

DRIVER INFORMATION FORM
PLEASE PRINT

EMPLOYEE NAME _____
(LAST) (FIRST) (M)

ADDRESS _____

(CITY) (STATE) (ZIP)

MAILING ADDRESS FOR CHECK IF DIFFERENT FROM ABOVE

HOME PHONE # _____ CELL # _____

EMERGENCY CONTACT # _____ NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

LICENSE INFORMATION

STATE _____ NUMBER _____ EXP. DATE _____

CLASS: _____ ENDORSEMENTS- _____

MARRIED OR SINGLE _____ # OF EXEMPTIONS, _____

MEDICAL EXAM CERTIFICATE DUE DATE: _____

DRIVERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE

DRIVER CODE: _____ DRIVERS # _____

DATE OF HIRE: _____ KELLER: _____ MADDOCKS: _____ / _____

CO. & RATE OF PAY: _____ OR O/O'S NAME: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____
Name _____ Social Security No, _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street _____ City _____
State _____ Zip CO& _____ Phone _____ How _____ yr./mo.
Previous Addresses _____
Street _____ City _____ State & Zip Code _____ How _____ yr./mo.
Street _____ City _____ State & Zip Code _____ How _____ yr./mo.
Street _____ City _____ State & Zip Code _____ How _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

NO GAPS IN EMPLOYMENT		EMPLOYER 10 YEARS HISTORY		DATE	
NAME		FROM	TO		
		Mo.	Yr.	Mo.	Yr.
ADDRESS		POSITION HELD			
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
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? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYMENT HISTORY (continued) NO GAPS IN EMPLOYMENT

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE-NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

t The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding .

EMPLOYMENT HISTORY (continued) NO GAPS IN EMPLOYMENT

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE-NUMBER REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

t The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding .

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or Permits held in the past 3 years

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

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

YES _____ NO _____

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

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER		
TRACTOR AND SEM-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER		
TRACTOR -TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER		
TRACTOR -THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO m. th. is	(VAN,TANK,FLAT,DUMP,REFER)		
MOTOR COACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 7 passengers			
OTHER			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR This COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH [(OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

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)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

Signature: _____ Date: _____

PREVIOUS EMPLOYER INQUIRY

Applicant Instructions; read, print your name, sign your name and date in Section 1 ONLY

PROSPECTIVE EMPLOYER _____
ATTENTION: SAFETY _____
STREET _____
CITY, STATE, ZIP _____
PHONE _____ **FAX** _____

SECTION 1: Driver Consent

I, _____ (Print Name) do hereby give consent to release information for the purposes of investigation as required by Section 49CFR 391.23 PART 40.25 of the Federal Motor Carrier Regulations. I hereby release my former companies from any and all liability of any type as a result of providing this information.

Signature _____ Date _____

SECTION 2: Information Request

Company Name _____

Address _____

City, State, and Zip _____

Phone # _____

Driver's Name _____

METHOD	Date Sent/Received
Mailed	____/____/____
Faxed	____/____/____
E-mailed	____/____/____
Phoned	____/____/____
Spoke to:	_____

The above named driver has made an application with our company and states that he/she worked for you from _____ We appreciate your time in completing, in confidence, the information requested below. Please update your company information above, if there where any errors. Thank you.

Dates of employment _____ to _____

Job Title _____

Did he/she drive a motor vehicle for you? _____ If yes, what type?: _____

3- Year Accident History

Date	City, State	# of Injuries	# of Fatalities	Tow
------	-------------	---------------	-----------------	-----

Was he/she safe and efficient driver? _____

Was he/she a _____ Company Driver _____ Independent Contractor _____ Fleet Driver

Reason for leaving your company _____ Discharged _____ Resigned _____ Laid off _____ Other: _____

Areas traveled _____

Commodities transported _____

Is this person eligible for re-hire? _____

In the 3 years prior to contractor's dated release, for DOT regulated testing, did the driver have:

1. Alcohol test with a result of 0.04 or higher? _____
2. Verified positive drug results? _____
3. Any refusals to be tested? _____
4. Other violations of DOT agency drug and alcohol testing regulations? _____
5. Did a previous employer report a drug and alcohol rule violation to you? _____

If you answered "yes" to any of the above questions, did the employee complete the return-to-duty process? _____

If yes, you must also forward the appropriate return -to-duty documentation (SAP reports, follow-up testing record).

