

# Omex Energy Services, LLC

**Mailing Information:**

Phone: 210.455.2923

Email: Dispatch@OmexEnergy.com

Billing: Office@OmexEnergy.com

8100 RoughRider Dr STE 202, San Antonio, TX 78239

**Terminal Information:**

Phone: 210.818.8738

Email: Dispatch@OmexEnergy.com

Billing: Office@OmexEnergy.com

7760 FM 1346, San Antonio, TX 78220



## Driver Qualification File

### Requirements:

- 1 Year Minimum Driving Experience
- Copy of Valid Class A CDL Front/Back
- Valid Medical Card
- Copy Of Social Security Card
- Copy of All Required Safety Certificates  
(PEC/Safeland, Fit Test, and H2S Cert.)
- Motor Vehicle Report
- Pre-Employment Screening Program (PSP Form)
- National Registry Medical Examiner Search Results

Checklist Completed By:





# FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

## DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

## AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed)



Dear Prospective Driver,

Thank you for your interest in Omex Energy Services, LLC, Logistics Division's frac sand driving position. In order to simplify the pre-qualification process the following documents need to be provided by you:

- Provide a color copy of your current valid CDL
- Provide a clear copy of your medical card
- Provide a clear copy of your Social Security card

Additionally, you will need to complete the following documents; which are provided with this letter.

- Fair Credit Reporting Act Disclosure Statement
- Certification of Violations
- Request for Check of Driving Record

As soon as Omex management receives **all** of these required items, we will begin the pre-qualification process. The pre-qualification process should take about 24 hours and you will be notified of the results immediately.

Again, thank you for your interest in becoming a member of the Omex team and we look forward to a long and successful relationship.

Respectfully submitted,

Omex Team



## **DRIVER FILE MERGE SYSTEM**

The following pages contain all of the forms that are in the *Driver Qualification File* and the *Confidential Records File*. This program will allow you to enter data such as the driver name, social security number, etc. into a field that will then automatically be copied to every location on the forms that calls for that piece of information. The directions listed below will take you through how to do this. Once you have entered in all of the data you can simply print out the complete file with all of the information filled in.

NOTE\* - The driver application is included in this file, however since the driver should complete the application we did not have any of the fields auto-populate other than the company name and address. On any form where the driver should be completing information we left these fields so that the driver must complete them on a printed copy.

In addition to the information that repeats through the form, you can also type information into any of the remaining blanks on the form. This will allow you to quickly complete as much of the forms on the computer as you want before printing. To enter data into these blanks you can tab through the blanks or place your cursor into the field with your mouse. Also, any "check box" can be selected by clicking on it with your mouse.

\*NOTE - Everything else on the forms is locked for editing. This is necessary in order to make sure everything transfers through the various fields on the forms. If you need to make any additional changes please contact Omex Safety Department for instructions on how to do this.

### **Directions:**

- 1) We suggest that you save the file as a different name before typing in any data so that you preserve the original file.**
- 2) Insert your cursor into the shaded field area that you wish to enter data into.**
- 3) Type the data into the field and press the "Tab" key**
- 4) Complete each field by entering the data and tabbing through**
- 5) To print the document simply print like you would any other Word document**

<b>Driver Name:</b>	
<b>Date of Birth:</b>	
<b>Social Security #:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	
<b>CDL#:</b>	
<b>CDL State:</b>	
<b>CDL Expiration Date:</b>	
<b>Date of Hire:</b>	

<b>Company Name:</b>	
<b>Company Street Address:</b>	
<b>Company City:</b>	
<b>Company State:</b>	
<b>Company Zip:</b>	



## DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

<b>DRIVER'S NAME:</b>	<b>DATE OF HIRE/LEASE:</b>
-----------------------	----------------------------

**1. APPLICATION**

Completed:

Signed:

Dated:

**2. COPY OF CDL**

Expiration Date:

Classification:

Endorsements:

From state of residence:

