

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ **Date:** _____

Company Name: _____ **DOT#** _____

Address _____ **City** _____ **State** _____ **Zip Code:** _____

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	MORE THAN 8 PASSENGERS					
MOTORCOACH - SCHOOL BUS	MORE THAN 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 Truckers Bookkeeping Service for investigation as required by Sections § 391.23 and § 391.25 of the Federal Motor Carrier Safety Regulations. You are released from all liability which may result from furnishing such information.

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

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

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

Signature of Applicant **Date**

Dear Sir/Madam:

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

Name of Driver Applicant: _____

Applicant Current Address: _____

Number and Street City State Zip Code

Former Address: _____

Number and Street City State Zip Code

Date of Birth _____ **SSN:** _____ **License Number** _____ **Exp.Date:** _____

Requested by: Truckers Bookkeeping Service

On Behalf of: _____

Company Name

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 mirror
- _____ 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
- _____ Obeys traffic signal
- _____ Uses good judgement on yellow light
- _____ Starts smoothly on green
- _____ Notices and heeds traffic signs
- _____ Obeys 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
- _____ Pulls out and back with certainty
- _____ Does not tailgate
- _____ Does not block traffic with slow pass
- _____ Allows enough room when returning to right lane

F. SPEED

- _____ Speed consistent with basic ability
- _____ Adjusts speed property to road, weather, traffic conditions, legal limits
- _____ Slows down for rough roads
- _____ Slows down in advance of curves, intersections, etc.
- _____ Maintains consistent speed

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 is 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.

Are you currently working for another employer? (Check one)
 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

USCIS releases new Form I-9

U.S. Citizenship and Immigration Services (USCIS) published a revised version of Form I-9, Employment Eligibility Verification. By Jan. 22, 2017, employers must use only the new version, dated 11/14/2016.

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

OR

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

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

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

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

Other changes include:

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

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



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

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 (See instructions)		
<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. (See instructions)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>	
<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>		
1. Alien Registration Number/USCIS Number: _____		
OR		
2. Form I-94 Admission Number: _____		
OR		
3. Foreign Passport Number: _____		
Country of Issuance: _____		

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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! *Employer Completes Next Page* STOP!



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.")

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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

7800 NW 85th Terr Suite 100
Oklahoma City, OK 73132
Mailing Address: PO Box 18109
Oklahoma City, OK 73154




800-207-7661 – 405-528-4490
Fax 405-488-1279
compliance@tbsokc.com
www.truckersbookkeepingservice.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 Truckers Bookkeeping Service.

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

 **Driver Signature:** _____

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

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

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

Questions? Please dial (405) 576-3196

Note: Truckers Bookkeeping Service is a DOT Compliance provider and has been contracted by _____ to process the DOT Driver Qualification Files for our client. This transmission is CONFIDENTIAL and should be treated in a manner that ensures confidentiality.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST



The individual identified in Section 1 below has indicated you employed and/or used him/her within the capacity of operating a commercial motor vehicle and/or that he/she was subject to U.S. Department of Transportation (DOT) regulated drug and alcoholic testing. In accordance of 49 CFR 40.25 , 40.321 (b) , 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 request in Section 2 within 30 days of the date of this request.** For Non-DOT Previous Employers, please complete Section 3 only as drug/ alcohol testing was not required.

SECTION 1 (Completed by Driver Applicant)

Name	Date of Birth	Social Security Number

I, _____, do hereby authorize the release of my employment safety performance history for the previous 3 years to Truckers Bookkeeping Service. This Authorization includes information pertaining to my employment background and any DOT regulated drug/alcohol testing. In accordance with §40.25 (b, g), 40.321 (b), and 391.23(h), release of this information must be made in a manner that ensures confidentiality.

Signature of Applicant **Date**

SECTION 2 (To Be Completed by Previous Employer)

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

Job Title: _____ Check here if the person above did NOT have a DOT driving position with your company
 Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight truck Tractor Trailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

Please complete any information from your accident registry (§§390.15 (b) involving the applicant listed above within the past 3 years of the authorization release date noted above. If there were no accidents, please initial here _____

Date	Location	# Fatalities	# Injuries	# Towed	Hazmat Spill (Y/N)

SECTION 3 (To Be Completed by Previous Employer)

If applicant above WAS NOT subject to DOT testing under 49 CFR while in your employ, initial here _____
 While completing this request, include any required DOT drug/alcohol testing information you obtained by prior employers within the past 3 years of this request. Has this person violated any of the below drug/alcohol prohibitions under 49 CFR Part 40 or Subpart 38? Yes No

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

If this person violated a DOT drug/alcohol test, did he/she begin or complete SAP rehabilitation? Yes No
 If this person successfully completed a SAP rehabilitation program and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to test? Yes No

 Person completing this request **Title** **Date**

PLEASE RETURN THIS REQUEST TO: Secure fax: 405-488-1279 or email: compliance@tbsokc.com Phone: 405-576-3196
This transmission is confidential and should only be handled in a manner that ensures confidentiality