



R.J. EXPRESS, LTD.

Driver's Application For Employment
Company Confidential – Internal Use Only

DRIVER'S APPLICATION FOR EMPLOYEMENT
(Add Additional Sheets as necessary to Provide Complete Information)

Applicant Name _____ Date of Application _____

Company: **R. J. EXPRESS, LTD.**
Address: **2323 Webb Lynn Road**
City: **Arlington, TX 76002**

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 in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview (s) will result in discharge. I understand also that I am required to abide by all rules and regulations of the State, Federal Government and the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I, understand that I have a right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER _____ DATE _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

Applicant To Complete
(Answer All Questions – Please Print)

Date _____ Position applying for; Check One: Contractor Driver Office

Name _____ Social Security No. _____
(Last) (First) (Middle)

Home Phone _____ Cell Phone _____ Alternate _____

List Your Residence Address (es) for the last 3 years.

Current Address _____ How Long? _____
Street City State & Zip Code Yr / Mo

Previous Address _____ How Long? _____
Street City State & Zip Code Yr / Mo

Previous Address _____ How Long? _____
Street City State & Zip Code Yr / Mo

Previous Address _____ How Long? _____
Street City State & Zip Code Yr / Mo

Do you have the legal right to work in the United State? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Have you worked for this company before? Yes No If yes, When? _____
Yr / Mo

Reason for leaving _____

Are you now employed ____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Are there any reasons you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

Education History

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

The following page is for information on your "Employment History". All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Provide the complete mailing address showing the street number, city state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3-years required in the paragraph above.

List employers starting with the most recent employer. Add another sheet as necessary.

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? 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

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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony?..... YES NO

If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified 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.

Applicant Signature _____ Date _____

Driver Applicant Drug & Alcohol Pre-Employment Statement

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.

(See Section 40.25(b)(5) and (e).)

Applicant Name: _____ CDL Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

PRE-EMPLOYMENT URINALYSIS AND CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with **R. J. EXPRESS, LTD.** (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment. If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303

Random– Section 382.305 Reasonable Suspicion – Section 382.307

Return to Duty – Section 382.309

Follow-up – Section 382.311

A driver, who tests positive for a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals:

NAME: Dr. S.B. Hoffman, M.D. FACP / Choice Point
ADDRESS: 5900 Wilshire Blvd. #2200, LA, California 90036
PHONE #: 1-800-733-6676

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and
(Applicant Fill-in Name in Blank above)

alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

(Employer Representative)

(Date)

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name
of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___ / ___ / ___ to ___ / ___ / ___

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant: check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ *

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city, town, or closest near and state)	Any Vehicles Involved?	Hazard Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;
He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

> While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

> Reason for leaving: _____

> Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____ / ____ / ____ to ____ / ____ / ____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I -- Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city, town, or post near and state)	# of Vehicles Involved	HazMat & Spill?	# of Families?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

> While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

> Reason for leaving: _____

> Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

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of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

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2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Description <small>Please include location, date, time, speed and state</small>	Vehicles Involved	Property Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant:

He/She was employed for you as a: _____ from ___ / ___ / ___ to ___ / ___ / ___

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

> While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

> Reason for leaving: _____

> Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name	Title
Signature	Date

Please remember to retain a copy for your records; your timely response is appreciated.

SEVEN-DAY PRIOR LOG FORM
(data sheet for new, casual, or temporary drivers)

NAME: _____ SOC. SEC. #: _____

ADDRESS: _____ PHONE #: _____

DRIVER'S LICENSE #: _____ STATE: _____

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

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:

_____ on _____ day _____ month _____ year
time

Signature: _____

Witness: _____

Date: _____

Company Representative

This form is courtesy of:



31(030)
ERO:bk:m: 1/95

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's /Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document for List A OR examine one document from List B and one from List C as listed on the reverse of this form, and record the title, number and expiration date, if any of the document(s)

Document title:	List A	OR	List B	AND	List C
issuing authority:	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	___/___/___		___/___/___		___/___/___
Document #:	_____		_____		_____
Expiration Date (if any):	___/___/___		___/___/___		___/___/___

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named Employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #:	Expiration Date (if any): ___/___/___
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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		Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is illegal to discriminate against any individual (Other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 – Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 – Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number; 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing I-9.

Section 3 – Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and;

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C).
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U. S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986. Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing this form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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		1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-345 or Form DS-1350)
3. Certificate of Naturalization (Form N-550 or N-750)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an office seal.
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
6. Unexpired Temporary Resident Card (Form I-688)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (Form I-179)
7. Unexpired Employment Authorization Card (Form I-688A)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment Authorization document issued by DHS (other than those Listed under List A)
8. Unexpired Reentry Permit (Form I-327)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (Form I-571)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

DRIVER PERFORMANCE EVALUATION

Instructions to Examiner: Check (✓) items that the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated leave blank.

