

Hiring Checklist

Employee Name: _____

Hire Date: _____

	<u>Application</u> includes previous ten (10) years of employment as a commercial motors vehicle driver, certified by the applicant as being true and complete. (15239 cvc, &391.219(a) & 391.51 (b) (1) 49 CFR) if employed as a USDOT qualified driver, retain record in Driver Qualification file.
	<u>DMV Printout</u> current within thirty (30) days of hire date, reviewed, signed, and dated by employer. Retain record. (1808.1(a) CVC & 391.21 (b)(7 &8)49 CFR
	<u>Previous Employer Inquiry(ies)</u> Driver signs consent for previous employer to release confidential controlled substance and alcohol testing information. Employer must inquire of previous employers:2 years for California INTASTATE, 3 Years for INTERSTATE drivers. Retain record in confidential file. (34520 CVC & 382.413 49 CFR
	<u>Drug and Alcohol Policy/ Educational Materials</u> provide new driver with a copy of your policy and educational materials. Obtain signed and receipt for material provided and retain on file. (382.301 49 CFR)
	<u>Pre- Employment Controlled Substance Test</u> Negative/clear results must be obtained from MRO prior to allowing driver to operate vehicles. Retain record in confidential file. (34520 CVC & 391.31 & 39151 (b)(3) 49 CFR)
	<u>Enroll Driver In Random Testing Program</u> Immediately enroll driver in a random testing program. (34520 CVC & 382.305 49 CFR)
	<u>Record Drivers Proficiency</u> Have driver demonstrate ability to safety operate vehicles, vehicles combinations, and accessories. Retain record on file. (1229 & 1234(a) 13 CCR, &39131 &391.51(b)(3) 49 CFR)
	Driver may begin to operate vehicles at this point
	<u>Enroll Driver in DMV'S Employer Pull-Notice Program</u> Immediately enroll driver. Contact DMV Pull-Notice Unit at (916) 657-6346 or on the internet at www.dmv.ca.gov . upon receiving notice, review, sign and date. Retain most current notice in file. (1808.1 (b)CVC & 391.25 (a) 49
	<u>Photo of the Driver License, Photo of SSN, Photo of Medical Card</u>



DRIVER SAFETY POLICY MANUAL

Please let us know if you have any questions or concerns

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_____Initials

SECTION 1: EMPLOYMENT GUIDELINES WITH US TRUCK LINES INC

1.1 INTRODUCTION

US TRUCK LINES INC is committed to the safety of all employees and the general public.

To ensure that all employees are trained on all aspects of the National Safety Code in accordance with legislated regulations, this policy manual has been created.

It is a firm belief of **US TRUCK LINES INC** that knowledgeable and trained employees will contribute to the safety and success of the employee, community and company.

Therefore, the training being conducted and the responsibility of reading this manual thoroughly and adhering to the specified requirements is a mandatory and part of your employment with **US TRUCKLINES INC**

We encourage any questions upon reading this manual. Please direct any questions to **THE DIRECTOR OF US TRUCK LINES INC**

The final page of this policy manual is an acknowledgement and receipt form. Immediately following this training it is required that you sign and date the forms and submit to your administrator. These forms acknowledge that you have read and understand the policy manual, and will adhere to all requirements as specified.

US TRUCK LINES INC looks forward to a continued and successful employment relationship with all employees, with a focus on safety and security along with company growth and success. Remember, the safety and success of the company means success and growth for all employees as well.

Thank you for your continued support.

Sincerely,

Management & staff of US TRUCK LINES INC

_____Initials

1.2 **EMPLOYMENT REQUIREMENTS**

Employment requirements with **US TRUCK LINES INC.** include the following documentation:

1. A complete application or resume and cover letter clearly outlining your employment experience, licensees etc.
2. A photocopy of your valid driver license.

IMPORTANT: when you renew your license please ensure you provide your administrator with a new photocopy of the valid license.

3. A recent driver abstract. This can be obtained at your nearest Motor Vehicles Office.

IMPORTANT: A new drivers abstract must be on file with your office administrator on an annual basis.

