**Pure Transportation, LLC**

# New Driver Qualification Checklist Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver INFORMATION | | | | | |
| Driver Name: |  | | | | |
| Address: |  | | | | |
| Telephone number: |  | | | | |
| Driver’s License No: |  | | | | |
| Social Security No: |  | | Email | |  |
| Date of Birth: |  | Emergency Contact | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHECKLIST | | | | |
|  | Copy of Driver’s License §391.31(e), §391.33 | |  | Driver’s Certification of Training (school- less than a year) |
|  | Copy of MVR §391.23(a)(1) (driving record) | |  | Driver’s certification check (less than a year) |
|  | Copy of Medical Card §391.41, §391.43 | |  |  |
|  | Copy of National Registry | |  |  |
|  | Driver application (completed and signed) §391.21 | |  |  |
|  | Clearinghouse Query | |  |  |
|  | Previous Employment Verification(s) §391.23 | |  |  |
|  | Pre-Employment Drug Test w/ Results §391.53 | |  |  |
|  | Previous Employment D&A Statement | |  |  |
|  | Annual Review of Driving Record §391.25, §391.27 | |  |  |
|  | Certification of Compliance w/ Driver’s License | |  |  |
|  | Previous Employment D&A Statement | |  |  |
|  | Signed copy of D&A Policy | |  |  |
|  | 7 Day Statement | |  |  |
|  |  | |  |  |
|  | **Driver Personal File** | |  |  |
|  | W9 | I9 |  |  |
|  | Social Security Card | |  | New Driver Contract |
|  | Receipt for Driver Handbook | |  | OCC/ACC |
|  | OK to hire sheet | |  | IT Policy |
|  | Independent Contractor Agreement | |  | Pure Transportation to JDC statement |
|  |  | |  |  |

**Pure Transportation, LLC**

**Rehire checklist Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Copy of Driver’s License §391.31(e), §391.33 | Make sure drivers license on file is current. |  |
|  | Request Check for Driving Record |  |  |
|  | Copy of MVR §391.23(a)(1) | Pull new MVR |  |
|  | Employment Gap (if unemployed) | If the driver was not working while not employed with Pure Transportation, LLC, that driver needs to explain why. | Even if driver was out of the country (even on vacation) that driver needs to provide dates they were unemployed |
|  | 7 Day Statement | The driver needs to provide a previous 7-day work statement. This would include if the driver were not working. | If driver was not working the previous 7 days that driver would need to enter 0 hours for the previous 7 days |
|  | Previous Employment D&A Statement |  | If driver was not employed while they were not employed with Pure Transportation, LLC old statement is considered current |
|  | Pre-Employment Drug Test w/ Results §391.53 |  | All drivers returning after 30 days must complete a pre-employment drug test. |
|  | Receipt for Driver Handbook |  | If there have been no additions and or changes then old handbook receipts is considered current. |
|  | Copy of Medical Card §391.41, §391.43 |  | If medical card is the same card already on file, then the same card is considered current. If medical card is new must recheck National Registry and CDLIS |
|  | Training Cert signed by Safety Dept. |  | ALL drivers returning must be retrained on policies, procedures, and Omnitracs (HOS) |
|  | PSP Authorization / PSP |  | If driver was employed with another company must run current PSP |
|  | W9, I9 |  | Ensure that W9 and I9 are current |
|  | Employment Verification(s) §391.23 |  | If driver was employed with another company all employment verifications must be completed |
|  |  |  |  |
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**OWNER OPERATOR REQUEST FOR INSURANCE**

**Participant/Motor Carrier Info:**

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

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

Owner/Operator:

Required Field

Firs and Last Name:

Date of Birth: Gender:

Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address:

**City:**

State: **Zip: \_\_\_\_\_\_\_**

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

Email: \_

Effective Date/Hire Date: \_ Driver Class (choose from below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class I - Box, Dry Van, intermodal, Refrigerator Class II - NonHaz Tanker, RediMix

Class Ill -Flatbed, Auto Hauler, Dump, Aggregate, Oversize Loads or Other

Beneficiary Name: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:

Driver/Insured signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

# \*Please note that we are not able to back date insurance benefits. All new driver requests will be added the date we receive the signed request or on the future date requested.

I authorize you to make such investigations and inquiries into 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 condition 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 the rules and regulations of the Company.

I understand that the 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 previous employer(s) and for those previous employer(s) to re-send the corrected information to the prospective employer.
* 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.
* Annual review of my driving record.

