Driver Qualification (DQ) Files should be organized in the order shown in the checklist below.

**NOTE:**

**NEW HIRE DRIVER QUALIFICATION FILE CHECKLIST**

<table>
<thead>
<tr>
<th>DOCUMENTS TO SUBMIT TO TBS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DRIVER EMPLOYMENT APPLICATION w/ 10 YEAR EMPLOYMENT HISTORY</td>
<td></td>
</tr>
<tr>
<td>2. CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENT</td>
<td></td>
</tr>
<tr>
<td>3. REQUEST FOR DRIVING RECORD</td>
<td></td>
</tr>
<tr>
<td>4. <strong>ROAD TEST (NON-CDL DRIVERS AND HAZMAT ONLY)</strong></td>
<td></td>
</tr>
<tr>
<td>5. STATEMENT OF ON DUTY HOURS w/ COMPANY SIGNATURE</td>
<td></td>
</tr>
<tr>
<td>6. PREVIOUS PRE-EMPLOYMENT ALCOHOL/DRUG STATEMENT w/ COMPANY SIGN.</td>
<td></td>
</tr>
<tr>
<td>7. FAIR CREDIT REPORTING ACT RELEASE FORM</td>
<td></td>
</tr>
<tr>
<td>8. I-9 FORM - PG 1. (SECTION 1), PG 2 (SECTION 2)</td>
<td></td>
</tr>
<tr>
<td>9. SUPPORTING DOCUMENTS ASSOCIATED WITH I-9 FORM (WHEN APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>10. COPY OF PASSPORT or CDL</td>
<td></td>
</tr>
<tr>
<td>11. COPY OF MEDICAL CARD</td>
<td></td>
</tr>
<tr>
<td>12. COPY OF SOCIAL SECURITY CARD</td>
<td></td>
</tr>
<tr>
<td>13. SAFETY PERFORMANCE HISTORY RECORDS RELEASE AUTHORITY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENTS TO SUBMIT TO UPLOAD DIRECTLY TO DQ FOLDER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PRE-EMPLOYMENT DRUG SCREEN TEST RESULT LETTER - ADD DIRECTLY TO DQ</td>
<td></td>
</tr>
<tr>
<td>2. CARBON COPY OF THE CUSTODY AND CONTROL FORM - ADD DIRECTLY TO DQ</td>
<td></td>
</tr>
</tbody>
</table>

⚠️ **ATTENTION:** The long-form physical **must** be kept on the driver’s person while driving and does not belong in the Driver Qualification File
Attention Driver Applicants and Motor Carriers:

Driver Applicant: Please complete all fields of the driver application. It is imperative that complete and accurate information is provided, missing signatures, missing previous employers and dates of previous employment will cause a delay in the driver qualification file being processed.

CDL holders are required to provide the last ten years of previous employment, non-CDL holders must provide the last seven years of previous employment. Any gap of more than thirty days in the previous employment history must be explained.

Motor Carriers: Please review the driver application before submitting for processing. When submitting the driver application for processing, please include a copy of the driver’s license, social security card or passport and medical card. If a driver applicant holds a license issued from California, Washington or Pennsylvania, you must also provide a recent 3-year MVR.

Thank you,

The TBS Compliance Team
DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _______________________________ Date: __________

Company Name: NATIONAL FLATBED, LLC DOT# 2245854

Address          City MESA State AZ Zip Code 85210

FOR COMPANY USE

Date Applicant Hired __________________________ Application Denied __________________________
Date Employed __________________________ Classification/Position Driver

Signature of Interviewing Officer __________________________

Date Terminated __________________________

☐ Dismissed ☐ Voluntary Quit ☐ Other __________________________

Signature of Exit-Interviewing Officer __________________________

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information regarding my application.

