

# DRIVER'S APPLICATION FOR EMPLOYMENT

Phone: \_\_\_\_\_

email: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company Hailey's Hot Shot, LLC

Address 5104 N. County RD. 1150

City Midland State TX Zip 79705

In compliance with Federal and State equal employment opportunity laws, qualifies 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 inquires of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information found 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 the purpose of 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 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 on the accuracy of the information.

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

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Positions(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone \_\_\_\_\_ How long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses

Street City State & Zip Code \_\_\_\_\_ How long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code \_\_\_\_\_ How long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code \_\_\_\_\_ How long? \_\_\_\_\_  
yr./mo.

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

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain in fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive an interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse orders starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HOLD			
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO      YR	TO MO      YR
ADDRESS			POSITION HOLD	
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO      YR	TO MO      YR
ADDRESS			POSITION HOLD	
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO      YR	TO MO      YR
ADDRESS			POSITION HOLD	
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO      YR	TO MO      YR
ADDRESS			POSITION HOLD	
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO      YR	TO MO      YR
ADDRESS			POSITION HOLD	
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs of has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) ( IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	_____		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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, STATE \_\_\_\_\_

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

**Previous Employment Verification  
And Drug & Alcohol Test Results**

Please Return form to: HAILEY'S HOT SHOT LLC : 5104 N. COUNTY RD 1150 MIDLAND, TX 79705.

Previous Employer: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER'S AUTHORIZATION TO RELEASE INFORMATION**

Pursuant to 49CFR391.23, I authorize you to release the following information to the above listed company for the purpose of verifying work history, including dates, medical & safety information, and references. You may release all drug test results, alcohol test results, refusals to test, SAP referrals, evaluation & treatment information, and all Return to Duty and Follow-Up testing information. Medical information is limited to the prior three years from the date below.

You may also provide all information relative to commercial motor vehicle accidents.

**X**

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

This applicant, \_\_\_\_\_  
PRINT Driver's Name Social Security Number  
has applied for a driving position with the company listed above, and states that he/she was employed by you as a

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Position Held Start Date End Date

1. Are employment dates accurate as stated? Yes ☐ No ☐ \_\_\_\_\_  
Start Date End Date
2. Did the applicant drive a motor vehicle for you? Yes ☐ No ☐
3. What type of equipment was used by driver? \_\_\_\_\_
4. List all accidents involving the applicant, that occurred in the past three years.

Date	City & State of Accident	# of Injuries	# of Fatalities	Haz-Mat Spilled	Description of Accident

5. Were any of these accidents DOT Recordable? Yes ☐ No ☐
6. Was this applicant: Discharged ☐ Laid Off ☐ Resigned ☐ Presently Employed ☐
7. Is the driver eligible for re-hire? Yes ☐ No ☐ Its against Co. Policy ☐ Upon Re-Evaluation ☐
8. Did this applicant refuse to take a drug or an alcohol test within the past three years? Yes ☐ No ☐
9. Did this applicant fail (Positive Result) a drug or an alcohol test within the past 3 years? Yes ☐ No ☐
10. Did he/she commit any other violation of DOT drug & alcohol regulations? Yes ☐ No ☐
11. If the answer to #'s 8, 9, or 10 please provide details and documentation of successful completion of the Return-to-Duty process, including the SAP name, address, and phone number.

12. Did the driver fail to complete a rehabilitation program prescribed by the SAP? Yes ☐ No ☐
13. If the driver successfully completed a rehab program, were there any testing violations after its completion?  
Yes ☐ No ☐

Name of person supplying information: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		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 08/31/2019

**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.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority		<div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
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.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



5104 N. COUNTY RD. 1150  
MIDLAND, TX 79705  
(432) 813-8001

**STATEMENT OF FACT**

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

This Statement is given by \_\_\_\_\_ with a mailing address  
Of \_\_\_\_\_ that I am providing services for  
**HAILEY'S HOT SHOT LLC.** As an Independent Contractor.

