

Paducah, KY 42001
Fax 419-684-1092

Check list for all new drivers:

C & G Transportation, Inc.

<input type="checkbox"/> Copy of Driver's license (Correct for operation)	<input type="checkbox"/> Copy of Medical Card/long form physical
<input type="checkbox"/> Current MVR	<input type="checkbox"/> Verification from your insurance carrier
<input type="checkbox"/> Pre-employment Drug screen results (CDL only) (not required for Non-CDL drivers)	<input type="checkbox"/> Completed Road test (Any driver with a CDL is qualified to administer a road test)
<input type="checkbox"/> Date of Hire	<input type="checkbox"/> Qualification file Completed (Dated the day the driver fills out)
Optional Requirements:	
<input type="checkbox"/> Hazmat Training (HM-126/HM-232, or HM225 For Propane)	
<input type="checkbox"/> Entry Level Driver Training (For all drivers that received their original CDL after June 20 2003)	
<input type="checkbox"/> LCV Training (for drivers that will pull doubles/triples combination vehicle)	

All drivers are to complete a Qualification file.

All pages that contain a **HIGHLIGHTED area are to be filled in their entirety; failure to complete will delay the completion process.**

File is to be returned to DOTOSHA Consulting LLC as soon as they are completed. Due to the stringent regulations, background checks are to be completed within 30 days after hire, we must receive the file as soon as possible. Failure to complete on time could result in violations from an audit.

Paducah, KY 42001

Drivers Name _____

License Type (please check one)

CDL Class A Any combination of vehicles with a combined gross weight rating of 26001 lbs or more, if the gross vehicle weight rating of the trailer being towed is in the excess of 10,000 lbs.
Examples:



CDL Class B Any single vehicle with a gross vehicle weight rating of 26001 or more or any such vehicle having a gross vehicle weight rating that is not in excess of 10001 lbs
Examples:



CDL Class C Any single vehicle, or combination of vehicles, that is not a Class A or B, but that either is designed to transport 16 or more passengers, including the driver, or is placarded for hazardous materials and any school bus with a gross vehicle weight rating of less than 26,001 lbs, that is designed to transport fewer than 16 passengers including the driver.

Examples include but are not limited to:



Operator/Chauffer Any combination that is over 10001 pounds up to 26000 lbs

Driver applicant, please answer the following:

Does the vehicle have air brakes?	___ Yes	___ No
Will you be hauling a tank over 1000 gallon capacity?	___ Yes	___ No
Will you be driving Doubles/Triples?	___ Yes	___ No
Will you be hauling propane?	___ Yes	___ No
Will you be carrying Passengers?	___ Yes	___ No

Prior to use of any new driver, you must make sure that the driver is properly qualified, and has no restrictions that may disqualify him/her.

Application for Employment

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, or the presence of a non-job related medical condition or handicap

COMPANY NAME _____

ADDRESS CITY STATE ZIP

DATE _____ (PLEASE USE THE DATE THAT YOU ARE FILLING OUT APPLICATION)

NAME (First MI Last) _____

Social Security # _____

ADDRESS _____

STREET CITY STATE ZIP

Is the above address the same for the preceding three years Yes No (please complete)

STREET CITY STATE ZIP How long?

PHONE _____

EMAIL _____

DATE OF BIRTH _____

Can you provide proof of age? Yes No

Have you had an accident within the last three years? Yes No

DATE (RECENT FIRST)	ACCIDENT DETAILS	FATALITIES	INJURIES

Have you had any traffic convictions/forfeitures within the last three years? Yes No

DATE (RECENT FIRST)	LOCATION	CHARGE	PENALTY/FINE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE? Yes No

HAS MY LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED? Yes No
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any POSITIVE Drug/Alcohol test(s) within the last six months? Yes No
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any criminal/felony convictions in the last five years? Yes No
(IF YES PLEASE GIVE DETAILS BELOW)

All driver applicants must provide the following information for the preceding 10 YEARS

MOST RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

*****IF NEEDED PLEASE CONTINUE ON THE OTHER SIDE*****

DRIVER LICENSE INFORMATION

STATE	LICENCE NO.	CLASS/ENDORSEMENTS	EXPIRATION DATE

All driver applicants must provide the following information for the preceding 10 YEARS

MOST RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

NEXT RECENT EMPLOYER _____	FROM _____	TO _____	
	(MO/YR)	(MO/YR)	
ADDRESS _____	REASON FOR LEAVING _____		
CITY/STATE/ZIP _____			
PHONE _____	CONTACT _____		
SAFETY SENSITIVE FUNCTION(DRIVER) ___ YES ___ NO	SUBJECT TO PART 40 (DRUG&ALCOHOL) ___ YES ___ NO		

*****IF NEEDED PLEASE CONTINUE ON THE OTHER SIDE*****

DRIVER LICENSE INFORMATION

STATE	LICENCE NO.	CLASS/ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

TYPE	FROM (MO/YR)	TO (MO/YR)	APPROX NO. MILES
STRAIGHT TRUCK			
TRACTOR TRAILER			
DOUBLES/TRIPLES			
OTHER _____			

To be read and signed by applicant (section 391.23)

(g) After October 29, 2004, previous employers must:

(1) Respond to each request for the DOT defined information in paragraphs (d) and I of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(5) **Exception.** Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003. (h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and I of this section:

(i) The right to review information provided by previous employers;

(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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.