**3. INQUIRY TO STATE FOR DRIVING RECORD**

**4. MVR (any license held in last 3 years must be investigated)**

State: \_\_\_\_\_ Date obtained: \_\_\_\_\_

State: \_\_\_\_\_ Date obtained: \_\_\_\_\_

**5. COPY OF MEDICAL EXAMINER'S CERTIFICATE**

**6. MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS & ANNUAL REVIEW OF DRIVING RECORD (combined form)**

**7. CERTIFICATE OF COMPLIANCE STATEMENT**

**8. RECORD OF ROAD TEST & CERTIFICATE**

**9. WRITTEN EXAM & CERTIFICATE (recommended)**

**10. 7 DAY PRIOR HOURS STATEMENT or 7 DAYS PRIOR LOGS**

**11. RECEIPT FOR FMCSR BOOK**

**12. RECEIPT FOR COMPANY POLICY MANUAL**

**13. VERIFICATION OF PASSING PRE-EMPLOYMENT DRUG TEST**

**14. REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

Completion Date	Initials
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Other documents which should be completed by the driver which we recommend be kept in a driver personnel file could include:

1. IMMIGRATION I-9 FORM
2. W-4 IRS FORM



DATE OF APPLICATION: \_\_\_\_\_

**APPLICATION**

COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**TO BE READ AND SIGNED BY APPLICANT**

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 also 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

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

DRIVER NAME _____ (LAST) (FIRST) (MIDDLE)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ CELL PHONE NUMBER _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

**PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS**

1) ADDRESS	CITY _____	STATE _____	ZIP _____	FROM _____	TO _____
2) ADDRESS	CITY _____	STATE _____	ZIP _____	FROM _____	TO _____
3) ADDRESS	CITY _____	STATE _____	ZIP _____	FROM _____	TO _____



## **WORK EXPERIENCE**

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER. USE ADDITIONAL SHEET IF NEEDED.**

<b>CURRENT OR LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____	FAX: _____ EMAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM: _____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____	

<b>SECOND LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____	FAX: _____ EMAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM: _____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____	

<b>THIRD LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____	FAX: _____ EMAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM: _____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____	

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.





**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 (A,B, OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED?  NO  YES IF YES, EXPLAIN:

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT SPILL</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM	<u>DATES</u> TO	<u>APPROX. MILES DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
LIST COMMODITIES HAULED:	_____	_____	_____	_____



**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4  
OTHER TRAINING : \_\_\_\_\_  
HAVE YOU RECEIVED ANY SAFETY AWARDS  
OR SPECIAL TRAINING? \_\_\_\_\_  
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO  
IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_  
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU  
HAVE APPLIED? YES NO  
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO  
IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ | ( ) \_\_\_\_\_ | \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 in connection with 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



## WORK EXPERIENCE ( PAGE 1 )

**Driver Applicant Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

<b>FOURTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>FIFTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>SIXTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.



\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's Social Security Number

Dear: \_\_\_\_\_

The above named individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding three (3) years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_

\_\_\_\_\_  
Printed name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Motor Carrier Street Address

\_\_\_\_\_  
Motor Carrier City                      State                      Zip

\_\_\_\_\_  
Motor Carrier Phone Number



# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

Driver's Name: \_\_\_\_\_

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

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

NOTE - If no violations during the past 12 month period, write "NONE"

Date of Conviction	Location	Vehicle Type	Description of Violation (e.g. speeding 69/55)

### Driver/License Information

License #:		Expiration Date:	
State of Issue:		Social Security #:	

If no violations are listed above I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further certify that the above license is the only one I hold.

**X**

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date of Certification

Name of Motor

Carrier: \_\_\_\_\_

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

\_\_\_\_\_

### COMPANY USE ONLY – ANNUAL REVIEW OF DRIVING RECORD

**Carrier Instructions:** At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. The driver should complete the top portion of the form, and the carrier should complete the bottom.