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

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

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

Signature __________________________ Date __________
Name ___________________________________________ Date of Birth _____/_____/_______

First  Middle  Last

Social Security Number _______________ Phone Number ___________________________

License Number: ___________________________ Issuing State _______ Expiration Date __________

Required of commercial drivers: Can you provide proof of age? ______________

List all addresses of residency for the past 3 years – begin with your Current Address:

_________________________________  City  State  Zip code  # of years

_________________________________  City  State  Zip code  # of years

Emergency Contact ___________________ Phone __________________ Relationship

Do you have the legal right to work in the United States? ______________

Have you worked for this company before? ______________ If yes, complete the information below:

Dates: From ___________ to ___________

Position Worked: _____________________________ Rate of Pay ___________

Reason for leaving ___________________________

EMPLOYMENT HISTORY

Driver applicants operating in interstate commerce must provide the following information on all employers during the previous 3 years. CDL holders are required to list a total of 10 years previous employment history.

Failure to provide adequate or required detail will inhibit the ability to obtain the necessary driving background information. Account for any breaks in employment by indicating any time not working because of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period indicated as self-employed. Begin by entering your most recent employer.

<table>
<thead>
<tr>
<th>PREVIOUS EMPLOYER INFORMATION</th>
<th>DOT #</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td>From  To</td>
</tr>
<tr>
<td>Employer Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Salary</td>
<td></td>
</tr>
<tr>
<td>Reason For Leaving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you subject to FMCSR’s while employed? Yes _____ No _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dot #</td>
<td>From</td>
<td>To</td>
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<td>---</td>
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</tr>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Address</td>
<td></td>
<td></td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
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<tr>
<td>Contact Person</td>
<td></td>
<td>Position</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td>Salary</td>
</tr>
<tr>
<td>Reason For Leaving</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you subject to FMCSR's while employed? 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
## ACCIDENT REGISTER

<table>
<thead>
<tr>
<th>ACCIDENT REGISTER</th>
<th>DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)</th>
<th>DATES</th>
<th>FATALITIES</th>
<th>INJURIES</th>
<th>HAZARDOUS MATERIAL RELEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST ACCIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT PREVIOUS</td>
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<tr>
<td>NEXT PREVIOUS</td>
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</tbody>
</table>

## LOCATION

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>CHARGE</th>
<th>PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## DRIVER EXPERIENCE AND QUALIFICATIONS

<table>
<thead>
<tr>
<th>DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS</th>
<th>STATE</th>
<th>LICENSE NUMBER</th>
<th>CLASS</th>
<th>ENDORSEMENTS</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
</table>

## DRIVING EXPERIENCE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>CIRCLE TYPE OF EQUIPMENT</th>
<th>TO</th>
<th>FROM</th>
<th>APPROXIMATE TOTAL MILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT TRUCK</td>
<td>(VAN, TANK, FLAT, DUMP, REFER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR AND SEMI TRAILER</td>
<td>(VAN, TANK, FLAT, DUMP, REFER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR - TWO TRAILERS</td>
<td>(VAN, TANK, FLAT, DUMP, REFER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR - THREE TRAILERS</td>
<td>(VAN, TANK, FLAT, DUMP, REFER)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTORCOACH - SCHOOL BUS</td>
<td>MORE THAN 8 PASSENGERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTORCOACH - SCHOOL BUS</td>
<td>MORE THAN 16 PASSENGERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (Describe:)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

LIST ALL STATES OPERATED IN THE PAST FIVE YEARS: ________________________________
LIST ANY SPECIAL EQUIPMENT EXPERIENCE __________________________________________

## EDUCATION

Highest Grade Completed_________ Last School Attended____________________________
LIST ANY SPECIAL DRIVER RELATED COURSES OR TRAINING: ____________________________
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? __________________________

## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
Signature of Applicant: __________________________________ Date: __________
MOTOR CARRIER INSTRUCTIONS: The requirements in Part 385 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 transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESSES ONLY ONE LICENSE**: You as a commercial vehicle driver may not possess more than one motor vehicle operator’s license.
   If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION**:
   Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver’s license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both employer and state must be in writing.