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 connections with my application.

In the event of employment, I understand that false or misleading information giving 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, as permitted by law.

APPLICANT SIGNATURE	DATE

OFFICE USE ONLY!

Date of Hire _____

First trip date _____

NOTES _____

Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's

successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

Employer _____ is required to ask the following questions:

- (1) Have you ever tested positive, or refused to test, on any Pre-employment drug or alcohol test administered by a previous employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past (2) years

YES

NO

If YES is checked you must provide a completed return to duty process!

DRIVERS LICENSE REQUIRMENTS DRIVER CERTIFICATION

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations in regards to your commercial driver's license, and you must comply with what is stated below:

1. Possess only one license:

Drivers with a CDL must only have one in possession

If you have more than one license, you must notify each corresponding state and close it; simply destroying the license will not rectify the problem.

2. Notification of license SUSPENSION, REVOCATION or CANCELLATION

Section 391.15(b) 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 to 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: your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the state that issued your license). This notification must be made in writing.

DRIVER'S LICENSE NUMBER _____ **STATE** _____ **EXPIRATION DATE** _____

WAS THE DATE OF YOUR ORIGINAL CDL ISSUED AFTER JULY 20, 2003 **YES** **NO** **DATE** _____

I certify that I have read and understand the above requirements.

NAME (PRINTED) _____

SIGNATURE _____ **DATE** _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, **(Print Name)** _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: _____ Attn.: _____

Street Address: _____ Phone: _____

City, State, Zip: _____

In compliance with 49 CFR §§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 confidential fax number: _____

Prospective employer's confidential email: _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORIES

The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

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) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§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	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, *please check here*

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) Fax Mail Email Other _____

By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____ Method: Fax Mail Email Phone

Date: _____ Other _____

Instructions

Section 1 Prospective employee Complete highlighted areas, return to prospective employer

Section 2 Previous employer Complete section, Sign and Date

Section 3 Previous employer Complete section, Sign and Date

Section 4 Prospective employer Document mode of communication, make a copy & keep on file.

Section 5 Prospective employer Document receipt from previous employer, place in file & keep for 3 years after employee leaves

Previous Employer Request for information

In accordance to the regulations as stated in section 391.23, section 382 and allowed by 383.35 of the Federal Motor Carrier Safety Regulations, you are released from all liability from furnishing previous employment. The following _____

Has requested mandatory background and alcohol and drug information and is authorized by:

NAME PRINT	S.S. NUMBER
APPLICANT SIGNATURE	DATE

Previous Employer address _____

Phone _____ Fax _____

Dear Sir or Madame;

In accordance to the regulations, we are performing the following who has made and application to _____

For a position as a driver, and states that he/she was employed to you as a _____
 from _____ to _____ We appreciate your prompt answer.

Thank you.

Dotosha Consulting LLC

Driver was employed from _____ to _____ as a _____

Did driver operate a commercial motor vehicle? YES NO what class? _____

Reason for leaving: Discharged date _____ Resignation date _____ Other _____

How was his general conduct? _____ How was drivers history for the past 3 years _____

- | | |
|---|--|
| 1. Has the above mentioned performed and controlled substance test while at your employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has driver tested positive for any controlled substance test within the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has driver had an Alcohol test of .04 or greater in the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has driver ever refused a Drug or alcohol test in the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Was the driver or company enrolled in a DOT drug/alcohol program during employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Were there any other violations of any DOT drug/alcohol requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to question(s) 2,3,4,and 6, please disclose the rehabilitation drug screen(s) and SAP evaluation.

SAP Name _____ Phone _____

Address _____

Previous employer name _____ Title _____

Phone _____ Date _____ Result _____ Phone _____ Date _____ Result _____

Fax _____ Date _____ Result _____ Fax _____ Date _____ Result _____

Mail _____ Date _____ Returned _____

Requested by _____

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 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal background check, 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.

This form is also notification that a driving record (MVR) will be obtained in accordance with section 391.25 of the Federal Motor Carrier Safety Regulation, at a minimum annually, for continued qualification and employment purposes as long as you are employed with **COMPANY NAME** _____

NAME PRINT	S.S. NUMBER
APPLICANT SIGNATURE	DATE
COMPANY SUPERVISOR SIGNATURE	DATE

As a representative of this company, I am attesting that the above information is necessary to determine that driver applicant can be employed, or remain employed as a driver of a Commercial Motor vehicle on public roadways. I also attest that the above information is true and correct.