My Social Security Number is \_\_\_\_\_ and I understand that at the end  
of the year, an IRS form 1099 showing total earnings will be furnished by  
**HAILEY'S HOT SHOT LLC.** to the INTERNAL REVENUE SERVICE and to me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

by \_\_\_\_\_

**DRUG AND ALCOHOL MISUSE PREVENTION PROGRAM  
EMPLOYEE ACKNOWLEDGEMENT  
AND RECEIPT OF UNDERSTANDING**

1. I, \_\_\_\_\_, have completely read the Prohibited Drug and Alcohol Policy of Hailey's Hot Shot, LLC. .. I understand all of the provisions of the policy and I agree to comply with the policy. I AGREE TO SUBMIT TO RANDOM SEARCHES AND INSPECTIONS, INCLUDING BUT NOT LIMITED TO URINE DRUG SCREENING, BREATH ALCOHOL TESTING AND BLOOD PLASMA SAMPLINGS, WHENEVER THE MANAGEMENT OF Permian Trinity SO REQUESTS. I understand that compliance with this policy is a condition of my employment and that refusal to submit to a search, urine drug screening, blood plasma sampling, or other inspections will result in my immediate termination from employment at Permian Trinity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Place in employee's personnel file after they have read and signed.

## MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Hailey's hot shot LLC  
("the company"), I \_\_\_\_\_ (applicant) consent to the  
release of my Motor Vehicle Records (MVR) to the company. I understand the company will use  
these records to evaluate my suitability to fulfill driving duties that may be related to the  
position for which I am applying. I also consent to the review, evaluation, and other use of any  
MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers  
Privacy Protection Act", and is intended to constitute "written consent" as required by this  
Act..

Signed (applicant) \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ S t ate: \_\_\_\_\_

## **NOTIFICATION REGARDING WORKERS' COMPENSATION COVERAGE AND ELECTION OF REMEDIES**

Hailey's Hot Shot, LLC has elected to provide you with workers' compensation benefits through Texas Mutual in accordance with Texas Labor Code Section 406.123 for injuries you may suffer while in the course and scope of work performed for or on behalf of Hailey's Hot Shot, LLC. Pursuant to Texas Labor Code Section 406.123(e), deductions will be made from your paycheck(s) for a workers' compensation insurance policy in the name of Hailey's Hot Shot, LLC. Deductions made from your paycheck(s) for workers' compensation coverage/premiums are based on a formula provided by the insurer. The formula is subject to change based on the requirements of Texas Mutual or any subsequent workers' compensation insurers retained by Hailey's Hot Shot, LLC.

Hailey's Hot Shot, LLC is the sole insured under a Texas Mutual workers' compensation coverage policy. While you may receive medical and income benefits from the policy, you are not an additional insured under the workers' compensation policy.

You are hereby notified that by agreeing to deductions from your paychecks for workers' compensation premiums and/or by accepting benefits under Hailey's Hot Shot, LLC's workers' compensation policy you are waiving your common law right to sue Hailey's Hot Shot, LLC for injuries you may suffer while performing work for or on behalf of Hailey's Hot Shot, LLC.

You are hereby notified that you may elect to retain your common law right of action if, no later than five days (5) after you begin work for Hailey's Hot Shot or within five (5) days after receiving written notice from Hailey's Hot Shot, LLC that Hailey's Hot Shot, LLC has obtained workers' compensation insurance coverage, you notify Hailey's Hot Shot, LLC in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Provision of workers' compensation benefits does not change your status as an independent contractor pursuant to the other sections of this Agreement; however, by agreeing to deductions or workers' compensation premiums for a policy in the name of Hailey's Hot Shot, LLC as well as receipt of any benefits from a workers' compensation policy in the name of Hailey's Hot Shot, LLC, you are considered a "statutory employee" of Hailey's Hot Shot, LLC solely for the purpose and application of the Texas Labor Code laws regarding the workers' compensation exclusive remedy provision, including, but not limited to, the provisions included under 406.123.

