

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

NOTE:

NEW HIRE DRIVER QUALIFICATION FILE CHECKLIST

DOCUMENTS TO BE ADDED TO THE APPLICATION	
1.	DRIVER EMPLOYMENT APPLICATION w/ 10 YEAR EMPLOYMENT HISTORY
2.	CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENT
3.	REQUEST FOR DRIVING RECORD
4.	<i>ROAD TEST (NON-CDL DRIVERS AND HAZMAT ONLY)</i>
5.	STATEMENT OF ON DUTY HOURS w/ COMPANY SIGNATURE
6.	PREVIOUS PRE-EMPLOYMENT ALCOHOL/DRUG STATEMENT w/ COMPANY SIGN.
7.	FAIR CREDIT REPORTING ACT RELEASE FORM
8.	I-9 FORM - PG 1. (SECTION 1), PG 2 (SECTION 2)
9.	COPY OF PASSPORT or CDL
10.	COPY OF MEDICAL CARD
11.	COPY OF SOCIAL SECURITY CARD
12.	SAFETY PERFORMANCE HISTORY RECORDS RELEASE AUTHORIZATION
13.	SAFETY PERFORMANCE HISTORY RECORDS REQUEST
14.	CLEARINGHOUSE LIMITED CONSENT FORM
DOCUMENTS TO SUBMIT TO UPLOAD DIRECTLY TO DQ FOLDER	
1.	PRE-EMPLOYMENT DRUG SCREEN TEST RESULT LETTER - ADD DIRECTLY TO DQ
2.	CARBON COPY OF THE CUSTODY AND CONTROL FORM - ADD DIRECTLY TO DQ

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

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date: _____

Company Name: **NATIONAL FLATBED, LLC** DOT# **2245854**

Address City **MESA** State **AZ** Zip Code **85210**

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 _____

FOR COMPANY USE

Date Applicant Hired _____	Application Denied _____
Date Employed _____	Classification/Position <u>Driver</u>
Signature of Interviewing Officer _____	

Date Terminated _____	<input type="radio"/> Dismissed	<input type="radio"/> Voluntary Quit	<input type="radio"/> Other _____
Signature of Exit-Interviewing Officer _____			



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:

Current address	City	State	Zip code	# of years
Previous address	City	State	Zip code	# of years
Previous address	City	State	Zip code	# of years

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. Enter in reverse order beginning with the most recent.

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name		From	To
Employer Address			
City	State	Zip	
Contact Person		Position	
Phone Number		Salary	
Reason For Leaving			
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 _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
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 _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
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 _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
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 _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
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 _____			

ALL TRAFFIC CONVICTIONS, ACCIDENTS OR FORFEITURES WITHIN THE LAST 3 YEARS MUST BE DISCLOSED

ACCIDENT REGISTER	DATES	DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL RELEASE
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE	YES	NO	CIRCLE TYPE OF EQUIPMENT	TO	FROM	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	MORETHAN 8 PASSENGERS					
MOTORCOACH - SCHOOL BUS	MORETHAN 16 PASSENGERS					
OTHER (Describe:)						

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 Vehicle Driver's
CERTIFICATE OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

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 weight 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.
If you have more than one license, keep the license from your state of 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 _____

Print

Signature of Applicant: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to National Flatbed, LLC and its agents 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 ApplicantDate

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
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Former Address: _____

Number and Street	City	State	Zip Code
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Date of Birth: _____ SSN: _____ License: _____ Exp.Date: _____

Number Requested by: National Flatbed, LLC

National Flatbed, LLC
Company Name

RECORD OF ROAD TEST

DATE: _____

DRIVER INFORMATION:

Driver's Name: _____

Driver's Address: _____

City: _____

State: _____ ZIP: _____

LICENSE INFORMATION:

License Number: _____

License State: _____

Equipment Driven (Please Check): Tractor: _____ Trailer: _____

Checked Miles From: _____ To: _____

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, fights, 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 fine property
- _____ 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 property
- _____ 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
- _____ Sets parking brake, puts in gear, chocks 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 property

PART 5 - SLOWING AND STOPPING

- _____ Uses gears property ascending
- _____ Gears down property descending
- _____ Stops and restarts without rolling back
- _____ Tests brakes before descending grades
- _____ Uses brakes property on grades
- _____ Uses mirrors to check traffic to rear
- _____ Signals following traffic
- _____ Avoids sudden stops
- _____ Stops smoothly w/o excessive fanning
- _____ Stops before crossing sidewalk when coming driveway or alley
- _____ Stops clear 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
- _____ Obeyes traffic signal
- _____ Uses good judgement on yellow light
- _____ Starts smoothly on green
- _____ Notices and heeds traffic signs
- _____ Obeyes 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
- _____ Warns 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 properly
- _____ Handles bills properly
- _____ Breaks down load as required

C. RULES AND REGULATIONS

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

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY & HABITS

- _____ Consistently alert and attentive
- _____ Adjusts driving to meet changing conditions
- _____ Performs routing 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)

Remarks:

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

Signature of Examiner: _____ **Date:** _____

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:** _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

Instructions: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-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.

Day	1 <small>(yesterday)</small>	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

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)

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while still employed by this company? YES NO

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

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) As the motor carrier, you must ask the prospective 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 prospective 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 prospective driver admits he or she had a positive test or a refusal to test, you must not use the prospective driver to perform safety-sensitive functions for you, until and unless the prospective 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: **Yes** **No**

2. If you answered yes, can you provide/obtain proof that you've 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.

Signature of Perspective Driver

Date: _____

Signature of Motor Carrier Representative

Date: _____

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

FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer National Flatbed, LLC may request for lawful purposes, background
Company Name

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)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 6. 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 	OR	<ol style="list-style-type: none"> 1. 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 2. 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

National Flatbed, LLC
107D East Main Street
Purcellville, VA 20132




Phone: 602-344-9268
Fax: 602-344-9325
admin@nationalflatbed.com
www.nationalflatbed.com

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 National Flatbed, LLC and its agents.

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:

Fax: 602-344-9325

Email: admin@nationalflatbed.com

Questions? Please call 602-344-9268 ext 15.

This transmission is CONFIDENTIAL and should be treated in a manner that ensures confidentiality.

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

I, _____, hereby provide consent to National Flatbed, LLC 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. This consent will remain in effect throughout the duration of my employment at National Flatbed, LLC.

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

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

Employee Signature

Date