The following license is the only one I will possess:

Driver License Number: _____________________________ State: ________ Exp. Date: ________

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

Applicant Name: ____________________________________________

Signature of Applicant: ________________________________________ Date: ____________
REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Truckers Bookkeeping Service for investigation as required by Sections § 391.23 and § 391.25 of the Federal Motor Carrier Safety Regulations. You are released from all liability which may result from furnishing such information.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 4996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a “permissible purpose” (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking adverse action based on whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and applicant’s release notice meet the definition of “permissible uses” of state motor vehicle records under the provisions of the Driver’s Privacy Protection Act of 1994 (Public Law 103-332, Title XXX, Section 300002(a)).

__________________________________________  ______________________________
Signature of Applicant                               Date

Dear Sir/Madam:

 o The above applicant has made application for the position of commercial driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the applicant’s driving record for the past three years.

Name of Driver Applicant: ____________________________________________________________

Applicant Current Address: ____________________________  __________________________________
                                            Number and Street          City              State          Zip Code

Former Address: ____________________________________________
                                            Number and Street          City              State          Zip Code

Date of Birth _______  SSN: ___________________________ License Number _______  Exp.Date: _______

Requested by: Truckers Bookkeeping Service

On Behalf of: __________________________________________
                          Company Name
PLACE AN 'X' ON ANY ITEM BELOW WHERE THE DRIVER'S PERFORMANCE WAS UNSATISFACTORY. PLEASE EXPLAIN UNSATISFACTORY ITEMS IN THE REMARKS SECTION BELOW.

**PART 1 - PRE-TRIP INSPECTION & EMERGENCY EQUIPMENT**

- Checks general condition approaching unit
- Looks for leakage of coolants, fuel, lubricants
- Checks under hood - oil, water, general condition of engine compartment, steering
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- Tests brake action, tractor protection valve and parking (hand) brake
- Checks horn, windshield wipers, mirrors, emergency equipment, reflectors, flares, fuses, tire chains (if necessary), fire extinguisher
- Checks instruments for normal readings
- Checks dashboard warning lights for proper functioning
- Cleans windshield, windows, mirrors, lights, reflectors
- Reviews and signs previous report

**PART 2 - COUPLING AND UNCOUPLING**

- Lines up units
- Connects glad hands to trailer to apply trailer brakes before coupling
- Connects glad hands and light line properly
- Couples without difficulty
- Raises landing gear fully after coupling
- Visually checks king pin assembly to be certain of proper coupling
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- Assure that surface will support trailer before uncoupling

**PART 3 - PLACING VEHICLE IN MOTION & USE OF CONTROLS**

**A. ENGINE**

- Places transmission in neutral before starting engine
- Starts engine without difficulty
- Allows proper warm-up
- Understands gauges on instrument panel
- Maintains proper engine speed (rpm) while driving
- Does not abuse motor

**B. CLUTCH AND TRANSMISSION**

- Starts loaded unit smoothly
- Uses clutch property
- Times gearshifts properly
- Shifts gears smoothly
- Uses proper gear sequences

**C. BRAKES**

- Knows proper use of tractor protection valve
- Understands low air warning
- Tests service brakes
- Builds full air pressure before moving

**D. STEERING**

- Controls steering wheel
- Good driving posture & good grip on wheel

**E. LIGHTS**

- Knows lighting regulations
- Uses proper headlight beam
- Dims lights when meeting or following other traffic
- Adjusts speed to range of headlights
- Proper use of auxiliary lights

**PART 4 - BACKING AND PARKING**

**A. BACKING**

- Gets out and checks before backing
- Looks back as well as uses minor
- Gets out and rechecks conditions on long back
- Avoids backing from blind side
- Signals when backing
- Controls speed and direction properly while backing

**B. PARKING (City)**

- Does not hit nearby vehicles or stationary objects
- Parks proper distance from curb
- Lets parking brake, puts in gear, checks wheels, shuts off motor
- Checks traffic conditions and signals when pulling out from parked position
- Parks in legal and safe location

**C. PARKING**

- Parks off pavement
- Avoids parking on soft shoulder
- Uses emergency warning signals when required
- Secures unit properly