4. You must complete all required administrative work in a timely manner. The manual will outline in details your requirements. You must ensure that all paperwork is completed in full and submitted as requested by your administrator.

1.3 **ATTITUDE AND PROFESSIONALISM**

A positive, professional attitude is a requirement with **US TRUCK LINES INC** It is expected that each employee conduct themselves in a professional and safe manner at all times. You are expected to also maintain a positive and team focused attitude with your coworkers as well.

A positive mental attitude (PMA) is an important part of any company and organization. A positive attitude allows you to focus better on the task at hand, pay more attention to the work you do, allows you and your team to accomplish more and creates an overall more positive environment for all employees.

_____Initials

1.4 FOLLOWING GUIDELINES, PROCEDURES & POLICIES

It is imperative that all employment guidelines and job duties are followed as indicated. These policies are in place to ensure safety for yourself and others. Also, following these requirements are legislated and a requirement by law. **US TRUCK LINES INC** has an employee's warning document in place which you can review with the director. This warning form will be maintained in your driver file. Consistent failure to comply will result in following disciplinary actions:

First Offence: A verbal warning, documented in employees file.

Second Offence: A written warning signed by management and employee and kept in employees file.

Third Offence: 24 hour suspension.

Fourth Offence: 48 hour suspension.

Fifth Offence: 7 day suspension.

Sixth Offence: A final written warning, signed by management and employee clearly indicating that one final offence will result in termination. This will also be kept in the employees file.

Final Offence: Immediate termination of employment.

1.5 LIQUOR & DRUGS

US TRUCK LINES INC has a zero tolerance policy towards liquor and drugs. The safety of yourself and the safety and welfare of others depend on it.

No employee shall consume alcohol 8 hours before reporting to work or while on duty. Under no circumstances should a driver report to work while under the influences of the above substances.

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SECTION 2

POLICY & PROCEDURE

2.1 NATIONAL SAFETY CODE GUIDELINES

The National Safety Code was written to obtain uniformity of safety regulations across Canada.

It is the driver's responsibility to make himself aware of all requirements of the National Safety Code Regulations. These requirements include:

- a. Up to date and accurate drivers files with the company administrator.
- b. Log books current and turned in a timely manner to the office administrator. Log books must also be accurate.
- c. Adhere to hours of service regulations.
- d. Notify your office administrator of any violations within 24 hours.
- e. Pre/post trip inspections must be done daily.
- f. Vehicle records, maintenance invoices etc. must be submitted to the office administrator in a timely and consistent manner.

2.2 DRIVER LICENSING AND VIOLATIONS

- a. You must report and change of address or provide a copy of your renewed license to your office administrator immediately.
- b. You must ensure the vehicle you are driving is of the appropriate class that you are licensed to drive.
- c. You must provide your office administrator with a current drivers abstract on an annual basis. Your administrator has a calendar abstract is due.
- d. Any Violations and Notice & Orders received must be reported to the office administrator within 24 hours.

This is imperative. All violations are maintained by ICBC and appear on the company's carrier profile. Your employer will request these profiles on a monthly basis. Consistent violations will result in disciplinary action being taken.

_____Initials

It is important to remember that violations indicate to the employer that a review or additional training may be required. It enables the employer to rectify the problem before it becomes more consistent. Also removal of consistent violations will affect you as a driver. The tickets can be written against you and not the company, and consistent violation could result in your license being revoked thus, affecting your employment and livelihood.

2.3 **PRE-TRIP INSPECTIONS**

A complete trip inspection must be done on every vehicle before its first trip each day. A trip inspection must be done at the end of the final trip each day.

You completed pre trips must include the following:

- a. License plate or unit number for the vehicle.
- b. Date of the inspection.
- c. Signature of the driver or the person making the report.
- d. A statement that no defect was discovered, should that be the case.
- e. A statement clearly outlining any defects that may affect the operation of a vehicle for any of the following areas:
 - service brakes, brake adjustments, including trailer connections.
 - parking brakes
 - lighting devices & reflectors
 - tired
 - horn
 - windshield wiper
 - rear-view mirrors
 - coupling devices
 - wheels & rims
 - emergency equipment
 - load securement device
 - A statement about any defect, other than those listed above, that may affect the safe operation of the vehicle.