Fair Credit Reporting Act

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 1104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Clearinghouse consent for Limited and Full Queries of the Federal Motor Carrier Safety Administration (FMCSA)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby provide consent to Pure Transportation, LLC to conduct a limited query of the FMCSA Commercials Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violations information about me exists in the Clearinghouse. I also agree that this consent will continue for the duration of my employment with Pure Transportation, LLC.

I understand that if the limited and/or unlimited query conducted by Pure Transportation, LLC indicates that drug or alcohol violations information about me exists in the Clearinghouse, FMCSA will not disclose that information to Pure Transportation, LLC without first obtaining additional specific consent from me.

I further understand that if I refused to provide consent for Pure Transportation, LLC to conduct a limited and/or full query of the Clearinghouse, Pure Transportation must prohibit me from preforming safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the release of my Motor Vehicle Records (MVR) to Pure Transportation, LLC. I understand that Prue Transportation, LLC 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.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also consent that this release will continue for the duration of my employment with Pure Transportation, LLC.

This Consent is given in satisfaction of Public Law 18 USC § 2721 “Federal Drivers Privacy Protection Act” and is intended to constitute “written consent” as required by this act.

List your addresses for the last 3 years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address Street City State Zip How long? Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Street City State Zip How long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Street City State Zip How long?

Do you have the right to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Is there any reason that you may not be able to perform the job duties related to the position(s) that you have applied for?

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain if you wish.

**Experience and Qualifications**

List all driver’s licenses or permits held within the past 3 years. If more space is needed, please list on back of page.

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License No. Type Expiration Date

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License No. Type Expiration Date

**Employment History**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Make sure to list your previous employers mailing address, street number, city, state, and zip code.

Applicants who were previously employed with a commercial license must provide an additional 7 years’

If you need additional space, please list on the back of the next page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name From Mo/Yr. To Mo/Yr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Position Held

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Phone No. Salary/Wage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Reason for leaving

Were you subject to the FMCSR’s while employed?  Yes  No

Was the job that you preformed listed as a safety sensitive function and subject to 49 CFR part 40 Drug and Alcohol testing?

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name From Mo/Yr. To Mo/Yr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Position Held

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Phone No. Salary/Wage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Reason for leaving

Were you subject to the FMCSR’s while employed?  Yes  No

Was the job that you preformed listed as a safety sensitive function and subject to 49 CFR part 40 Drug and Alcohol testing?

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name From Mo/Yr. To Mo/Yr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Position Held

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Phone No. Salary/Wage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Reason for leaving

Were you subject to the FMCSR’s while employed?  Yes  No

Was the job that you preformed listed as a safety sensitive function and subject to 49 CFR part 40 Drug and Alcohol testing?

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name From Mo/Yr. To Mo/Yr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Position Held

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Phone No. Salary/Wage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Reason for leaving

Were you subject to the FMCSR’s while employed?  Yes  No

Was the job that you performed listed as a safety sensitive function and subject to 49 CFR part 40 Drug and Alcohol testing?  Yes  No

If you have any gaps in the dates and you were not employed, please explain and list dates not employed.

|  |
| --- |
|  |
|  |

**Accident Record**

Have you ever been in any preventable or non-preventable accidents?  Yes  No

If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date / City & State Fatalities Injuries Hazardous spill

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date / City & State Fatalities Injuries Hazardous spill

Have you ever had any traffic convictions and or forfeitures for the past 3 years?  Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain. Location / Date / Charge / Penalty

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to either question, please explain.

**Driving Experience**

Straight Truck  Yes  No Tractor and Semi- Trailer  Yes  No Tractor-Two Trailers  Yes  No

Tractor-Three Trailers  Yes  No Equipment type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List states operated in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any special courses or training that would help the company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Grade Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last school attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name (PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**Request for Information from Previous Employer Confidential**

**Prospective Employer: Pure Transportation, LLC**

**1163 Souter Blvd Troy, MI 48083**

**Phone 248-530-9200**

**Fax 248-244-6218**

**Applicant’s Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name DOB SSN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Employed

**Previous Employer**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name Address

The above-mentioned individual has applied to our company for a position as a driver, and states that he/she was employed by you during the above-mentioned time. We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant’s Signature

**To be completed by the previous employer faxed or mailed to the Prospective Employer listed above**

**49 CFR 391.23(d)(2) accident (as defined in 49 CFR 390.5) data elements specified in 49 CFR 390.15(b)(1)(2)**

Yes or No Previous employer has records meeting the following criteria (if “YES” please include the appropriate records with your report):

The data elements as specified in 49 CFR 390.15(b)(1) for accidents involving the driver that occurred in the three-year period preceding the application date listed above.