In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions, and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

- Meets minimum requirements for safe driving
- Does not meet minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to §391.15

Remarks/Action(s) Taken: \_\_\_\_\_

\_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date of Review



## CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

### NOTICE TO DRIVERS:

The Motor Carrier Safety Regulations part 383, applies to every person who operates a commercial motor vehicle in interstate, foreign or intrastate commerce, who operates a vehicle with a gross weight rating of 26,001 pounds or more, can transport 16 or more passengers including the driver, or transports hazardous materials that require placarding.

If the above applies you must comply with the following:

1. A driver may not possess more than one license. A motor carrier may not use a driver with more than one license. The driver's license must be from the driver's state of domicile.
2. A driver who violates state and/or local traffic laws (other than parking) must notify the motor carrier and the state that issued the license, within thirty days after the violation occurred.
3. A driver who receives either a revocation or suspension of their license must notify the motor carrier the next business day after receiving the notice.
4. A driver must provide previous work history when applying to operate a commercial motor vehicle.

### DRIVER CERTIFICATION

I hereby agree that I have read and understand the above requirements issued in the Federal Motor Carrier Safety Regulations. The following license is the only one I possess.

Driver's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
please print

Driver's Address \_\_\_\_\_  
street address (P.O. box) city state zip

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

Driver's Signature: **X**

\_\_\_\_\_



# RECORD OF ROAD TEST

**Driver Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Tractor#: \_\_\_\_\_ Trailer #: \_\_\_\_\_ Length of Test \_\_\_\_\_ miles

Weather: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Start Time \_\_\_\_\_  A.M.  P.M. Finish Time \_\_\_\_\_  A.M.  P.M.

PRE-TRIP INSPECTION	YES	NO	DRIVING	YES	NO
Checks oil, water	<input type="checkbox"/>	<input type="checkbox"/>	Builds air pressure	<input type="checkbox"/>	<input type="checkbox"/>
Checks tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	Selects proper gear	<input type="checkbox"/>	<input type="checkbox"/>
Checks lights	<input type="checkbox"/>	<input type="checkbox"/>	Maintains proper RPM	<input type="checkbox"/>	<input type="checkbox"/>
Checks horn	<input type="checkbox"/>	<input type="checkbox"/>	Checks instruments regularly	<input type="checkbox"/>	<input type="checkbox"/>
Notes body damage	<input type="checkbox"/>	<input type="checkbox"/>	Drives defensively	<input type="checkbox"/>	<input type="checkbox"/>
Checks emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>	Sets parking brake	<input type="checkbox"/>	<input type="checkbox"/>
Checks steering	<input type="checkbox"/>	<input type="checkbox"/>	Uses clutch properly	<input type="checkbox"/>	<input type="checkbox"/>
Checks brakes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Checks gauges	<input type="checkbox"/>	<input type="checkbox"/>	<b>Additional comments below:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
<b>COUPLING AND UNCOUPLING</b>	<b>YES</b>	<b>NO</b>			
Connects gladhands properly	<input type="checkbox"/>	<input type="checkbox"/>			
Connects light line properly	<input type="checkbox"/>	<input type="checkbox"/>			
Couples without difficulty	<input type="checkbox"/>	<input type="checkbox"/>			
Visually checks coupling	<input type="checkbox"/>	<input type="checkbox"/>			
Uncouples without difficulty	<input type="checkbox"/>	<input type="checkbox"/>			
Checks surface before uncoupling	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
<b>DRIVING PRACTICES</b>				<b>YES</b>	<b>NO</b>
Are hands properly positioned on steering wheel?				<input type="checkbox"/>	<input type="checkbox"/>
Are pedestrians and traffic movements observed?				<input type="checkbox"/>	<input type="checkbox"/>
Is pull out from drive safe and without interference to moving traffic?				<input type="checkbox"/>	<input type="checkbox"/>
Is unit kept within proper driving lane?				<input type="checkbox"/>	<input type="checkbox"/>
Is following distance safe at varying speeds?				<input type="checkbox"/>	<input type="checkbox"/>
Is passing avoided on hills, curves, or in congested areas?				<input type="checkbox"/>	<input type="checkbox"/>
Are signals given when changing lanes and/or turning?				<input type="checkbox"/>	<input type="checkbox"/>
Are mirrors checked frequently?				<input type="checkbox"/>	<input type="checkbox"/>
Is speed consistent with ability?				<input type="checkbox"/>	<input type="checkbox"/>
Is alertness shown toward vehicles parked off roadway?				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