Work you perform for or on behalf of Hailey's Hot Shot, LLC may be pursuant to other agreements made with other entities. These entities sometimes require that Hailey's Hot Shot, LLC provide workers' compensation coverage to those performing work for or on behalf. You may be considered a "statutory employee" of any entities which require Hailey's Hot Shot, LLC to provide workers' compensation coverage as well under 406.123. You have the right to request from Hailey's Hot Shot, LLC, in writing, whether any work assignment you are being provided involves a Hailey's Hot Shot, LLC customer for which Hailey's Hot Shot, LLC has an agreement to provide workers' compensation. Your request for notification must occur prior to acceptance of the work assignment.

By signing this page of the Agreement, you:

- Acknowledge and agree that Hailey's Hot Shot, LLC possesses a workers' compensation policy which may provide you with medical and income benefits should you be injured while performing work for or on behalf of Hailey's Hot Shot, LLC;
- Acknowledge and agree to deductions made from your paycheck(s) for workers' compensation coverage premiums for a workers' compensation insurance policy in the name of Hailey's Hot Shot, LLC;
- Acknowledge and agree that Hailey's Hot Shot, LLC is the insured for the workers' compensation policy for which premiums have been deducted from your paycheck(s);
- Acknowledge and agree that you have been fully advised of your right to elect and retain your common law right to sue Hailey's Hot Shot, LLC;
- Agree to waive your common law right to sue Hailey's Hot Shot, LLC for injuries suffered while performing work for or on behalf of Hailey's Hot Shot, LLC;
- Agree to waive your common law right to sue any entities which require Hailey's Hot Shot, LLC to provide workers' compensation coverage to you for injuries suffered while performing work for or on behalf of Hailey's Hot Shot, LLC;
- Acknowledge that you have the opportunity to inquire, in writing, as to whether any work you are performing for or on behalf of a Hailey's Hot Shot, LLC is pursuant to an agreement between Hailey's Hot Shot, LLC and a Hailey's Hot Shot, LLC customer to provide you with workers' compensation benefits prior to accepting any work assignment.

---

Signature / Date

---

Printed Name

**DO NOT SEND THIS AGREEMENT TO TDI-DWC**

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

CHECK ☐ BOX OF STATEMENT THAT APPLIES

☐ AGREEMENT BETWEEN MOTOR CARRIER  
AND OWNER OPERATOR TO PROVIDE  
WORKERS' COMPENSATION INSURANCE COVERAGE

Notice of Declaration

The undersigned Motor Carrier and the undersigned Owner Operator agree that the Motor Carrier will provide workers' compensation insurance coverage to the Owner Operator and the Owner Operator's employees. The Motor Carrier ☐ will deduct ☐ will not deduct the actual premiums, based on payroll, that are paid or incurred by the Motor Carrier for coverage from the contract price or any other amount owed to the Owner Operator by the Motor Carrier.

TERM (DATES) OF AGREEMENT: FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

ESTIMATED NUMBER OF WORKERS AFFECTED: \_\_\_\_\_  
Texas Labor Code, Texas Workers' Compensation Act, Section 406.123

☐ AGREEMENT TO REQUIRE OWNER OPERATOR  
TO ACT AS EMPLOYER

Notice of Agreement

The undersigned Motor Carrier and the undersigned Owner Operator agree that the Owner Operator assumes the responsibilities of an employer for the performance of work.

TERM (DATES) OF AGREEMENT: FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

ESTIMATED NUMBER OF WORKERS AFFECTED: \_\_\_\_\_  
Texas Labor Code, Texas Workers' Compensation Act, Section 406.122.

**THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE DATE IT IS SIGNED.**

**MOTOR CARRIER'S AFFIRMATION**

If the Motor Carrier's workers' compensation carrier changes during the effective period of coverage, it is advisable for the Motor Carrier to file this form with the new insurance carrier.

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Signature of Motor Carrier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Printed Name of Motor Carrier

\_\_\_\_\_  
Address (City, State, Zip)

**OWNER OPERATOR'S AFFIRMATION**

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Signature of Motor Owner Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Printed Name of Owner Operator

\_\_\_\_\_  
Address (City, State, Zip)

The Motor Carrier should retain the original. A legible copy of this agreement must be filed with the Motor Carrier's workers' compensation insurance carrier within 10 days of the date of execution. An agreement is not considered filed if it is illegible or incomplete. The Owner Operator should also retain a copy of the agreement.





