

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## DRIVER APPLICATION FOR EMPLOYMENT

HIRE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
(Street) (City) (State & Zip)

DATE OF BIRTH: \_\_\_\_\_, EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PAST THREE (Street) (City) (State & Zip)  
YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip)

EMERGENCY CONTACT: \_\_\_\_\_  
(NAME) (PHONE NUMBER)

### **EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)**

LICENSING	STATE	LICENSE NO.	TYPE	EXPIRATION DATE:

### **DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Date: From	Date: To	Miles Driven

December 2019

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## ACCIDENT RECORD FOR PREVIOUS 3 YEARS

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident	Injuries	Fatalities

## TRAFFIC CONVICTIONS AND FORFEITURES FOR PREVIOUS 3 YEARS

(OTHER THAN PARKING) (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES \_\_\_\_\_ NO \_\_\_\_\_

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES \_\_\_\_\_ NO \_\_\_\_\_

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH ADDITIONAL STATEMENT GIVING DETAILS)

## EDUCATION

Circle highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
(NAME) (CITY)

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

APPLICANT: AS REQUIRED BY THE U.S. DOT, THE INFORMATION PROVIDED PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THE US DOT / FMCSA REGULATION 49 CFR 391.23.

## EMPLOYMENT HISTORY (ATTACH ADDITIONAL SHEETS IF NEEDED)

**NOTE: Driver applicant must provide the previous 3 years of employment history. Regarding CDL driving experience, drivers *must* list previous 10 years of employment history.**

### CURRENT / MOST RECENT EMPLOYER

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP: \_\_\_\_\_

POSITION/S HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO** (circle one)

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO** (circle one)

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## SECOND MOST RECENT EMPLOYER

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP: \_\_\_\_\_

POSITION/S HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO** (circle one)

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO** (circle one)

## THIRD MOST RECENT EMPLOYER

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP: \_\_\_\_\_

POSITION/S HELD \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO** (circle one)

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO** (circle one)

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## FOURTH MOST RECENT EMPLOYER

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP: \_\_\_\_\_

POSITION/S HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO** (circle one)

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO** (circle one)

### TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize EAST SIDE AUTO TRANSPORT to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release EAST SIDE AUTO TRANSPORT from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by EAST SIDE AUTO TRANSPORT

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

\_\_\_\_\_  
Date

December 2019

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## Driver's Safety Performance History & Substance/Alcohol Inquiry

To: \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE: \_\_\_\_\_

Attn: Human Resources:

As mandated by FMCSA, please reply within 30 days to this inquiry. Your reply will be maintained in accordance with the Federal Motor Carrier Safety Regulations: **Please complete and send to Fleet Safety Services, 12 Harvard St., Worcester, MA 01609, Fax #: 508-831-7611, or Email: updates@fleet-safety.com**

### APPLICANT - WRITE IN THIS BOX ONLY

I, \_\_\_\_\_ specifically agree to the release of my substance / alcohol testing history, as it relates to the FMCSA substance / alcohol requirements, including any positive results, refusals to tests, other violations, and evaluations by Substance Abuse Professional to Fleet Safety Services, Inc. on behalf of Nature's Second Chance Hauling LLC

Applicant's Signature: \_\_\_\_\_ Social Security#: XXX-XX-\_\_\_\_\_

1) Dates of employment with your company: Start: \_\_\_\_\_ End: \_\_\_\_\_

2) What type of work did the applicant perform? \_\_\_\_\_

3) Did the applicant drive motor vehicles for you? Yes No  
Straight truck \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_

4) Reason for leaving your employ: Discharge Laid off Resigned/Other

**Please circle the appropriate rating: Excellent = 1 Good = 2 Fair = 3 Poor = 4 Very Poor = 5**

Quality of work	1	2	3	4	5
Cooperation	1	2	3	4	5
Safety habits	1	2	3	4	5
Personal habits	1	2	3	4	5
Driving skill	1	2	3	4	5
Attitude	1	2	3	4	5

**Per 49 CFR Part 391.23 please list, at a minimum, all US DOT "recordable crashes" the driver was involved in while employed with you. (Previous 3 years only)**

Date	Accident	Location	Injuries	Tow away	Fatality	Comments

### Request for Previous Employer's DOT Drug / Alcohol Testing Information

In accordance with 49 CFR Part 40.25, 391.23 the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last three years – including refusals to test. Please complete the following:

- YES\***      **NO**
- \_\_\_\_\_      \_\_\_\_\_ 1. Any alcohol test results of 0.04 or greater during the previous three years?  
\_\_\_\_\_      \_\_\_\_\_ 2. Any positive drug test results during the previous three years?  
\_\_\_\_\_      \_\_\_\_\_ 3. Refusal to submit to a DOT required drug / alcohol test? (Incl. adulterated or substituted)  
\_\_\_\_\_      \_\_\_\_\_ 4. Other violations of DOT drug and alcohol testing regulations?  
\_\_\_\_\_      \_\_\_\_\_ 5. Did a previous employer report a drug/alcohol rule violation to you within the previous 3 years?  
\_\_\_\_\_      \_\_\_\_\_ 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?  
      \_\_\_\_\_ 7. Check this box if your company and/or the applicant was not subject to DOT regulations.

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Note: Failure to furnish the minimum information as required by 49 CFR Part 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.