**PART 5 - SLOWING AND STOPPING**

- Uses gears properly ascending
- Gears down properly descending
- Stops and restarts without rolling back
- Tests brakes before descending grades
- Displays proper braking
- Starts smoothly on green
- Signals following traffic
- Avoids sudden stops
- Stops smoothly w/o excessive fanning
- Stops before crossing sidewalk when coming driveway or alley
- Stops dear of pedestrian crosswalks

**PART 6 - OPERATING IN TRAFFIC PASSING & TURNING**

**A. TURNING**

- Signals intention to turn well in advance
- Gets into proper lane well in advance of turn
- Checks traffic conditions and turns only when intersection is near
- Restricts traffic from passing on right when preparing to complete right-hand turn
- Completes turn promptly and safely & does not impede other traffic

**B. TRAFFIC SIGNS AND SIGNALS**

- Approaches signal prepared to stop if necessary
- Obey traffic signal
- Uses good judgement on yellow light
- Starts smoothly on green
- Notices and heeds traffic signs
- Obey stop signs

**C. INTERSECTIONS**

- Adjusts speed to permit stopping if necessary
- Checks for cross traffic regardless of traffic controls
- Yields right-of-way for safety

**D. GRADE CROSSINGS**

- Adjusts speed to conditions
- Makes safe stop if required
- Selects proper gear and does not shift gears while crossing
- Knows and understands federal & state rules governing grade crossing

**E. PASSING**

- Passes with sufficient clear space ahead
- Does not pass in unsafe location: hill, curve, intersection
- Signals change of lanes
- Warnings driver being passed
G. COURTESY AND SAFETY

- Uses defensive driving techniques
- Yields right-of-way for safety
- Goes ahead when given right-of-way by others
- Does not crowd other drivers or force way through traffic
- Allows faster traffic to pass
- Keeps right and in own lane
- Uses horn only when necessary
- Generally courteous and uses proper conduct

B. HANDLING OF FREIGHT

- Checks freight property
- Handles and loads freight property
- Handles bills property
- Breaks down load as required

C. RULES AND REGULATIONS

- Knowledge of company rules
- Knowledge of regulations: federal, state, local, knowledge of special truck routes

Remarks:

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

Overall Performance Rating (Please Select):  
- Satisfactory
- Needs Additional Training
- Unsatisfactory

Signature of Examiner: ___________________________  Date: ______________

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY & HABITS

- Consistently alert and attentive
- Adjusts driving to meet changing conditions
- Performs routine functions without taking eyes from road
- Checks instruments regularly while driving
- Willing to take instructions and suggestions
- Adequate self-confidence in driving
- Is not easily angered
- Positive attitude
- Good personal appearance, manner, cleanliness
- Good physical stamina

D. USE OF SPECIAL EQUIPMENT (Specify)

_____________________________________________________________________________________________________________________________

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certificate of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31(e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver’s Name: ________________________________  Type of Power Unit: ________________________________

Social Security #: ________________________________  Type of Trailer(s): ________________________________

Operator’s License #: ________________________________  State: __________________________  If Passenger Carrier, Type of Bus: ________________________________

This is to certify that the above-referenced driver was given a road test under my supervision on ______ / ______ / ______ consisting of approximately _________ miles of driving. It’s my considered opinion that this driver possesses sufficient skills to safely operate the type of commercial vehicle(s) listed above.

Signature of Examiner: ___________________________  Organization: ________________________________

Title: __________________________  Address of Examiner: ________________________________
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-carrier entity, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

<table>
<thead>
<tr>
<th>Day</th>
<th>1 (yesterday)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hours Worked</td>
<td></td>
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<tr>
<td>Total Hours</td>
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</tbody>
</table>

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.    Day   Date   Year

_________________________                          ________________________  
Driver 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.

(Check one)

☐ YES  ☐ NO

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?

I hereby certify that the information given above is true and I understand that once I become employed with 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 Signature                          Date

Witness: ________________________________                          ________________________  
Company Representative                          Date
Section 40.25(j) As the motor carrier, you must ask the perspective driver 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 perspective driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the perspective driver admits he or she had a positive test or a refusal to test, you must not use the perspective driver to perform safety-sensitive functions for you, until and unless the perspective driver provides documents of successful completion of the return-to-duty process (see paragraphs (b) (5) and (e) of this section).