I hereby authorize my safety director or insurance agent to obtain any or all the above information on the company's behalf.

REQUEST FOR CHECK OF DRIVING RECORD

DOTOSHA CONSULTING LLC hereby authorizes you to release the following information as stated in section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

1. For employment investigations
2. For investigations at a minimal annually, for as long as I am employed for the following company

You are released from any and all liability which may result from furnishing such information.

COMPANY NAME	
APPLICANT SIGNATURE	DATE

In accordance with the provision of Section 605 and 607 of the fair credit report Act, Public law 91-508, as amended by the consumer credit report act of 1996 (Title II, Subtitle D, Chapter (I), of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for another purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby certify that this report requested on the above applicant's release notice met the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Dear Sir/madam:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT(print)		
ADDRESS (street,city,state,zip)		
Date of birth	SSN	LICENSE#

Requested by

DOTOSHA CONSULTING LLC
6601 Tuscan Rd Paducah, KY 42001

SIGNATURE/TITLE	DATE
------------------------	-------------

Certificate of Violations/Annual Review of Driving Record

Drivers Name _____

Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a 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.

Certificate of Violations

My signature below certifies a true, accurate and complete list of traffic violations required to be listed (other than those I have provided under section 383) for which I was convicted of or forfeited bond or collateral during the past 12 months

I have had no violations within the last 12 months please check

DATE	OFFENSE	LOCATION	COMM or NON COMM

DRIVERS SIGNATURE _____ **DATE** _____

ANNUAL REVIEW OF DRIVING RECORD

Per section 391.25, I have deemed the driver listed above as:

- Meets minimum requirements Does not meet minimum requirements
 Is disqualified to drive a motor vehicle in regards to section 391.15

Action taken with driver _____

CERTIFIERS NAME PRINT		DATE
CERTIFIERS SIGNATURE		TITLE
		Safety Director
COMPANY NAME	ADDRESS	CITY/STATE

Driver Road Test

Pre-Trip	Pass__ Fail__	Intersections	Pass__ Fail__
Starting	Pass__ Fail__	Shifting	Pass__ Fail__
Stopping	Pass__ Fail__	Backing	Pass__ Fail__
Turns	Pass__ Fail__	Courtesy	Pass__ Fail__
Speed	Pass__ Fail__	Knowledge	Pass__ Fail__

Certificate of Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person was examined. (49 CFR 391.31(e)(f)(g))

DRIVERS NAME(print) _____

SOCIAL SECURITY NUMBER _____

DRIVERS LISCENSE NUMBER _____

STATE _____

EQUIPMENT DRIVEN (CIRCLE) TRUCK TRACTOR TRAILER(S)

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate the type _____ of commercial motor vehicle listed above.

SIGNATURE OF EXAMINER

TITLE

COMPANY NAME/ADDRESS OF EXAMINER

NEW DRIVERS RECORD OF DUTY STATUS

PREVIOUS DAYS	YESTERDAY	2	3	4	5	6	7
MONTH/DAY	/	/	/	/	/	/	/
ON-DUTY HOURS							

Pursuant to section 395.8(j)(2) To the best of my knowledge complete my previous 7 day on duty time

TOTAL _____

On duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All driving time as defined in the term **driving time**;
- (4) All time, other than **driving time**, in or upon any commercial motor vehicle except time spent resting in a **sleeper berth**;
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle;
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident, or follow-up testing required by [part 382](#) of this subchapter when directed by a motor carrier;
- (8) Performing any other work in the capacity, employ, or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier

Are you being compensated by another employer?

_____ **YES** _____ **NO**

Do you plan to receive compensation while being employed for this employer?

_____ **YES** _____ **NO**

SIGNATURE _____

DATE _____

DRIVERS RECEIPT

I acknowledge receipt of this Driver's handbook, Company and Alcohol and Substance Abuse Policy. In addition I agree to familiarize myself with this company policy as required by the Federal Motor Carrier Safety Regulations.

I understand I am to acknowledge and obey the company policies and rules in this handbook, as well as the regulations of the Federal Government Department of Transportation, including section 382.601, and of all the state and local jurisdictions, as a professional driver. Included into the policies is detailed discussion of the following:

- ✓ The designated person to answer questions about the policies
- ✓ The categories of drivers subject to Part 383
- ✓ Information describing a safety sensitive function, and the proper driver conduct
- ✓ Circumstances under which a driver will be tested
- ✓ Repercussions of when a driver refuses to submit to a drug/alcohol test

My signature below certifies that I will act responsible, courteous, and safe while my employment at all times. In addition I am aware that i will accept the policies as stated in our company handbook. Non-compliance to the policies will result in disciplinary actions detailed in the policies.

SIGNATURE _____

DATE _____

COMPANY SUPERVISOR SIGNATURE _____

DATE _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i>)						
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)		Apt. Number	City or Town		State ▼	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number	

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):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):		
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State ▼	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--