Completed by: _____

In compliance with 40.25(g) and 391.23 (h), release of this information must be made in a written form do ensures confidentiality, such as fax, email, or letter. Prospective employer's confidential fax number or confidential email address:

THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH § 40.25 AND§ 391.23

MOTOR VEHICLE DRIVERS

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he / she has forfeited bond or collateral during the preceding 12 months (section 391.27). Drivers who have provided information require by section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he / she shall so certify (section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the **last 12 months**.

(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Drivers Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above name driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving
 ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.25
☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by- _____
Signature

Printed Name _____ (DATE)

Motor Carrier Name _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE . THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operators license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Drivers Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

PRE- EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, section 382.301 --- pre- employment testing requirements apply to driver- applicants of this company.

382.301 Pre- Employment testing requirements

- (a) A motor carrier shall require a driver- applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.**
- (b) A driver- applicant shall submit to controlled substance testing as a pre- qualification condition.**
- (c) Prior to collection of a urine sample under 382.301 of this subpart, a driver- applicant shall be notified that the sample will be tested for the presence of a controlled substance.**

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to give to other parties.

I have read and understand the above conditions for the Pre- Employment Urinalysis Notification.

Applicant's Name (Print)

Applicant's Signature

Company Representative's Signature

Date

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name:
(print)

AMA LOGISTICS LLC

ID Number: _____

The prospective employee is required by Sec. 40.250) to respond to the following

- 1) Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide (obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By
(signature) _____ Date: _____

APPENDIX B

DRIVER NOTIFICATION LETTER

I certify that I have received a copy of, and have read the above company policy on Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with _____ **I WILL**
SEEK ASSISTANCE THROUGH THE CURRENT ALCOHOL AND DRUG TESTING
ADMINISTRATOR.

Signed

Date

Authorized Employer Representative _____ **DATE**

Alcohol And Drug Employee's Certified Receipt

APPENDIX E

Employee's Name

Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

- _____ 1. The designated person to answer questions about the materials.
- _____ 2. The categories of drivers subject to Part 382.
- _____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- _____ 4. Specific information concerning prohibited driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- _____ 7. The requirement that tests are administered in accordance with Part 382,
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart O procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on the affects of alcohol and controlled substances use on:
 -an individuals health -signs and symptoms of a problem
 -work -available methods of intervening
 -personal life when a problem is suspected
- _____ 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

Record of Road Test

This road test Includes testing the driver for the following skills:

1. Pre-trip inspections.
2. Coupling and uncoupling of tractors and semi-trailers, if required,
3. Placing vehicle in operation.
4. Use of controls and emergency equipment.
5. Operating in traffic and passing other vehicles.
6. Making turns in traffic (does driver check mirrors when making right turns).
7. Braking, and slowing by means other than braking.
8. Safe backing and parking (does driver ensure all is clear before backing)

I gave the driver named below a road test, and he performed all above and other related activities satisfactorily, except _____

Indicate where *additional* training needed _____

Was the importance of Pre-trip inspections explained to the driver? _____

Signature of Examiner _____ Date _____

Certificate of Road Test

Driver's name _____ Social Security # _____

Operators / CDL License # _____ State _____ Exp. Date _____

Type of Power Unit _____ Type of Trailer _____

This is to certify that the above named driver was given a road test under my supervision on _____, _____ Consisting of approximately _____ miles of driving and it is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Title

391.33 carrier accepts copy of CDL license in lieu of road test ☐ copy of CDL attached

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.80(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____
Time Day Month Year

Drivers Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any

(check one)

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer (s) for compensation that I must inform this company immediately of such employment activity

Drivers Signature Date

Witness: _____
Company Representative Date

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following); <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) / attest, under penalty of perjury, that / have assisted in the completion of this form and that to the best of my knowledge the information is true and correct,

Preparer's / Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	CDL	AND	List C
Document title: _____		DRIVER LICENSE NUMBER			SOCIAL SECURITY
Issuing authority: _____		_____			_____
Document #- _____		_____			_____
Expiration Date (if any): ____/____/____		____/____/____			/ /
Document #- _____					
Expiration Date (if any): ____/____/____					

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #* _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

Company Name _____

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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Print name

Social Security number

Authorized Employer Representative

DATE

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before September 2010.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts- 40, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S SIGNATURE

DATE

COMPANY

COMPANY SUPERVISOR'S SIGNATURE

NOTE. This receipt shall be read and signed by the driver.