Perspective Driver Printed Name: ______________________

Perspective Driver SS or ID Number: ______________________

The Prospective Driver 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 two years?

   Check one:   O Yes   O No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

   Check one:   O Yes   O No

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

______________________________ Date: _____________
Signature of Perspective Driver

______________________________ Date: _____________
Signature of Motor Carrier Representative

Record Retention
If “yes” was the response to question 1, you must retain this document and related documents for 5 years.
If “no” was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination. DQ Files are maintained throughout the driver’s service and for a full 2-year period following the driver’s termination date.

The following 3 pages contain the new I-9 Form required as of January 22, 2017

OR

You may opt to utilize the on-line editable, printable form available at the link below:

https://www.uscis.gov/i-9

NOTE: The Spanish format of the new I-9 form is reportedly to be used ONLY by citizens in Puerto Rico.

Changes in the new version, Section 1 asks for “other last names used” rather than “other names used,” and streamlines certification for certain foreign nationals.

Other changes include:

- The addition of prompts to ensure information is entered correctly.
- The ability to enter multiple preparers and translators.
- A dedicated area for including additional information rather than having to add it in the margins.
- A supplemental page for the preparer/translator.

Form I-9 requirements were established in November 1986 when Congress passed the Immigration Reform and Control Act (IRCA). IRCA prohibits employers from hiring people, including U.S. citizens, for employment in the United States without verifying their identity and employment authorization on Form
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

Aliens authorized to work must provide only one of the following document numbers to complete Form I-8:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

<table>
<thead>
<tr>
<th>Alien Registration Number/USCIS Number:</th>
<th>Form I-94 Admission Number:</th>
<th>Foreign Passport Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Country of Issuance:</td>
</tr>
</tbody>
</table>

Signature of Employee: ____________________________
Today's Date (mm/dd/yyyy): ________________________

Preparer and/or Translator Certification (check one):

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

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

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

Signature of Preparer or Translator: ____________________________
Today's Date (mm/dd/yyyy): ________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Form I-9 11/14/2016 N
Page 1 of 3
Section 2: Employer or Authorized Representative Review and Verification

Employers and their authorized representatives 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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
<tr>
<td></td>
<td>Middle Initial</td>
</tr>
<tr>
<td></td>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1.</td>
<td>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</td>
<td></td>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2.</td>
<td>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</td>
<td></td>
<td>(1)</td>
<td>NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4.</td>
<td>Voter’s registration card</td>
<td></td>
<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td>2.</td>
<td>Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td></td>
<td>6.</td>
<td>Military dependent’s ID card</td>
<td></td>
<td>3.</td>
<td>Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td>4.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8.</td>
<td>Native American tribal document</td>
<td></td>
<td>5.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td></td>
<td>(2) 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,</td>
<td></td>
<td>9.</td>
<td>Driver’s license issued by a Canadian government authority</td>
<td></td>
<td>6.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td></td>
<td>10.</td>
<td>School record or report card</td>
<td></td>
<td>7.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

| 10.    | School record or report card |
| 11.    | Clinic, doctor, or hospital record |
| 12.    | Day-care or nursery school record |

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

Refer to the instructions for more information about acceptable receipts.
FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer __________________________ may request for lawful purposes, background information about me from a consumer reporting agency in connection with my employment and/or insurance application as applicable. These background reports may be obtained at any time after receipt of this authorization and, if hired or engaged by the company, throughout my employment or contract period.

The types of information that may be obtained include, but are not limited to: social security number verification; address history; criminal records and history; public court records; driving records; accident history; prior drug and alcohol history; worker’s compensation claims; educational history verification (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, reasons for termination, etc.); professional and/or personal reference checks; professional licensing and certification checks; drug/alcohol testing results, drug/alcohol history in violations of law and/or company policy; other information bearing my character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private, public record sources, appropriate government agencies, educational institutions, former employers, and other information sources.

I know I may request more information about the nature and scope of any investigative consumer reports by contacting the Company. My signature below certifies my receipt of my summary of rights under the Fair Credit Reporting Act.