## RECORD OF ROAD TEST

DRIVING PRACTICES	YES	NO
Are railroad crossings approached with caution?	<input type="checkbox"/>	<input type="checkbox"/>
Is the right-of-way yielded to pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>
Are school zones approached with caution and at posted speeds?	<input type="checkbox"/>	<input type="checkbox"/>
Are stops anticipated?	<input type="checkbox"/>	<input type="checkbox"/>
Is a full stop made at stop signs and traffic lights?	<input type="checkbox"/>	<input type="checkbox"/>
Are right turns properly made to prevent other vehicles from squeezing in?	<input type="checkbox"/>	<input type="checkbox"/>
Are left turns properly made?	<input type="checkbox"/>	<input type="checkbox"/>
Are potential accident-provoking situations noticed in time?	<input type="checkbox"/>	<input type="checkbox"/>
Does driver walk to back of vehicle before backing?	<input type="checkbox"/>	<input type="checkbox"/>
Stops & restarts without rolling?	<input type="checkbox"/>	<input type="checkbox"/>
Are all posted speed limits obeyed?	<input type="checkbox"/>	<input type="checkbox"/>
Slows down on curves, hills, intersections, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Performs routine functions without taking eyes off road?	<input type="checkbox"/>	<input type="checkbox"/>
Consistently alert & attentive to driving?	<input type="checkbox"/>	<input type="checkbox"/>
Is backing procedure smooth and cautious?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments Below:</b>		

**General Performance:**     **Satisfactory**                       **Unsatisfactory**  
**Qualified for:**                 **Straight Truck**                       **Tractor/Trailer**

<b>Needs additional training on the following:</b>

**Examiner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## WRITTEN EXAM

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Multiple Choice - Please circle the correct answer

- Who does every driver report to directly at any time of any day?
  - Sand Coordinator
  - Operations Manager
  - Dispatcher
  - Customer
- On a divided highway triangles, when necessary, should be placed
  - Where they will do the most good
  - On the highway side
  - 10', 100' & 200' in front of the unit
  - 10', 100' & 200' behind the unit, unless on a hill or curve
- To avoid a right turn squeeze, you should
  - Don't make right turns
  - Keep the rear of your trailer as close to the curb as possible
  - Cross the center line going into the turn
  - You can't avoid right turn squeezes
- If you are convicted of a moving violation you must notify your employer within
  - 30 days
  - 60 days
  - Immediately
  - You are not required to notify your employer
- Upon entering location what is the next step that you must perform
  - Hook up and Unload Trailer
  - Check in with well
  - Take a break
  - They are all important
- When carrying Hazardous Materials, tire checks are required
  - When the weather is hot
  - Up to the company
  - Every 2 hours or 100 miles
  - Tire Checks are not required anymore
- Your physical examination should be updated at least
  - Every three years
  - Every four years
  - Every two years
  - Physical exams are not required for drivers
- If you are involved in a collision
  - Try to settle with the other party
  - Call the company as soon as possible
  - Secure scene and set out warning devices
  - Both B & C
- If your vehicle is put out of service you cannot operate your vehicle until
  - The next day
  - The officer leaves
  - You have corrected the problems to the officer's satisfaction
  - Your dispatcher authorizes you to
- Front steering tires must have what minimum groove
  - 1/2"
  - 4/32"
  - 2/32"
  - 7/32"