You must ensure that you take the appropriate action on all defects found during trip inspections..

If defects are found you must either:

_____Initials

1. Correct the defects and sign the report to say this correction was done.
2. Sign the report to certify the defect did not need to be corrected.

NOTE: it is require by law to submit to US TRUCK LINES INC all trip reports within 20 days if when they are done.

2.4 VEHICLE RECORDS

It is a requirement by law to keep all vehicle inspection, maintenance and repair records. You must submit all vehicle repair and maintenance records to **US TRUCK LINES INC** within 20 days. This includes all invoices or written documents that indicate any repairs or service done to the vehicles. Every driver who carries out any maintenance on a vehicle must submit the invoices to **US TRUCK LINES INC** within 20 days.

2.5 DRIVER LOG BOOKS

- a. All drivers are required by law to be able to produce a current daily log completed to the last time a change in duty happened.
- b. All drivers are required by law to show copies of the log pages from the previous 7, 8 or 14 days depending on the cycle the driver is working.
- c. **It is an offence to falsify log books. It is up to the auditor to ticket the company or driver in such an offence. For each instance of falsification the fine is \$598.00.**
- d. It is the law to be able to provide supporting documents with your logs. These must be submitted within 20 days to **US TRUCK LINES INC**

Examples of supporting docs include:

- Fuel receipts
- Bill of lading and shipping documents
- Accommodation receipts
- Meal receipts, customs documents, or toll payments _____Initials

e. it is law to ensure all logs are submitted to **US TRUCK LINES INC** within 20 days.

f. it is the law to ensure all logs are filled out correctly and accurately, every log page must show in easy to read writing:

- correct date
- name of the driver in printed letter
- drivers signature
- name of the co-driver, if there was one, in printed letters
- odometer reading at the beginning of the day
- total distance driven by the driver during the day
- commercial motor vehicle license plate number or vehicle unit number
- name of the carrier the driver worked with, or for, during the day.
- address of either the home terminal or the principal place of business of each carrier the driver worked with, or for, during the day.
- total number of hours spent in each duty status (i.e. on duty, off duty, driving time etc.) These totals must be written on the right side of the graph. Added together, these totals must equal 24 hours.
- total amount of time spent in one location doing on-duty work other than driving.
- continuous line made by drawing through each time noted on the log page (the times noted must include every time the driver's duty status has changed)
- name of the municipality or location on a highway, including the name of jurisdiction, where each change in duty status took place

2.6 HOURS OF SERVICE

Both **US TRUCK LINES INC** and all drivers are equally responsible for working within the legal hours of service rules.

As a driver you need to keep track of your hours using one of three cycles. Each cycle has a maximum number of hours. A driver may not driver after being on duty for maximum number of hours in a selected cycle. The driving restrictions is not lifted until the driver has completed the required amount of rest time. The maximum allowed in each of three cycles is:

_____Initials

US TRUCK LINES INC

OWNER_OPERATOR & COMPANY DRIVER

ACKNOWLEDGEMENT & RECEIPT FORM

Name : _____

Unit Number : _____

Position : _____

By signing below, I hereby acknowledge receipt of the Company Policy manual. I also acknowledge that I am expected to make myself aware of all the policies and procedures contained in this manual, and that I also agree to follow all the Company policies as outlined in this manual.

Dated on the _____ Day of _____ (month), _____ (year)

US TRUCK LINES INC PRESIDENT

Employee Signature

Employee Name printed

US TRUCK LINES INC

NEW DRIVER ACKNOWLEDGEMENT FORM

I, _____ driver and employee of **US TRUCK LINES INC** agree to abide by all requirements as outlines within the policy manual. In summary, I agree to the following:

1. To provide my employer with a copy of license when renewed or any name of address changes occur.
2. **I understand that it is requirement as part of my employment to have a current driver's abstract in my drivers file each year.**
3. I understand that any tickers or violations, notice & orders, accident reports & roadside inspections must be reported to my employer within 24 hours and he must have a copy or original of the ticket within 20 days.
4. I understand it is part of my job requirement to complete a vehicle trip inspection report daily, and it must be filled correctly, completely and accurately as per training. A pre-trip and post trip must be conducted. I realize that these must be submitted to my employer every 20 days. I understand that filling a false report is an offence. I also understand that ensuring the vehicle brakes are adjusted is my responsibility at time of inspection.
5. I understand that is my responsibility to complete an accurate record of hours of service for each day and it must be completed accurately and submitted to my employer within 20 days. I also understand the maximum hours for daily driving and the minimum rest period required before driving again the next day.
6. I completely understand the disciplinary policy as outlined within page 5 of the policy manual. I understand that continued violations and unsafe driving or failure to follow all administrative guidelines will result in termination of employment.
7. I understand that it is a requirement to have page 10 of the policy manual signed and dated and within my drivers file upon completion Driver Safety Training.
8. I understand I must know where the registration and inspection documents are for the vehicle I am driving before I start driving.

9. I understand I must report any defects immediately and I must have repairs done (that will impact vehicle safety) before driving.
10. I understand I must ensure that the vehicle's load is secure.
11. I completely understand the drug and alcohol policy as outlined within the policy manual. I also understand there is a zero tolerance policy for substance abuse and usage while using company vehicles and while under the company's NSC number.
12. I understand that any driver suspensions must be reported to the employer immediately.
13. I understand I am only able to carry authorized passengers.
14. I understand that if applicable, my TDG certificate must be kept up to date if I am transporting dangerous goods.

I understand that by not abiding by the requirements stipulated above, that I will be terminated from employment with **US TRUCK LINES INC**

Driver's Signature

Date



COMMERCIAL DRIVER JOB APPLICATION

Company _____

Address _____

City _____ **State** _____ **Zip** _____

APPLICANT INFORMATION

DATE _____ **Position applying for:** ☐ Contractor ☐ Driver ☐ Contractor's Driver

NAME _____

PHONE () _____ **EMERGENCY PHONE** () _____

AGE _____ **DATE OF BIRTH** _____ **SS#** _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ **FROM** _____ **TO** _____

_____ **FROM** _____ **TO** _____

_____ **FROM** _____ **TO** _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? ☐ Yes ☐ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

3

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank etc	Date From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

List states operated in, for the last five (5)

years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years or more: (attach sheet if more space is needed):

DATE	Name of Accident (backing, Head-on, Rollover, Turning	Fatalities	Injuries

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Moving Traffic Convictions and Forfeitures for the past 3 years

Date of Conviction	Offence	Location	Type of Motor Vehicle Operated

Driver's License (list each driver's license held in the past three(3) years:

State License Type Endorsements Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Driver Application Addendum

Address:			
City	State	Zip code	How long?
Address:			
City	State	Zip code	How long?
Address:			
City	State	Zip code	How long?

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

Applicant's signature

Date

TERMS AND CONDITIONS FOR US TRUCK LINES INC.

1. Any directions given by US TRUCK LINES INC. or its customers/ broker, whether orally and /or electronically are for informational purposes only. It is the driver's sole responsibility to confirm that it may lawfully and safety operate its vehicle and responsible for any fines, penalties, accidents, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law ordinance.
2. No passengers are allowed in US TRUCK LINES INC. motor vehicles under any circumstances. If the driver does bring a passenger and the passenger gets hurt in any way from an accident or any other type of incident. The driver is solely responsible for any medical bills or other cost that may occur to the passenger.
3. Never place a load lock vertically in the trailer to secure the load. If any damage done due to this the driver will have to reimburse for the repairs.
4. Under no circumstances must the driver place anything besides the load locks for example: tires / brooms. If there is any damage or rejection due to this driver will be solely responsible and reimburse for loss.
5. Drivers will be supplied with the small set of tools. The total value of the tools will be listed below statement and if the driver losses anything then he has to reimburse USTRUCK LINES INC. for the things lost.
6. The driver will also be provided with 2 load locks that he/she will be responsible for and if its lost or damaged he/she will reimburse for the cost of the load locks.
7. Driver is provided with a toolbox and tools in the box. The tool box and 2 load locks are worth \$300 if they are lost or damaged or stolen driver will have to reimburse the cost.
8. There are photos taken currently of the vehicle before it is handed to the driver. Driver will see these pictures and initial on them. After that if there's any damages done to the truck interior or exterior the driver will be held responsible and have to pay for damages. If the truck is not maintained for the full cost of getting the truck cleaned and back to proper condition.
9. Must fill up refer if refer is going to be parked at one place for more than 36 hours.
10. Must look at refer every 12 hours and check the temperature and make sure it is on.
11. Always slide trailer tandems when the truck and trailers is completely straight. If driver agrees to these terms and conditions, please sign below.
12. Driver is not allowed to use any type of hand-held device while operating the vehicle in any way