## WORKWELL, TX

### Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

\_\_\_\_\_  
Signature                                      Date                                      Printed name

I live at: \_\_\_\_\_  
                    Street address

\_\_\_\_\_  
City                                      State                                      Zip code

Name of employer: \_\_\_\_\_

Name of network: WorkWell, TX

#### To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☐ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury:     /     /     )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.



## Vendor Direct Deposit Authorization

Fill out form \_\_\_\_\_

### Account 1 \_\_\_\_\_

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account) \_\_\_\_\_

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

### Authorization (enter your company name in the blank space below) \_\_\_\_\_

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_



5104 North County Road 1150  
Midland, Texas 79705

(432) 813-8001 office  
(432) 599-5028 dispatch  
admin@haileysshotshot.com

## DRIVER PAPERWORK REQUIREMENTS

PAPERWORK IS DUE TO HAILEY'S OFFICE DAILY (IN BLACK METAL DROP BOX LOCATED IN FRONT OF SHOP). TOP SHEET IS DUE BY 8AM MONDAY OF EVERY WEEK. PAY PERIOD IS MONDAY TO SUNDAY.

THE FOLLOWING NEEDS TO BE TURNED IN:

1. TOP SHEET EVERY MONDAY BY 8AM
2. WAYBILLS ON A DAILY BASIS (UNLESS OTHERWISE APPROVED BY MANAGEMENT)
3. BACKUP PAPERWORK FROM YOUR RUN WITH WAYBILL NUMBER IT CORRESPONDS TO WRITTEN ON IT AND ANY OTHER PAPERWORK THAT GOES WITH YOUR RUN (TALLY SHEETS / BOL / PROOF OF DELIVERY / BOOKING SHEETS / TENDERS....ETC....)
4. MANDATORY PICTURES OF LOAD & WAYBILLS EMAILED TO THE OFFICE ([haileysshotshot@yahoo.com](mailto:haileysshotshot@yahoo.com)) WITH WAYBILL NUMBER IN SUBJECT LINE
5. DRIVER'S LOGS (FOR PAY WEEK), MAINTENANCE REPORTS, IVMR, DAILY TRIP SHEET (ONE PER DAY)
6. FUEL RECEIPTS TAPED TO FUEL SHEETS (MUST HAVE GALLONS PURCHASED) & MEAL RECEIPTS TAPED TO MEALS & ENTERTAINMENT SHEET
7. MONTHLY MAINTENANCE REPORT DUE THE FIRST WEEK OF NEW MONTH
8. DAYS OFF MUST BE REQUESTED BY CALLING SYLVIA OR EMAILING THE OFFICE FOR AVAILABILITY AND APPROVAL.

PAPERWORK MUST BE TURNED IN AS STATED ABOVE IN ORDER FOR INVOICING TO BE PROCESSED TIMELY AS AGED UPON WITH OUR CUSTOMERS AND FOR PAYROLL TO BE PROCESSED ON TIME TO MEET WEEKLY DIRECT DEPOSIT DEADLINE. IF YOU DON'T UNDERSTAND WHAT IS EXPECTED OF YOUR PAPERWORK AND TIMES DUE, PLEASE SPEAK TO SOMONE IN THE OFFICE. YOU WILL NOT BE DISPATCHED UNTIL YOUR PAPERWORK AND REPORTS ARE TURNED IN AND YOUR PAYROLL WILL BE HELD UNTIL THE NEXT WEEK.....