### True/False Questions - Please circle the correct answer

- |   |      |       |  |      |       |
|---|------|-------|--|------|-------|
| 1. The driver vehicle inspection report (DVIR) should be completed at the end of the day. | True | False | 6. Roadside inspections must be logged.  | True | False |
| 2. Placards indicate the amount of hazardous materials being transported.                 | True | False | 7. Perception time doubles with darkness.  | True | False |
| 3. You must update your address with the DMV each time you move.                          | True | False | 8. Drug tests are required after all DOT recordable collisions.                          | True | False |
| 4. You are required to do at least two vehicle inspections per day.                       | True | False | 9. You may not consume alcohol within 4 hours before driving or being on duty.           | True | False |
| 5. Backing collisions are almost always preventable.                                      | True | False | 10. If you receive a citation or violation you do not have to report it to your company. | True | False |



## CERTIFICATION OF ROAD TEST

**Instructions to Carrier:** If the road test is successfully completed and the individual is hired, the person who gave it must complete this certificate of road test in duplicate, retain the original in the driver's qualification file, and provide a copy to the person examined. [Refer to FMCSR 391.31 (e) – (g)(2)]

Driver's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Driver License No. \_\_\_\_\_ State \_\_\_\_\_  
Type of Power Unit \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_  
(date) consisting of approximately \_\_\_\_\_ (miles) miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
Signature of examiner Title  
\_\_\_\_\_  
Organization Name Address City State Zip

---

## CERTIFICATION OF WRITTEN EXAMINATION

**Instructions to Carrier:** After the examinee completes the written examination, the person who administered the examination must advise the examinee of the correct answers to any questions answered incorrectly, and must complete this certificate of written examination, in duplicate. The original of this certificate with a list of the questions asked on the examination and person's answers to those questions should be retained by the carrier in the driver's qualification file.

This is to certify that the person whose signature appears below has completed the written examination under my supervision.

**X**

\_\_\_\_\_  
Signature of person taking the examination Date  
\_\_\_\_\_  
Signature of examiner Title  
\_\_\_\_\_  
Organization Name Address City State Zip



## 7 DAY PRIOR HOURS STATEMENT

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 motor 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-motor carrier entity, must be recorded on this form.

DRIVER NAME (print): \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 DRIVER'S LICENSE STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_  
 ENDORSEMENTS: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

DAY	1	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 RELIEVED FROM WORK ON:

DATE: \_\_\_/\_\_\_/\_\_\_ AT \_\_\_\_\_  A.M.  P.M.  
Time

**X** \_\_\_\_\_  
Driver's Signature

\_\_\_/\_\_\_/\_\_\_  
Date

## DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the motor carrier all on-duty 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?  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 begin driving for this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

**X** \_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date



## **CONFIDENTIAL DRIVER RECORDS CHECKLIST**

**DRIVER'S NAME:** \_\_\_\_\_ **DATE OF HIRE/LEASE:** \_\_\_\_\_

This file is to be used to limit access to the driver's safety performance history file to those persons who are involved in the hiring decision or who control access to the file. This file may also be used for medical records that must be kept confidential under regulations implementing the Americans With Disabilities Act (ADA). It may also be used for the retention, in a separate confidential envelope, of drug and alcohol testing information required by provisions of the Federal Motor Carrier Safety Regulations, 49 CFR, Part 382.

### **SAFETY PERFORMANCE HISTORY RECORDS**

1. Accident and Drug/Alcohol Testing History Requests(combined form)
2. Written Notification of Driver's Rights
3. Good Faith Efforts to Verify Safety Performance

### **MEDICAL RECORDS**

1. Medical Examination Report (long form physical)

### **ALCOHOL & DRUG TESTING RECORDS**

1. Driver Applicant Pre-employment Alcohol & Controlled Substances Statement
2. Receipt for Drug/Alcohol Educational Information
3. Controlled Substances and/or Alcohol Test Notification
4. Telephone Notification of Test Results
5. Drug Testing Custody and Control Form
6. Drug Test Results

Completion Date	Initials

Other Safety Performance History Records which might be included in this file:

1. Complaint reports to the FMCSA pertaining to previous employers who fail to respond to requests for information.
2. Copies of driver's rebuttals and/or requests to correct information
3. Copies of responses to drivers about requests to correct information
4. Records of requests and responses to prospective employers