Driver Signature __________________________ Date ____________

REFERENCES:

Federal Motor Carrier Safety Regulations: Sections 382.413, 391.23, and 391.25

Fair Credit Reporting Act: Sections 604 (b) (A) and 607, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208)
SAFETY PERFORMANCE HISTORY RECORDS RELEASE AUTHORIZATION

DRIVER NAME (Printed): ________________________________

I do hereby authorize the release of my safety performance history involving the operation of a commercial motor vehicle and/or where I was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing within the past 3 years to Truckers Bookkeeping Service.

In accordance of 49 CFR §40.25 and 391.23 we are hereby requesting you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g) you must respond to this inquiry within 30 days of receipt.

Driver Signature: ________________________________

Prior Employer: Please complete Section II of the attachment and return it per the signed consent of the driver indicated above.

Return the completed background request by either the secure fax or email indicated below:

Attn. Truckers Bookkeeping Service
Fax #: 405-488-1279
Email: compliance@tbsokc.com

Questions? Please dial (405) 576-3196
SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The individual identified in Section 1 below has indicated you employed and/or used him/her within the capacity of operating a commercial motor vehicle and/or that he/she was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing. In accordance with 49 CFR §§40.25, 40.32(b), and 391.23, we are hereby requesting you supply us with the Safety Performance History of this individual. Under DOT rule §§380.20(b), you must respond to this request in Section 2 within 30 days of the date of this request. For Non-DOT Previous Employers, please complete Section 3 only as drug/alcohol testing was not required.

SECTION 1 - TO BE COMPLETED BY DRIVER APPLICANT

Applicant Name: ___________________________ Date of Birth: __________ SSN: __________

I, ___________________________ do hereby authorize the release of my employment safety performance history for the past 3 years to TBS representative, Linda Baggett, CDL. This authorization includes information pertaining to my employment background and any DOT regulated drug/alcohol testing. In accordance with §40.25(b, g), 40.321(b), and 391.23(b), release of this information must be made in a manner that ensures confidentiality.

Date: ___________________________ Signature: ___________________________

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant above was/is employed by us from: ___________________________ to ___________________________.

Job Title: ___________________________.

Did he/she drive a motor vehicle for you? Yes ☐ No ☐

If so, what type of vehicle? Please check all that apply:

- [ ] Straight Truck
- [ ] Tractor Trailer
- [ ] Cargo Tank
- [ ] Doubles
- [ ] Triples

Please complete any information from your accident register (§390.15(b) involving the applicant listed above within the prior 3 years of the authorization release date noted above. If there is not accident data, please initial here.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>#Fatalities</th>
<th>#Injuries</th>
<th>#Towed</th>
<th>HM Spill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DRUG AND ALCOHOL HISTORY

If the Applicant above WAS NOT subject to DOT testing under 49 CFR while in your employ; initial here while completing this request. Include any required DOT drug/alcohol testing information you obtained from prior employers within the past 3 years of this request.

Has this person violated any of the below drug/alcohol prohibitions under 49 CFR Part 40 or Subpart 382:

- [ ] Alcohol test with a result of 0.04 or higher alcohol concentration
- [ ] A controlled substance test result positive, adulterated, or substituted
- [ ] A refusal to submit to a random, post accident, reasonable suspicion, or alcohol test
- [ ] Alcohol use while performing or within 4 hours of a safety-sensitive function
- [ ] Alcohol use after an accident, in violation of §382.203

If this person violated a DOT drug/alcohol test, did he/she fail to begin or complete SAP rehabilitation?

- [ ] YES ☐ NO ☐

If this person subsequently have a alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to test?

- [ ] YES ☐ NO ☐

Person Completing the Request: ___________________________ Title: ___________________________ Date: ___________________________

PLEASE RETURN THIS REQUEST TO:

SECURE FAX - 405-488-1279 PHONE - 405-576-3196 EMAIL - compliance@tbsokc.com

THIS TRANSMISSION IS CONFIDENTIAL AND SHOULD BE HANDLED IN A MANNER THAT ENSURES CONFIDENTIALITY.