1. Any accidents defined by 49 CFR 390.5
2. Any accidents the previous employer may wish to provide are retained pursuant to 390.15(b)(2), or pursuant to the employer’s internal policies for retaining more detailed minor accident information.

**49 CFR 390.23(e) and 49 CFR 40.25 Compliance with DOT Drug and Alcohol regulations**

Within the three years prior to the above application date:

Yes or No Did the driver violate any alcohol or controlled substances prohibitions under 49 CFR part 40 or 382?

Yes or No Did the driver fail to undertake or complete the rehabilitation program prescribed by a SAP pursuant to 382.605 or part subpart O?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Title Date

**Certification of Compliance with Driver’s License Requirements**

Motor Carrier Instructions: The requirements in Part 383 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. They are as follows:

1. POSSESS ONLY ONE LICENSE: You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator’s license.
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: Your employing motor carrier, and 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 the employer and the state MUST BE IN WRITING.

The following license is the only one that I possess:

Driver’s License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Certification: I certify that I have read and understood the above requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name Print Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Signature Date

**Certification of Violations / Annual Review**

**Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond collateral because of any violation which must be listed, he/she shall so certify (Section 391.27)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Driver (Print) | | | Social Security Number | | Date of employment |
| Home Terminal (city and state) | | | Driver’s License Number | | Expiration Date |
| **If you have had no violations, check the following box** | | | | | |
| I certify that the following is a true and complete list of all traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. | | | | | |
| **Date** | **Offense** | **Location (City&State)** | | **Type of Vehicle Operated** | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby provide consent to Pure Transportation, LLC to conduct an annual inquiry into my driving record for the duration of my employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she:

Meets minimum requirements for safe driving  Yes  No

Does not adequately meet satisfactory safe driving performance  Yes  No

Is disqualified to drive a motor vehicle pursuant to Section 391.15  Yes  No

Action taken with driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewing Officer Date

**Pure Transportation, LLC**

**Employee’s Certified Receipt for Pure Transportation LLC’s Drug and Alcohol Policy**

This is to certify that I have been provided educational materials required by 322.601 and my employer’s policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following.

1. The designated person (DER) to answer questions about the materials or any other questions in regard to drug and/or alcohol.
2. The categories of drivers subject to 49 CFR Part 382.
3. Sufficient information concerning prohibited driver conduct.
4. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing process, and the safeguarding the validity of the test.
7. The requirements that test are administered in accordance with Part 382
8. An explanation of what will be considered a refusal to test and consequences.
9. The consequences for 49 CFR Part 382 § B violations including removal from Safety-Sensitive functions and Part 40.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater, but less than 0.04.
11. Information on the Clearinghouse.
12. Information on the effects of alcohol and controlled substances use:

* An individual’s health
* Work
* Personal life
* Signs and symptoms of a problem
* Available methods of help when there is a problem suspected

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature and Date Safety Signature and Date

**Previous Employment Drug and Alcohol Statement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver / Applicant Name (Print) Social Security Number

1. Have you tested positive, or refused to test, on any Pre-Employment drug or alcohol test administer 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

1. If you have answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver / Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Date

Driver Statement of On-Duty Hours

Instructions: Motor Carriers when using a driver for the first time shall obtain from the driver an assigned statement giving the total time On-Duty during the immediately preceding seven (7) days and the 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 seven (7) days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorsement(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| Date |  |  |  |  |  |  |  | Total hours |
| Hours |  |  |  |  |  |  |  |  |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relived from work at

\_\_\_\_\_: \_\_\_\_\_\_\_ am/pm on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Date

**Driver Certification for Other Compensation Work**

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including 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.

Are you currently working for another employer? Yes or No

At this time do you intend to work for another employer while still employed by this company? Yes or 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 and working for any additional employer(s) for compensate in that I must inform this company immediately of such employment activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Department Date

**IT Security Policy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an employee of Pure Transportation understands and have been advised the IT Security Policy enforced by my company. I understand any breach of the following may result in disciplinary action by my company management.