Other Alcohol & Drug Testing Records which might be included in this file:

1. U.S. DOT Alcohol Testing Form
2. Observed Behavior/Reasonable Suspicion Record
3. Verification of the driver's failure to complete a rehab program, if required
4. Verification that follow-up testing was completed after rehab, if required
5. Verification of alcohol tests 0.04 or higher
6. Verification of positive drug tests, if required
7. Verification of refusals to be tested



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST DRUG/ALCOHOL TESTING AND ACCIDENT HISTORY

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print name) \_\_\_\_\_  
Driver Name
Social Security #
Date of Birth

Hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested below concerning my alcohol and controlled substances testing and accident history records within the previous three (3) years from the date of my employment application which is \_\_\_\_\_. The information should be sent to my prospective employer \_\_\_\_\_ to the address, confidential fax or confidential e-mail shown below.

Applicant's signature:   X   \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one):  Faxed  Mailed  E mailed  Completed by Phone  Other \_\_\_\_\_

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

To Previous Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations.

**PLEASE SEND RESPONSES TO:**

Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 \_\_\_\_\_ Fax. No.: \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Attention: \_\_\_\_\_

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Did the above named applicant work for your company?  YES  NO

If yes, please state the actual dates of employment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Did he/she drive a motor vehicle for your company?  YES  NO

If yes, please check the type(s) of vehicles operated:  STRAIGHT TRUCK  TRACTOR/SEMI-TRAILER  
 CARGO TANK  FLATBED  DOUBLES/TRIPLES  BUS  OTHER (please specify) \_\_\_\_\_

Reason for leaving your company:  DISCHARGE  RESIGNATION  LAY OFF  MILITARY DUTY

Would this applicant be considered for employment with your company again?  YES  NO

If there is no safety performance history to report, check here , sign at the bottom of Part 3 on page 2 and return.



**ACCIDENT HISTORY:**

Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years.

Or, check here  if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies:

Any other remarks: \_\_\_\_\_

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , and sign below and return.

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM \_\_\_\_\_ TO \_\_\_\_\_

YES  NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?

YES  NO Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

YES  NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test?

YES  NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?

YES  NO  
 NOT APPLICABLE If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? (If yes, please send documentation of the SAP name, address and phone number when you return this form)

YES  NO  
 NOT APPLICABLE For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested (including verified adulterated or substituted drug test results)?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): \_\_\_\_\_ TITLE: \_\_\_\_\_  
 PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received on (date) \_\_\_\_\_ by (check one):  Fax  Mail  E-mail  Telephone  
 Other \_\_\_\_\_



## **DRIVER'S RIGHTS UNDER FMCSR 391.23**

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

### **391.23(i)(1)**

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

**391.23(i)(2)** Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

**391.23(j)(1)** Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

**391.23(j)(2)** After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

**391.23(j)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**391.23(j)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

**391.23(i)(5)** The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**391.23(i)(6)** The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

**391.23(k)(1)** The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

**391.23(k)(2)** The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

**391.23(l)(1)** No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

**391.23(l)(2)** The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

**I, the undersigned, have received a copy of, read, and understand the above mentioned rights.**

**X**

Driver's Signature

Date



## GOOD FAITH EFFORTS TO VERIFY SAFETY PERFORMANCE HISTORY

The following attempts were made but failed to verify the information required by 49CFR Part 382.413  
40.25 and/or 391.23 for driver applicant: \_\_\_\_\_

Company contacted: _____	Date: _____
Contacted by:    Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note – If mailed or faxed, attach copy for records)	
Telephone No: _____	Fax No: _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If yes, date of filing: _____
Signature: _____	

Company contacted: _____	Date: _____
Contacted by:    Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note – If mailed or faxed, attach copy for records)	
Telephone No: _____	Fax No: _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If yes, date of filing: _____
Signature: _____	

Company contacted: _____	Date: _____
Contacted by:    Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note – If mailed or faxed, attach copy for records)	
Telephone No: _____	Fax No: _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If yes, date of filing: _____
Signature: _____	



**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND  
CONTROLLED SUBSTANCES STATEMENT**

**Section 40.25(j)** of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, tested positive, or refused to test, on any **pre-employment** drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:     YES             NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed you evaluation.