DRIVER ACKNOWLEDGEMENT:

I \_\_\_\_\_ CONFIRM AND ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE FOLLOWING:

1. ALL DUE DATES AND REQUIREMENTS WHEN PAPERWORK IS TO BE TURNED IN
2. DOT COMPLIANCE (LOGS, MAINTENANCE REPORTS, IVMR ETC)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# **HAILEY'S HOTSHOT, LLC**

*5104 N. CRD 1150*

*Midland, TX 79705*

*Office 432-813-8001*

*Haileyshotshot@yahoo.com*

---

## **SUMMARY OF HAILEY'S HOTSHOT PAPER WORK AND DUE DATES AND SUPPLIES ISSUED**

1. HAILEY'S WILL RUN A MVR AT COST OF DRIVER
2. HAILEY'S WILL SEND YOU FOR A DRUG TEST AT THE COST OF THE DRIVER
3. TRAINING AND PROCESSING FEES COST OF DRIVER

***YOU WILL BE REIMBURSED THESE EXPENSES AFTER 90 DAYS OF EMPLOYMENT***

- IF AVAILABLE HAILEY'S WILL ISSUE YOU A FR SHIRT (IF YOU LEAVE EMPLOYMENT WITH HAILEY'S, SHIRT MUST BE TURNED IN TO AVOID A \$35 DEDUCTION FROM YOUR LAST CHECK)
- HAILEY'S HOTSHOT WILL ISSUE YOU A WAYBILL/TICKET BOOK

***THESE ITEMS MUST BE TURN IN WHEN YOU LEAVE EMPLOYMENT WITH HAILEY'S HOTSHOT***

**PAPERWORK IS DUE TO HAILEY'S OFFICE DAILY (AT METAL DROP OFF BOX BY FUEL TANK)  
WEEKLY TOP SHEET DUE EVERY SUNDAY NIGHT, FOR PAYROLL PROCESSING.**

**PAY PERIOD IS MONDAY THROUGH SUNDAY**

### **WHAT IS DUE:**

1. TOP SHEET EVERY SUNDAY
2. WAYBILLS ON DAILY BASIS
3. ANY TICKETS (*BACK UP PAPER WORK MUST HAVE WRITTEN CORRESPONDING WAYBILL  
NUMBER WRITTEN IN TOP RIGHT CORNER*)
4. FUEL RECEIPTS TAPED TO FUEL SHEETS (*MUST HAVE GALLONS PURCHASED*)
5. MEAL RECEIPTS TAPED TO MEAL / ENTERTAINMENT SHEETS
6. DRIVER'S DAILY LOGS (FOR PAY WEEK) LOGS, MAINTENANCE REPORTS, IVMR etc.

7. IVMR – **MILES TRAVEL BY STATE** WITH ROUTES (DAILY TRIP SHEET-ONE PER DAY)
8. PICTURES OF LOADS EMAILED TO OFFICE ( [Haileyshotshot@Yahoo.com](mailto:Haileyshotshot@Yahoo.com)) DAILY WITH WAYBILL NUMBER IN SUBJECT
9. MONTHLY MAINTENANCE REPORTS DUE THE FIRST WEEK OF EACH NEW MONTH
10. DAYS OFF REQUESTS MUST BE SUBMITTED 1 WEEK IN ADVANCE BY TEXT TO LAURA @ 432-631-5807 OR OFFICE FOR AVAILABILITY AND APPROVAL.

***PAPER WORK MUST BE TURNED IN AS STATED, ON A TIMELY MATTER IN ORDER FOR YOUR PAYROLL TO BE PROCESSED ON TIME TO MEET WEEKLY PAYMENT DATE. (OTHER WISE YOUR CHECK WILL BE A WEEK LATE OR MORE)***

**DRIVER ACKNOWLEDGEMENT:**

I \_\_\_\_\_ CONFIRM AND ACKNOWLEDGE THAT I HAVE  
REVIEWED/ TRAINED ON THE FOLLOWING.

\_\_\_\_\_  
SIGNATURE /DATE

1. ANY PAYROLL DEDUCTIONS AT TIME OF EMPLOYMENT OR AT TIME OF DEPARTURE  
WITH COMPANY
2. PAPERWORK TO BE TURNED IN, DUE DATES AND REQUIREMENTS
3. DOT COMPLIANCE (LOGS, MAINTENANCE REPORTS, IVMR etc.)

**COMMENTS/MISC:**