December 2019

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

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

I, \_\_\_\_\_, hereby provide consent to East Side Auto Transport to conduct limited queries 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. East Side Auto Transport will conduct an initial query before allowing me to perform any safety-sensitive functions, and then annually (as required by FMCSR §382 Subpart G) as long as I continue to be employed by East Side Auto Transport. I understand that if a limited query conducted by East Side Auto Transport indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to East Side Auto Transport without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for East Side Auto Transport to conduct a limited query of the Clearinghouse, East Side Auto Transport must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. This consent is valid for 5 years from the date signed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

December 2019

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## RECEIPT OF COMPANY SUBSTANCE TESTING POLICY

By my signature, I, \_\_\_\_\_, hereby acknowledge that I have received a copy of EAST SIDE AUTO TRANSPORT Substance Abuse and Alcohol Misuse Program. I understand that EAST SIDE AUTO TRANSPORT requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the EAST SIDE AUTO TRANSPORT Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

§40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 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 the return-to-duty process.  
(Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee

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

Social Security Number (Last 4): XXX-XX- \_\_\_\_\_

**The prospective employee is required by §40.25(j) to respond to the following questions:**

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

If you answered “Yes”, can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:             YES             NO

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

***Prospective Employee Signature:***

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

***Witnessed by:***

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

***(Company Representative)***

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## DISCLOSURE AND AUTHORIZATION

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

### DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

**EAST SIDE AUTO TRANSPORT** may obtain information about you for employment purposes and/or contract for services from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" as defined by California law. These reports contain information regarding your driving history ("driving record(s)") in accordance with Section 391.23 and/or 391.25 of the Federal Motor Carrier Safety Regulations.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been provided about you and to request a copy of your report.

**The third party consumer reporting agency providing the report is:**

**Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, [www.applicantinsight.com](http://www.applicantinsight.com), 1-800-771-7703.**

The scope of this notice and authorization is to allow the Company to obtain from any outside organization consumer reports now and throughout the course of your employment and/or contract for services to the extent permitted by law, as they pertain to your driving record(s).

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. Additionally, upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**New Hampshire applicants or employees subject to state driving record requests:** Your authorization for the release of your driving record is limited to no more than 2 years from the date of the execution of this document. As it relates to your driving record, you have the right to revoke this authorization at any time.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment and/or contract for services, if applicable, to the extent permitted by law. In accordance with this notice, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, or information service bureau to furnish any and all background information requested by **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, [www.applicantinsight.com](http://www.applicantinsight.com), 1-800-771-7703**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota applicants or employees only:**

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**Oklahoma applicants or employees only:**

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:**

Please check this box if you would like to receive a copy of an investigative consumer report or consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

*\*Please list your name exactly as it appears on your driver license*

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ DL State of Issuance: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

December 2019

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## MANDATORY NOTIFICATION OF ALL DRIVING PRIVILEGE SUSPENSIONS, REVOCATIONS, AND DISQUALIFICATIONS; INCLUDING ALL MOVING VIOLATIONS & CELL PHONE USE

I, \_\_\_\_\_, understand that I am absolutely prohibited from utilizing a handheld mobile telephone while operating a commercial motor vehicle for EAST SIDE AUTO TRANSPORT. This includes both originating and receiving telephone calls, and texts. (I understand that I am permitted to utilize a hands-free device, or a mounted device, which can be operated by pushing a single button for voice mobile communications, if my employer permits.)

I understand that utilizing a handheld mobile telephone, as prescribed above, for voice communications and/or texting may result in the **immediate termination** of my employment.

I, \_\_\_\_\_, agree to notify my direct supervisor of EAST SIDE AUTO TRANSPORT **immediately** of any suspension, restrictions, disqualifications or revocations of my driver's license and **within 30 days** of any moving violation conviction(s) I may receive. This requirement pertains to actions resulting from my operation of any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above prescribed notifications may result in a suspension or termination of my employment.

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

The cell phone and texting bans are outlined in 49 CFR part 392.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## RECORD OF ROAD TEST

Driver's Name: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: Tractor \_\_\_\_\_ Straight truck \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

**Please assess the level of skill and competence the driver exhibits performing each of the following operations**

• **The Pre-trip Equipment Inspection**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Coupling and Uncoupling of Combination Units**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Placing the commercial Motor Vehicle in Operation**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Turning the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

• **Backing and Parking the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments: \_\_\_\_\_

:  
**Duration of Road Test** \_\_\_\_\_ **hours/minutes,** \_\_\_\_\_ **miles**

(Name of Examiner -please print) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## Certificate of Road Test

Driver's Name: \_\_\_\_\_

Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

This is to certify that the above listed driver was given a Road Test under my supervision on \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.  
(Date)

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

\_\_\_\_\_  
(Signature of Examiner) (Title) (Date)

Name of Examiner: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_

Examiner's Organization: \_\_\_\_\_

*This certificate must be completed after successful Road Test*

# EAST SIDE AUTO TRANSPORT

32 North Plains Industrial Road Wallingford, CT 06492

## DRIVER'S PRIOR 7 DAY STATEMENT

*For New, Casual and Temporary Drivers*

Driver Name: \_\_\_\_\_

### Instructions:

Motor carriers when using a driver for the first time or intermittently 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)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Hours Worked							

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: \_\_\_\_\_ on:

\_\_\_\_\_ (month, day, year)

(time)

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

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