* All computer/ electronic devices and or software provided to me by my company are for business use only
* All computer /software access provided is for my use only and not to be shared or provided to any other employee or family or friends for unauthorized access
* As an authorized computer/software access user, I understand the authorization is mine and may be terminated immediately by management based on any business misuse
* Password changes are to be made as system/software suggests or upon request by the company management
* Access to the internet will be limited to business searches or as agreed upon by my employer. Visiting or searching any non-business websites including accessing social networks is prohibited without written authorization from management
* Downloading music, video, games, posting or archiving pictures or non-work-related programs is prohibited without written authorization from management
* Access to servers or company settings including the ability to change settings is only as authorized by my specific position or management authorization
* All licensing and copyrights belong to the company and any misuse or tampering is prohibited

NOTE: If using or carrying personal electronic devices these may be subject to customs or governmental inspections and if any material is found to be unacceptable by CBP or CBSA or any other government agency, the company may terminate employment or contract agreements immediately

I have read and understand the IT Policy in place by the company

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

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

**Pure Transportation Independent Driver Contract and Policy Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree to the terms in this contact, effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I understand that I am an Independent Contract Driver. This agreement will remain in full force and effective for a 9-month period beginning on the date first written above and continuing thereafter on a year-to-year basis. Either Party may terminate this Agreement at any time with or without cause. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
2. I understand that if I am a driver with less than 1 year of verifiable commercial driving experience, I am on probation for 9 months. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
3. I understand that if I am a driver with less than 1 year of verifiable commercial driving experience, I am subject to a fee up to $5000.00 if I terminate my employment before my 9-month training period ends. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
4. I understand that additions or deletions can be made at any time to this contract policy agreement by Pure Transportation, LLC and I will be provided with a new copy to review and understand in a timely manner before signing to determine if I wish to continue with the contact or decline. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor initials**
5. I understand that I am responsible for filing my own taxes with the Internal Revenue Service and Resident State Department. Pure Transportation, LLC will provide you a yearly 1099. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
6. I understand my rate of pay will be discussed and confirmed before my start date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
7. I understand that it is not the responsibility of Pure Transportation, LLC to reimburse me for any personal expenses. These expenses are as follows, but also not limited to meals, cell phone, tickets due to negligence. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
8. I understand that Pure Transportation, LLC does not guarantee a specific or average amount of revenue/pay. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
9. I agree to follow and adhere to all regulations set by the Department of Transportation and Federal Motor Carrier Safety Administration. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
10. I understand that the taking of the tractor and trailer anywhere other than agreed upon trip origin route and destination or my person use or place of residence. Personal conveyance must be approved prior to use. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
11. I understand that my Tractor must be in service every 10,000 miles with the receipts and maintenance report turned into the Safety Department on the 1st of every month. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractors Initials**
12. I understand that all my paperwork including BOL’s, fuel receipts, toll receipts, and any other paperwork that would need to be returned to the office must include my truck number on the top of each page or receipt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractors Initials**
13. I understand that the Samsara unit that is installed in my tractor is not to be unplugged and/or tampered with at any time. If the Samsara unit is not working, I understand that I must contact dispatch immediately and that repairs must be completed within 8 days. I also understand that if the unit is not properly working then I must contact dispatch and or the safety department to reconstruct my previous 8 days of logs and that paper logs must be turned into the safety department once the unit is repaired. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
14. I understand Pure Transportation, LLC can request a viewing of the truck and trailer that I am using at any time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
15. I understand that if I feel that I need any additional information I will contact the Safety Department in a timely manner. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**
16. I understand that I must adhere to all Pure Transportation, LLC’s policies, and procedures. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Initials**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor Signature Date Safety Signature Date**

**For Company Use Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewing Officer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant Employed Position Employed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Termination Reason for Termination

Tested Positive for Drugs and/or Alcohol  Yes  No

Any reportable accidents  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes

I have read and been given a copy of the complete list of Rules and Policies that are listed below. I am aware that any rule and/or policy are subject to change at any time and Pure Transportation LLC will do its best to keep me updated and aware of any changes.

|  |  |
| --- | --- |
| * Respecting fellow employees | * Accident Procedures |
| * Dress Code | * **Termination** |
| * Cleanliness | * **Clearinghouse** |
| * Driver’s license | * **Samsara HOS Guide / ELD helpful tips** |
| * Pre and Post trip inspections |  |
| * Load straps |  |
| * Tandem Position |  |
| * Passengers |  |
| * Handheld devices’ |  |
| * HOS (hours of service) |  |
| * Personal Conveyance |  |
| * Unassigned Driving |  |
| * Log violations |  |
| * CSA |  |
| * Safety bonuses |  |
| * Unsafe Equipment |  |
| * PSP |  |
| * Medical Cards |  |
| * Safety Belts |  |
| * Defensive driving |  |
| * Maintenance |  |
| * Annual Inspections |  |
| * Cargo Claims |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name Social Security

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Signature

I certify that the named driver, as defined in §390.5 is regularly driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His current medical examiner’s certificate expires on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This Certificate expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date not later than expiration date of medical certificate)

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

Issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Carrier)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title and Date