Sign _____ Print Name _____ Date _____

RECEIPT AND REVIEW OF POLCY

DAT 4

After distributing your policy have each driver sign this from.

The Federal Motor Carrier Safety Regulations (FMCSRs) require each regulated employer to ensure that each driver signs a statement certifying that he/she has received a copy of the employer's Drug and Alcohol Testing policy and educational materials. Maintain the originals for your records and provide a copy to the driver.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF EMPLOYER'S
CONTROLLED SUBSTANCES AND ALCOHOL POLICY AND EDUCATIONAL
MATERIALS**

- Identity of the Designated Employer Representative (DAPM/DER)
- Categories of drivers who are subject to 49 CFR part 382
- Information about safety sensitive functions and hours of compliance
- Prohibitions
- Circumstances for controlled substances and alcohol testing
- Collection procedures and safeguards
- The requirement to submit to testing
- What constitutes a refusal to submit and the attendant consequences
- Consequences of violating the prohibitions, including removal from safety sensitive functions
- Administrative action for an alcohol concentration greater than 0.02 but less than 0.04
- Information on the effects of alcohol and controlled substances use
- Additional state requirements
- Employer provided me with an additional General Policy that is issued to all employees.

Driver's Full name (printed):_____

Signature:_____Date:_____

Designated Employer Representative (DER):_____

DER Signature:_____Date:_____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 40.25(j) s the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the emplo0yee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return to duty process. See section 40.25(b)(5) and (e).

Company Name: _____

Street: _____

City: _____

State, Zip: _____

Prospective Employee Name _____ ID Number _____

The prospective employee is required by sec.40.25(j) to respond to the following questions.

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

Check one: YES _____ NO _____

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

Check one: YES _____ NO _____

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____



201 Main St Suite 600 Fort Worth, TX 76102 Jay@ustlinc.com

Employment Verification Form (To be completed by employer)

Applicant's Name: _____ **SS Number:** _____ **DOB:** _____

This is your authorization to release the information concerning my employment as required below. verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. You may email to Jay@ustlinc.com or Fax: 559-618-4791

Your cooperation and prompt return of this information is appreciated.

_____ Signature of Employee

TO BE COMPLETED BY EMPLOYER:

Business

Name: _____

Business

Address: _____

Approx. Hire Date: _____ **Job Title:** _____

Comments: _____

MUST BE SIGNED BY EMPLOYER

_____ Person Completing This Form (Please Print)

_____ Signature

_____ Title

_____ Date _____ Phone #

CONTROLLED SUBSTANCE AND ALCOHOL TESTING HISTORY (to be completed by previous/current employer)

☐ Check if this employee was NOT subject to Federal Controlled substance and Alcohol Testing requirements during their employment with your organization.

