

## **DOT Required Documents**

- 1.Driver Application for employment  
§391.21 (pages 1-4)
- 2.Request for driving record check §391.23  
(page 5)
- 3.Request for Information from previous  
employer §391.23 (page 6)
- 4.Physical examination form – Long form  
§391.43 (page 7)
- 5.Medical examiner's certificate card – Short  
form card §391.43 (page 8)
- 6.Record of road test and certification for  
examination for road test (Equivalent of road  
test - driver's license) §391.33  
(page 9)

7. Certificate of violations §391.27 / annual review §391.25 (page 10)
8. Driver's prior 7 day on-duty record §395.8 (page 11)
9. Notice to drivers and certificate of compliance §383.21 (page 12)
10. Driver's Mandatory Notification §383.31 (page 13)
11. Copy of Motor Vehicle Report §391.51(a) (2) (page 14)
12. Copy of I-9 form (pages 15-16)
13. Certificate of receipt – Company Drug and Alcohol Policy §382.601 (page 17)

## DRIVER QUALIFICATION APPLICATION

Please complete all requested information, missing information could delay the processing of your application.

Date: \_\_\_\_\_ Driving position applied for: ☐ Company Driver ☐ Owner/Operator

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last Name First Name M.I.

Current Address: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Email: \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell

In case of Emergency Contact: \_\_\_\_\_  
Name Phone Number Relationship

Previous Addresses for the past 3 Years:

Street	City	State	Zip	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Commercial Drivers License (include all licenses held in the past 5 years, list current license first):

License Number	State	Expiration Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Class A?	<input type="checkbox"/> Haz. Mat. <input type="checkbox"/> DbL/Trpl. Endorsements?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Class A?	<input type="checkbox"/> Haz. Mat. <input type="checkbox"/> DbL/Trpl. Endorsements?

Have you worked for this Company before? ☐ Yes ☐ No  
If yes list dates: From \_\_\_\_\_ to \_\_\_\_\_

List any Accidents / Incidents you were involved in the Previous 5 Years: None ☐

Date	Description if Accident / Incident	Location	Commercial Vehicle?	Any Fatalities / Injuries?	Were you Ticketed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any Traffic Convictions / Tickets received in the last 5 Years: None ☐

Date	Commercial Vehicle?	Location	Violation Description
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any Criminal Convictions:

Have you ever been charged with, pled guilty to, been convicted of any criminal offense? ☐ Yes ☐ No

Date	Location; City, State, County, & Country	Charges	Misdemeanor or Felony

List Driving Experience:

Type of equipment	Equipment/Trailer type	Dates	Mileage Estimate
Straight Truck			
Tractor Trailer			
Other			

Employment History, list all employers / lessors for the past 3 years. You are also required to list all employers / lessors for whom you drove a commercial motor vehicle in the past 10 years:

<p><b>Most Recent Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Can we contact this Employer / Lessor for employment history? <input type="checkbox"/> Yes <input type="checkbox"/> After I start job, if offered</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Previous Employer / Lessor:</b>    Dates: From _____ To _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Contact: _____</p> <p>Job description: _____</p> <p>Type of Equipment Driven: _____ Type of Trailer pulled: _____</p> <p>Number of Accidents/Incidents: _____ Miles driven weekly: _____</p> <p>Terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## REQUEST FOR DRIVING RECORD CHECK

- Has any license, permit, or privilege to operate a motor vehicle ever been suspended or revoked for any reason? ☐ Yes ☐ No
- Have you ever been convicted of driving during license suspension, or revocation, or driving without a valid license or an expired license, or are any charges pending? ☐ Yes ☐ No
- Have you ever been convicted of any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending? ☐ Yes ☐ No
- Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are charges pending? ☐ Yes ☐ No
- Have you had a positive breath alcohol test in a concentration of .04 or greater in the previous 3 years? ☐ Yes ☐ No
- Have you had a positive controlled substance (drug) test result in the previous 3 years? ☐ Yes ☐ No
- Have you refused to submit to a substance (drug) or alcohol test in the past 3 years? ☐ Yes ☐ No

If the answer to any of the above questions is "Yes" please describe in detail:

\_\_\_\_\_

-

\_\_\_\_\_

Do you have the legal right to work in the United States? ☐ Yes ☐ No

### Fair Credit Reporting Act, Disclosure & Authorization

In connection with your application Aaloc Transportation may obtain consumer reports and/or investigative consumer reports regarding your character, general reputation, motor vehicle record, criminal background record and/or other appropriate public record information from a consumer reporting agency, as those terms are defined in the Fair Credit Reporting Act and amendments. These reports may also include the names and dates of your previous employer/lessor(s), reasons for termination, work experience and any other type of information authorized under the FCRA or other applicable laws. Such reports may come from federal, state, local, and/or any other agencies which contain and/or maintain such records. You may request in writing a complete disclosure of the nature and scope of the investigation to be performed.

I hereby authorize Aaloc Transportation to obtain consumer reports and/or investigative consumer reports ("Consumer Reports") from any appropriate consumer reporting agency and understand that such consumer reports may be used by Aaloc Transportation in the determination of whether or not to offer me employment/lease. I understand that I have the right to make a request of such consumer reporting agencies of the nature and substance of all information in such files on me, including the source of information and recipients of any reports on me which have been previously furnished by the consumer reporting agencies within the past two year period. I hereby consent to allowing Aaloc Transportation to obtain such consumer reports from any and all appropriate consumer reporting agencies. I therefore authorize the procurement of said consumer reports by Aaloc Transportation and, if hired/leased by Aaloc Transportation, I understand that this authorization shall remain in my file and shall serve as on-going authorization for Aaloc Transportation to procure additional consumer reports on at least an annual basis, or at any time during my employment/lease.

Applicant's Signature: \_\_\_\_\_

I certify by my signature that this application was completed by me and all entries and information on and in this application and all supplemental documents are true and complete to the best of my knowledge. I authorize Aaloc Transportation to make such investigation and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, lessors, schools, health care providers and other persons from all liability in responding to inquiries and releasing information concerning my application. In the event of employment, I understand that false or misleading information given on 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.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

I understand that as part of the Department of Transportation Driver Qualification process Aaloc Transportation is required to obtain the results of all DOT required substance (drug) and/or alcohol tests for the previous 3 years. Aaloc Transportation is also required to obtain employment history from former employers / lessors.

I hereby authorize my former employers / lessors to release the following information to Aaloc Transportation as per the Federal Motor Carrier Safety Regulations.

**Applicant's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

-----  
*Applicant, please fill out the section above this line only. The lower section is to be completed by past employers / lessors.*

Employer Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Type of equipment driven: \_\_\_\_\_

Type(s) of trailers pulled: \_\_\_\_\_

States driven in: \_\_\_\_\_ Avg weekly mileage: \_\_\_\_\_

Reason for separation: \_\_\_\_\_ Eligible for rehire? ☐ Yes ☐ No ☐ Upon Review

Accidents: ☐ Yes ☐ No If yes please list:

Date	Description of accident / incident	Preventable
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- Did the Driver have a positive test result for controlled substances? ☐ Yes ☐ No
- Did the Driver have a positive test result for alcohol greater than .04? ☐ Yes ☐ No
- Did the Driver refuse to be tested for alcohol or controlled substances? ☐ Yes ☐ No
- If the Driver tested positive for controlled substances or alcohol did he/she successfully complete the DOT return to duty requirements? ☐ Yes ☐ No

Completed by: Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical examination form - Long form    \$391.43

Medical examiner's certificate card - Short form card    \$391.43

Record of road test and certification for examination for road test (Equivalent of road test - driver's license) \$391.33

## MOTOR VEHICLE DRIVER'S 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 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 (Section 391.27). Drivers who have provided required information, required 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).