Name of SAP: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## CONTROLLED SUBSTANCES AND/OR ALCOHOL TEST NOTIFICATION

All drivers and/or applicants to this company must comply with Part 382 – Controlled Substances and Alcohol Use Testing of the Federal Motor Carrier Safety Regulations (FMCSR).

**Section 382.113 of the FMCSR – Requirement for notice**

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

**Company Name:** \_\_\_\_\_  
**Driver/Applicant Name:** \_\_\_\_\_  
(PRINT) (FIRST, M.I., LAST)

**You are hereby notified the following test will be administered in compliance  
with the Federal Motor Carrier Safety Regulations.**

- 1) The test is scheduled:     Date: \_\_\_\_\_  
   Location: \_\_\_\_\_  
   Time: \_\_\_\_\_  A.M.    P.M.
  
- 2) Check type of test:        Alcohol                Controlled Substances
  
- 3) Check reason for test:    Pre-Employment    Random    Reasonable Suspicion  
    Post-Accident    Return-To-Duty    Follow-Up

4) Appointment Instructions/Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required. I also understand that a refusal to take the above identified test or a positive test result will medically disqualify me from the operation of a commercial motor vehicle.

\_\_\_\_\_  
 Driver/Applicant Signature Date

Witnessed by:

\_\_\_\_\_  
 Company Representative Signature Date



## NEW EMPLOYEE 90 DAY PROBATION PERIOD FORM

At the beginning of employment, the employee will be on a ninety (90) day probation period. During this evaluation period, you will be evaluated on the following:

Work Performance

Safety

Timeliness

Attitude

Drug Screening

Passing a Physical (if needed)

Maintain a Clear Driving Record

During this probation period, if any of the above mentioned are not satisfactory, Omex Energy Services, LLC has the option of extending or terminating the employee.

\_\_\_\_\_  
Date \_\_\_\_\_

Employee Signature

\_\_\_\_\_  
Date \_\_\_\_\_

Supervisors Signature



## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

	Social security number								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>								
	or Employer identification number								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>								

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744

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.** Legible copies of this agreement must be filed with the Motor Carrier's workers' compensation insurance carrier and the Division within 10 days of the date of execution. An agreement is not considered filed if it is illegible or incomplete. Filing may be accomplished by mail or facsimile transmission. The Owner Operator must also retain a copy of the agreement.

Division Date Stamp Here



Motor Vehicle Driver's

**CERTIFICATE OF COMPLIANCE  
WITH CELL-PHONE/TEXTING BANS**

**MOTOR CARRIERS:** The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a "commercial motor vehicle" as defined in Section 390.5, including interstate vehicles weighing or rated at 10,001 pounds or more, vehicles placarded for hazardous materials and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions.

Other in-state-only operations may also be subject, depending on state rules.

**DRIVERS:** Part 392 of the Federal Motor Carrier Safety Regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

1. **Texting ban (392.80):** You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the Internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.
2. **Hand-held cell-phone ban (392.82):** You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

*Except as prohibited under company policy, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music players or a fleet management system for purposes other than texting. Texting and hand-held cell-phone use are **only** allowed if you need to contact emergency services or if you have stopped in a safe location off the road.*

**Penalties (383.51, 391.15):** CDL and non-CDL drivers can be disqualified for 60 up to 120 days and/or face fines up to \$2,750 for each violation.

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

Driver's Name (Printed): \_\_\_\_\_



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize [Company Name] to initiate automatic deposits to my account at the financial institution named below. I also authorize [Company Name] to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold [Company Name] responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until [Company Name] receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking |  Savings  
Paper Check/ACH  Mailed Check  Picked Up  
Payment Option  ACH  Wires

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.



Welcome to the Omex Family, look forward to working  
with each and every one of you!!

-Omex Team

