOSURES: I also agree that any and all disputes arising from this employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

I understand that this employer may use the information provided by such state driver license agency in determining whether to continue employment based on the findings of such report. I further understand that, if this employer takes any adverse action (such as terminating my employment) based in whole or in part on this information, the employer shall provide to me the information required by Section 615 of the FCRA.

Print Employer Name: _____

Print Employee Name: _____

Employee Signature: _____

State Which Issued Driver's License: _____

Today's Date: _____

NOTE: This original, signed form, and any information that is disclosed to the employer as a result of its use, must be maintained in this employee's personnel file and remain confidential.

CMV EMPLOYEE ANNUAL REVIEW OF DRIVING RECORD

Employer Name: _____

Driver Name: _____ PA Drivers License #: _____

Federal regulation 49 CFR 391.25 requires employers to review, at least once every 12 months, the driving record of each CMV driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive commercial motor vehicles. In reviewing the driving record, the employer must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and/or the Hazardous Materials Regulations. The employer must also consider the driver's accident record and any evidence the driver has violated laws governing the operation of motor vehicles as provided by any State driver's license bureau, and must give great weight to violations such as speeding, reckless driving, and operating while under the influence of alcohol or drugs that indicate the driver has exhibited a disregard for the safety of the public. A copy of this form, setting forth the date upon which the review was performed and the name of the person who reviewed the driving record, shall be included in each driver's qualification file.

YEAR 1

I have reviewed the driving record of the above named driver in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations as outlined above, and I find:

_____ The driver meets the minimum requirements for safe driving, or

_____ The driver is disqualified to drive a commercial motor vehicle.

Signature and Title of Reviewer

Date

YEAR 2

I have reviewed the driving record of the above named driver in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations as outlined above, and I find:

_____ The driver meets the minimum requirements for safe driving, or

_____ The driver is disqualified to drive a commercial motor vehicle.

Signature and Title of Reviewer

Date

YEAR 3

I have reviewed the driving record of the above named driver in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations as outlined above, and I find:

_____ The driver meets the minimum requirements for safe driving, or

_____ The driver is disqualified to drive a commercial motor vehicle.

Signature and Title of Reviewer

Date

Employee Acknowledgement of Receiving Copy of Employer's CDL Drug and Alcohol Testing Personnel Policy

I hereby acknowledge that I have received a copy of this employer's drug and alcohol testing personnel policy (the "Policy") for testing the commercial driver's license employees of

(Name of Employer)

I have carefully read and understand the Policy, and, without reservation, agree to follow and fully comply with the testing procedures set forth in this Policy. I understand that I may be required to submit to drug and/or alcohol tests in accordance with this Policy and that a refusal to submit to such tests within the time required will be deemed to be a positive test. I also understand that failure to comply with any provision of the said Policy is a basis for discipline in accordance with either this Policy or such other policy as adopted by the employer.

Date

Employee Signature

Print Employee Name

*Note: A signed copy of this form must be
permanently maintained in each CDL employee's file.*

PSATS CDL Program Form POLICY

<h2 style="margin: 0;">PSATS CDL Program</h2> <h3 style="margin: 0;">Form to Change Employee Roster</h3>
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Employer Name: _____

Contact Person: _____

Today's Date: _____

A copy of this form must be returned to the PSATS CDL Program promptly and as needed to maintain a current roster of your employees subject to either federally-required (CDL) or employer-required (non-CDL) random drug and alcohol testing. Return this form by mail to 4855 Woodland Drive, Enola, PA; by fax to (717) 730-0209; or by email to cdl@psats.org.