<b>COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS</b>																															
Name of Driver (Print)	Social Security Number	Date of Employment																													
Home Terminal (City and State)	Driver's License Number	State	Expiration Date																												
<p>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 past 12 months.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DATE OPERATED</th> <th style="width: 30%;">OFFENSE</th> <th style="width: 30%;">LOCATION</th> <th style="width: 25%;">TYPE OF VEHICLE</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="padding-top: 10px;">(If you have had no violations, check the following box - <input type="checkbox"/> None)</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>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.</p> <p>Date of Certification _____ Driver's Signature _____</p>				DATE OPERATED	OFFENSE	LOCATION	TYPE OF VEHICLE	(If you have had no violations, check the following box - <input type="checkbox"/> None)				_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
DATE OPERATED	OFFENSE	LOCATION	TYPE OF VEHICLE																												
(If you have had no violations, check the following box - <input type="checkbox"/> None)																															
_____	_____	_____	_____																												
_____	_____	_____	_____																												
_____	_____	_____	_____																												
_____	_____	_____	_____																												
_____	_____	_____	_____																												

<b>COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD</b>
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**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 named 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 391.15  
☐ Does not adequately meet safe driving performance

Action taken with driver \_\_\_\_\_

Reviewed by \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

### 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 395.8(j)(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 \_\_\_\_\_

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								
								<b>TOTAL HOURS</b>

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 \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_  
Driver's 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 compensated work for any non-motor carrier entity.

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 by this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ Driver's Signature	_____ Date
_____ Company Representative	_____ Date

**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 come requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.  
  
If you currently have more than one license, you should 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 you no longer want to be licensed by that state you must notify the state.
- 2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer he 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 to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_





## DRIVERS MANDATORY NOTIFICATION

--PLEASE READ CAREFULLY BEFORE SIGNING--

### 383.31 Notification of convictions for driver violations.

- (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.
- (b) Each person who operates a commercial motor vehicle, who has a State or jurisdiction driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction, which issued the license according to 383.31 (a).
- (c) **Notification.** The notification to the State official and employer must be made in writing and contain the following information:
- (1) Driver's full name;
  - (2) Driver's license number;
  - (3) Date of conviction;
  - (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
  - (5) Indication whether the violation was in a commercial motor vehicle;
  - (6) Location of offense; and
  - (7) Driver's signature

### 383.33 Notification of Driver's licenses suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction, who is disqualified from notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

PLEASE PRINT

NAME (IN FULL) \_\_\_\_\_

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_

SPECIFY OFFENSE/VIOLATION \_\_\_\_\_

WAS VIOLATION IN A COMMERCIAL VEHICLE? ☐ YES ☐ NO

LOCATION OF OFFENSE: \_\_\_\_\_ STATE \_\_\_\_\_

WAS YOUR LICENSE SUSPENDED, REVOKED OR CANCELLED AS A RESULT OF CONVICTION? ☐ YES ☐ NO

IF YES, FOR HOW LONG? \_\_\_\_\_

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** (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 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		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:

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)

3-D Barcode  
Do Not Write in This Space

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

**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 (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



**Section 2. Employer or Authorized Representative Review and Verification**

(Employee or the 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 "List 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):
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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):
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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:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>U.S. Passport or U.S. Passport Card</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable Immigrant Visa</li> <li>Employment Authorization Document that contains a photograph (Form I-766)</li> <li>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>Foreign passport; and</li> <li>Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>The same name as the passport; and</li> <li>An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> </ol> <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>NOT VALID FOR EMPLOYMENT</li> <li>VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>Native American tribal document</li> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

## ALCOHOL AND CONTROLLED SUBSTANCE EMPLOYEE'S CERTIFIED RECEIPT

Drivers Name: \_\_\_\_\_

Company: Aaloc Transportation, Inc.

This is to certify that I have been provided educational materials that explain the requirements of §382.601 and my employer's policies and procedures with respect to meeting the 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 concerning prohibited driver conduct.
- \_\_\_\_\_ 4. Specific information about the safety-sensitive functions and periods of the workday that compliance is required.
- \_\_\_\_\_ 5. Circumstances under which a driver will be tested.
- \_\_\_\_\_ 6. Test procedures, driver protection and integrity of the testing processes and 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(b) violations including removal from safety-sensitive functions and §382.605 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 effects of alcohol and controlled substances use on:
  - an individual's health
  - work
  - personal life
  - signs and symptoms of a problem
  - available methods of intervening when a problem is suspected
- \_\_\_\_\_ 12. Optional information: \_\_\_\_\_

Drivers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Employer Representative: \_\_\_\_\_

Date: \_\_\_\_\_