DRIVER EMPLOYMENTAPPLICATION

RAHIM TRANSPORT LLC

PO BOX 1418
RED OAK GA 30272
An Equal Opportunity Employer

Customerservice@rahimtransport.com

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

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

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

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

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

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

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none ☐				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none ☐			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

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

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

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

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

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

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

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

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

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

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

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

EDUCATION

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

OTHER QUALIFICATIONS

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

TO BE READ AND SIGNED BY APPLICANT

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

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

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

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

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

Applicant Signature X		Date	
Applicant Name (printed)			

RAHIM TRANSPORT LLC

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse

I, _____, hereby provide consent to **RAHIM TRANSPORT LLC** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

U understand that if the limited query conducted by **RAHIM TRANSPORT LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **RAHIM TRANSPORT LLC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent to **RAHIM TRANSPORT LLC** to conduct a limited query of the Clearinghouse, **RAHIM TRANSPORT LLC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____
Employee Signature

_____
Date

I _____ (applicant name) allow Angela Watford of Government Filings, LLC to electronically sign on my behalf the driver's qualification packet that is required for the position I am applying for with **RAHIM TRANSPORT LLC**.

Signature: _____

Date: _____

RAHIM TRANSPORT LLC

Criminal Background & MVR Check Authorization Form

Name: _____

(Last) (First) (Middle)

Other Names Used: _____

Current Address: _____

City, State, ZIP: _____

Social Security Number: _____ Date of Birth: _____

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification.

In connection with my service with **RAHIM TRANSPORT LLC**, I hereby authorize **RAHIM TRANSPORT LLC** to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve as a driver with the **RAHIM TRANSPORT LLC** is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the revocation of any position offered to me or accepted by me. I acknowledge that the criminal background and National Sex Offender Public Registry checks may be not be shared outside of company management. The member is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination from **RAHIM TRANSPORT LLC.**

Applicant signature: X_____ **Date:** _____

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(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.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's 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 boxes):

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

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
   OR
2. Form I-94 Admission Number: _____
   OR
3. Foreign Passport Number: _____
   Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
X	

Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP! *Employer Completes Next Page* STOP!

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

By this document, **RAHIM TRANSPORT LLC** discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature X_____ Date _____

Printed Name _____

Motor Vehicles Driver's

CERTIFICATE 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 operator's 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 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.

Driver's Name (Printed) _____

Driver's Signature X _____ Date _____

Driver's Rights Pertaining to Release of Driver Information Under Regulation 391.23

Motor carriers have the responsibility to make the following investigations and inquiries to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

1. (a) An inquiry into the driver's driving record during the preceding (3) years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those (3) years; and
2. (a) An investigation of the driver's employment record during the preceding (3) years.
   (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within (30) days of the date the driver's employment begins and be retained in compliance with 391.51.
   (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within (30) days of the date the driver's employment begins. This goes into effect after October 29, 2004.
   (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous (3) years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident(s) involving the driver that occurred in the (3) year period preceding the date of the employment for accident and any accidents that previous employer may wish to prove.
   (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous (3) years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employees.
2. 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.
3. 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.

Drivers who wish to review previous employer provided investigative information must submit a written request to the prospective employer when applying or as late as (30) days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within (5) business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within (15) days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Name (Printed) _____ Date _____

Driver's Signature X _____

FMCSR POCKETBOOK DRIVER'S RECEIPT

The company has instructed all its drivers regarding all applicable Federal Motor Carrier Safety Regulations Parts 380-397 and Part 40.

I acknowledge receipt of the Driver's Guide to the FMCSRs and agree to familiarize myself with the information presented.

Driver's Signature X_____

Company __RAHIM TRANSPORT LLC_____

Company Supervisor's Signature __Angela Watford_____

**** This form is found on the front page of the US DOT Safety Handbook. Have driver complete and remove for your records ****

HOURS OF SERVICE RECORD FOR FIRSTTIME OR INTERMITTENT DRIVERS

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

Name: _____
FIRST MIDDLE LAST

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

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

_____ to _____
Hour/Date Hour/Date

Signature: X _____ Date: _____

RAHIM TRANSPORT LLC

Hours of Service Rules

According to Section 395.1 of the Federal Motor Carrier Safety Administration, you are required to run under a (60) hour / (7) day or (70) hour / (8) day rule.

RAHIM TRANSPORT LLC runs under the **70/8 rule**. Any hours you may have worked with another company where you are compensated for such work must be turned into **RAHIM TRANSPORT LLC** before you can begin your on-duty status with us. This is to ensure that your record of duty status is current, and you are compliant with the rules set forth by the FMCSA.

This means you are required to do a record of duty status for any work done outside of **RAHIM TRANSPORT LLC** before being placed on-duty with us. FMCSA'S Section 395 states that a driver must know his/her hours of service and a driver log must be completed, including the recap section. This is so the driver always knows how many working hours s/he has available to him/her at any given time. If you encounter a problem with your hours running out and have a load with an appointment time set, contact our office and we will make other arrangements for the load (ex.: rescheduling or having another driver deliver for you).