1. To add a new employee, indicate whether they are a CDL or non-CDL employee. As a reminder, before a new CDL employee can operate this new employer's CDL vehicles, the employee must be added to your CDL roster, have obtained a negative pre-employment CDL drug test within the past 30 days, and not found to be prohibited from driving by a full Clearinghouse query conducted by new employer.
2. If removing a CDL employee who will still be working for this employer but not in a CDL capacity, check the "CDL Remove" box. If this employee is to be moved to your non-CDL roster, **also** check the "Non-CDL Add" box.
3. If removing a non-CDL employee who will still be working for this employer but no longer covered by its non-CDL testing policy, check the "Non-CDL Remove" box.
4. If removing an employee who will no longer be working in any capacity for this employer, check the "Delete" box.

Name: _____
 CDL Add ()/Remove () Non-CDL Add ()/Remove () () Delete

Name: _____
 CDL Add ()/Remove () Non-CDL Add ()/Remove () () Delete

Name: _____
 CDL Add ()/Remove () Non-CDL Add ()/Remove () () Delete

**CDL DRIVER'S NOTIFICATION OF
RECEIVING A TRAFFIC CITATION**

Today's Date: _____

Driver's Full Name: _____

Driver License #: _____

State law at 75 Pa.C.S. Section 1604(a.1) requires a driver of a commercial motor vehicle holding a driver's license issued by this Commonwealth who is cited, arrested or charged with violating a Federal or State law or local ordinance relating to motor vehicle traffic control in this or any other state or any Federal, provincial, territorial or municipal law relating to motor vehicle traffic control in Canada, other than parking violations, shall notify their employer(s) in writing within 30 days of the date of receiving the citation or being arrested or officially charged.

An employer that receives this timely notice from an employee may not terminate the employee solely for providing the notice unless the employee is convicted of the violation.

Date of citation: _____

Location of offense: _____

Identification of the specific laws violated for which I was cited:

These violations did () / did not () occur while I was driving a commercial motor vehicle.

I certify by signing below that this is a true and complete
account of the events regarding this citation.

Driver's Signature

**CDL DRIVER'S NOTIFICATION OF
CONVICTION OF TRAFFIC VIOLATION**

Today's Date: _____

Driver's Full Name: _____

Driver License #: _____

State law at 75 Pa.C.S. Section 1604(a) requires a driver of a commercial motor vehicle holding a driver's license issued by this Commonwealth who is convicted of violating a Federal or state law or local ordinance relating to motor vehicle traffic control in this or any other state or any Federal, provincial, territorial or municipal law relating to motor vehicle traffic control in Canada, other than parking violations, shall notify their employer(s) in writing of the conviction within 15 days of the date of conviction.

Date of conviction: _____

Location of offense: _____

Identification of the specific laws violated for which I was convicted:

List any suspension, revocation, or cancellation of driving privileges resulting from such conviction(s);

These violations did () / did not () occur while I was driving a commercial motor vehicle.

I certify by signing below that this is a true and complete
account of the events regarding this conviction.

Driver's Signature

<p style="text-align: center;">COMMERCIAL MOTOR VEHICLE DRIVER ACCIDENT REPORTING FORM</p>

Today's Date: _____

Driver's Full Name: _____

Driver License #: _____

Federal regulations at *49 CFR Part 390.15* require employers to maintain at least the following information regarding any accident (as defined below) of this driver for three years, as well as all other accident reports required by State or other governmental entities or insurers.

The federal CDL regulations at *49 CFR 390.5T*, as modified by Pa.'s intrastate commercial motor vehicle regulations at *67 Pa. Code 231.8*, define an "accident" as an occurrence involving a commercial motor vehicle with a gross vehicle weight rating or driving weight greater than 26,001 pounds operating on a highway in interstate commerce or with a gross vehicle weight rating or driving weight greater than 17,001 pound operating on a highway in intrastate commerce which results in: (i) A fatality; (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (iii) One or more motor vehicles incur disabling damage as a result of the accident requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle."

The term accident does not include: (i) an occurrence involving only boarding and alighting from a stationary motor vehicle; or (ii) an occurrence involving only the loading or unloading of cargo.

Date of accident: _____

Municipality and state in which accident occurred: _____

Number of people injured: _____

Number of fatalities: _____

Were hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, released? If "yes", identify such materials here: _____