Dates employee was subject to Federal Controlled Substance and Alcohol testing requirements: From date: _____ To date: _____

YES NO

☐ ☐ Within the previous 3 years, has the applicant violated any alcohol and controlled substances prohibitions under subpart B of 382, or 49 CFX part 40 (including (i) an alcohol test with a BAC of .04 or greater (ii) a positive adulterated or substituted controlled substances test (iii) refusal to submit to a random, post-accident, reasonable suspicion or follow-up controlled substance and/or alcohol test (iv) use of alcohol while performing of within 4 hours of performing a safety sensitive function (v) using alcohol after an accident in violation 382.303 (vi) use of a controlled substance while on duty except as permitted under 382.213)

Did this person fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 382.605 or 49 CFR part 40. Subpart

Was this person required to participate in a rehabilitation program but you are unaware if they started and/or completed a program

If this person has successfully completed. SAP's rehabilitation referral, and remained in your employ has he/she had any of the following testing violations subsequent to completion of a 382.605 or 49 CFR part 40 subpart referral (i) Alcohol tests with a result of 0.04 or higher alcohol concentration (ii) Verified positive drug test; (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

ACCIDENT HISTORY 390.15 (to be completed by previous/current employer)

Please provide the following information on any accident, as defined in 390.5 that the person named herein was involved in for the past 3 years while in your employ.

Check here if this employee was NOT involved in any accidents while in your employ during the three years preceding the date of this form.

Accident Date	Accident location	No injuries	No fatalities	Haz Mat release
Accident Date	Accident location	No injuries	No fatalities	Haz-mat release

Accident Date	Accident location	No injuries	No fatalities	Haz-mat release
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Additional Notes:

INFORMATION CERTIFICATION (TO BE COMPLETED BY PREVIOUS EMPLOYER)

Company Name	Phone number
Street Address, city, state, zip code	Date
Person who complete this form (print)	Person who completed this form (signature)

DRIVER PROFICIENCY (CAC 13, 1229) and AUTHORIZED VEHICLES (CAC 12, 1234 (b))

_____ has demonstrated to me _____

Driver's Name

Name & Title

That he/she can safely operate the below names vehicles/equipment as was trained for the following:

- ☐ Straight truck
- ☐ Tractor & trailer combination
- ☐ Doubles/triples
- ☐ Tank vehicle
- ☐ Vehicles less than 10,000 pounds GVWR
- ☐ Vehicles 10,000 pounds to 26,000 pounds GVWR
- ☐ Vehicles 26,001 pounds and more GVWR
- ☐ Properly hook up a trailer
- ☐ Safely operate a dump vehicle
- ☐ Trained to perform a walk around inspection
- ☐ Special equipment (specify) _____
- ☐ Informed on who to report safety concerns to
- ☐ Trained on how to secure a load, Tie down procedure
- ☐ Trained on spotting an improperly loaded vehicle
- ☐ Trained on safe use of mirrors & blind spots
- ☐ Standard shift transmission
- ☐ Automatic transmission only
- ☐ Air brakes endorsement
- ☐ Hazardous materials endorsement

Employee signature _____ Date _____

COPY OF DRIVER'S LICENSE HERE	A LONG FORM MEDICAL EXAMINATION REPORT IS REQUIRED COPY OF MEDICAL EXAMINER'S CERT HERE
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Internal Instructions: Dispatch Dept: All new hired must be directed to the equipment Manager, with this form, for completion of the Driver Proficiency Process
Equipment Dept: Process completed copy of this form to payroll for recordkeeping

LOG BOOK TRAINING COMPLETION

I _____ agree and confirm that I have received the proper training I need to legally operate my ELD. I completely understand all the functions of this log book and how to comply with DOT and FMSCA regulations. Per DOT rules you are required to keep 33 pages of blank paper log book in your truck. I have also been provided an ELD instruction card and will keep that in the cab of my truck and all times.

Name _____

Sign _____

Date _____

Company name _____

Good Faith Efforts Requirements

The new employer must make a Good Faith Effort to obtain the information. An employer who makes a good faith effort, but is unable to obtain the information, may continue to use the driver if documents the attempt.

Good Faith in this context means a request of each former employer listed on the driver's employment application or known to exist. Where information is not forthcoming, a good faith effort consists of something more than the original mailed request for information and will vary depending on the situation. Except where there is a clear refusal by the former employer to transmit the information, rendering further request futile, there should also be a follow-up attempt, preferably by telephone, to obtain the information. Refusals to respond should be reported to the Federal Motor Carrier Safety Administration (FMCSA) for investigation following procedures in 6386.12. Such reports should be kept in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.