DO NOT violate your hours of service with **RAHIM TRANSPORT LLC**, as it is grounds for termination. The rules are governed by the FMCSA and **RAHIM TRANSPORT LLC** upholds these rules. We will retain deriver record of duty status records for a period of (6) months.

Log Information to be Notated on all logs:

- Log your hours on the graph grid format
- The time you report for duty must be logged
- The time the driver is released from duty each day
- Each record of duty change
- Log your recap and hours available each day
- Bill of Lading numbers and shipper information
- Driver Signature
- Home Terminal Address
- Today's Date
- Total miles driven
- To and from points
- Show your pre-trip and post-trip
- Show fuel stops
- Driver must have (7) current logs within his possession plus the (1) s/he is working from on the day.
- A driver cannot have more than (12) days of consecutive logs within his/her possession. (13) days of logs in the driver's possession is a violation. The home terminal must have all previous logs within the company's filing system and kept for a minimum of (6) months.

Driving Limits:

1. (11) hours following (10) consecutive hours off duty;
2. Not beyond the 14th consecutive hour after coming on-duty, following (10) consecutive hours off-duty;
3. After being on duty for (70) hours in any (8) consecutive days; or
4. Any driver who has access to a sleeper berth may accumulate the equivalent of (10) consecutive hours off-duty time in (2) separate periods; such as (8) hours sleeper berth time and (2) hours off-duty time.

(34) Hour Restart:

A driver of a property- carrying vehicle may restart the (8) consecutive day period after taking (34) consecutive hours off-duty. After the (34) hours period, the on-duty hours worked before that (34) hour period started no longer have to be considered when calculating the driver's (70) hour limit.

The Final Rule – July 1, 2013:
Mandatory break of (30) minutes.

If a driver has driven for (8) consecutive hours s/he must take a (30) minute logged break before driving again. This means is logged on the record of duty status as a break. The recommendation is to take the break between the 3rd and 5th hour.

Any "restart" of weekly limits (60) hours in (7) days or (70) hours in (8) days, where a driver takes (34) consecutive hours off-duty. The off-duty time must include (2) periods between 1am and 5am. A driver cannot restart more than once in a (7) day period. Any violations of these rules and regulations will result in the following disciplinary action(s):

1st Violation: You will receive a written warning
2nd Violation: You will be suspended for (2) days without pay
3rd Violation: You will be terminated

If you do not fully understand these rules and regulations we will gladly explain them to you in detail at any time.

Driver Signature X_____Date _____

Driver Evaluation Road Test Form

Driver Name:_____ Test Date:_____

Observed by: _____

Vehicle Type and Number:_____

PRE-TRIP INSPECTION					
Yes	**No**	General vehicle condition noted	**Yes**	**No**	360-degree walk-around performed
Yes	**No**	Parking brake set / applied	**Yes**	**No**	Tires evaluated
Yes	**No**	Lighting inspected	**Yes**	**No**	Steering inspected
Yes	**No**	Horn and windshield wipers inspected	**Yes**	**No**	Mirrors adjusted
Yes	**No**	Emergency equipment inspected	**Yes**	**No**	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
Yes	**No**	Uses seat belt	**Yes**	**No**	Verifies passenger(s) is wearing seat belt
Yes	**No**	Starts vehicle properly	**Yes**	**No**	Observes traffic patterns
Yes	**No**	Does not allow vehicle to roll while stopped	**Yes**	**No**	Drives with both hands on steering wheel
Yes	**No**	Steers smoothly	**Yes**	**No**	Speed appropriate for conditions
BACKING AND PARKING					
Yes	**No**	Gets out to look before backing	**Yes**	**No**	Avoids backing when possible
Yes	**No**	Uses mirrors properly	**Yes**	**No**	Does not blind-side back
INTERSECTIONS					
Yes	**No**	Covers the brake with foot in intersections	**Yes**	**No**	Checks traffic in all directions
Yes	**No**	Stops vehicle in proper location	**Yes**	**No**	Does not allow vehicle to roll when stopped
TURNING					
Yes	**No**	Vehicle is in proper lane for turn	**Yes**	**No**	Signals used in advance of turn
Yes	**No**	Approaches turn at proper speed	**Yes**	**No**	Checks traffic conditions
Yes	**No**	Turns only when traffic is cleared	**Yes**	**No**	Keeps vehicle in proper lane while turning
PASSING					
Yes	**No**	Determines that pass is safe and legal	**Yes**	**No**	Passes in safe location
Yes	**No**	Checks ahead before passing	**Yes**	**No**	Uses turn signal appropriately
Yes	**No**	Returns to lane safely	**Yes**	**No**	Does not exceed speed limit

YES / NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date:_____

NOTES:_____

_____

_____

_____

Evaluator Signature:_____

This form is an example only. Certificates may look different, but should contain similar information.

CERTIFICATE OF DRIVER'S 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 who was examined. (49 CFR 391.31(e)(f)(g))

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

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

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

_____

EXAMINER FIRST & LAST NAME | SIGNATURE OF EXAMINER | DATE