Driver's Name _____ Address _____
(Print) (Street) (City) (St) (Zip Code)
 Social Security No. _____ License No. _____ ST _____ Class _____
(Examiner: Ensure to have driver show his/her CDL to record this information)
 Equipment Driven: Truck/Tractor _____ Trailer(s) _____
(Make & Model) (Body Type & Length of Each)
 Date of Test: _____ Length of Test _____ From _____ To _____
(Miles)
 Start Time _____ Finish Time _____ Weather Conditions _____

PART 1-----PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition when approaching unit(s) _____
- Checks fuel, oil, water and for excessive oil on engine _____
- Checks around unit - tires, lights, trailer hook-up, brake and electrical lines, doors, and inspects for body damage _____
- Tests steering, brake action, tractor protection valve, and parking brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher, registration/licensing _____
- Cleans windshield, windows, mirrors, lights, and reflectors (no standing on tires) _____
- Utilizes three point entry/exit _____
- Proper Non-Slip Footwear _____

Section Score

1 2 3 4 5

(1 being lowest score, 5 being highest score)

PART 2-----PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. ENGINE**
- Places transmission in neutral before starting engine _____
 - Properly starts engine without difficulty and checks instruments for normal readings _____
 - Checks instruments at regular intervals _____
 - Maintains proper engine RPM while driving _____
- B. BRAKES**
- Knows proper use of and checks tractor protection valve _____
 - Tests service brakes _____
 - Tests parking brake before driving _____
 - Builds full pressure in air tanks before starting _____
- C. CLUTCH AND TRANSMISSION**
- Starts unit moving smoothly _____
 - Selects proper gears _____
 - Uses clutch properly _____
- D. LIGHTS (If conducting driving test at night)**
- Adjusts speed for range of headlights _____
 - Dims lights when approaching another vehicle or following other traffic _____

Section Score

1 2 3 4 5

PART 3-----COUPLING AND UNCOUPLING

- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- 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 and gently applying pressure by trying to pull away from trailer _____
- Assures himself/herself that surface will support trailer before uncoupling _____
- Properly engages or disengages fifth wheel _____
- Proper body position while pulling fifth wheel latch _____
- Proper body position while operating dolly crank _____
- Utilizes three point entry/exit _____

Section Score

1 2 3 4 5

PART 4-----BACKING AND PARKING

- A. BACKING**
- Gets out and checks area before backing _____
 - Understands and utilizes mirrors properly _____
 - Signals when backing (if appropriate) _____
 - Avoids backing from blind side _____
 - Utilizes three point entry/exit _____
- B. PARKING (CITY)**
- Parks without hitting any other vehicles or stationary objects _____
 - Parks correct distance from curb _____
 - Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) _____
 - Carefully enters traffic from parked position: _____
- C. PARKING (ROAD)**
- Parks off pavement _____
 - Uses emergency warning signal or devices when necessary _____
 - Secures unit properly _____
 - Parks legally _____

Section Score

1 2 3 4 5

PART 5-----SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes at top of hills _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of crosswalks _____

Section Score
1 2 3 4 5

PART 6-----OPERATING IN TRAFFIC, PASSING AND 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 clear _____
- Restricts traffic from passing on right when preparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____
- Eliminates right-turn squeeze _____

B. TRAFFIC SIGNS AND SIGNALS

- Plans stop in advance and adjusts speed correctly _____
- Obeys all traffic signals _____
- Comes to a complete stop at all stop signs _____

C. INTERSECTIONS

- Yields right of way _____
- Checks for cross traffic regardless of traffic controls _____
- Prepared to stop at all intersections _____

D. GRADE CROSSINGS

- Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands FMCS rules governing grade crossings _____

E. PASSING

- Allows sufficient space ahead for passing _____
- Passes only in safe locations _____
- Signals changing lanes before and after passing _____
- Warns driver ahead of his/her intention to pass _____
- Passes only when appropriate to avoid impeding other traffic _____
- Returns to right lane promptly but only when safe to do so _____

F. COURTESY AND SAFETY

- Yields right of way _____
- Consistently strives to drive in a safe manner _____
- Allows faster traffic to pass _____
- Uses horn only when necessary _____

Section Score
1 2 3 4 5

PART 7-----LANE CHANGE

- Demonstrates Lean-and-Look method _____
- Utilizes proper mirror(s) _____
- Restricts lane change near exit/entrance ramps _____
- Signals intention _____

Section Score
1 2 3 4 5

PART 8-----SAFE FOLLOWING DISTANCES

- Explains safe following distance practice _____
- Explains 4-6 second rule _____
- Maintains adequate spacing with other vehicles _____

Section Score
1 2 3 4 5

PART 9-----SPEED

- Observes speed limits _____
- Drives at speed consistent with ability _____
- Adjusts speed to weather, traffic conditions _____
- Slows down in advance of curves, intersections _____
- Maintains consistent speed when possible _____

Section Score
1 2 3 4 5

PART 10-----MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Consistently aware of changing traffic conditions _____
- Anticipates problems _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Personal appearance is professional _____
- Remains calm under pressure _____
- Use of seat belt _____

B. UTILIZES 3 POINT CONTACT RULE WHEN ENTERING/EXITING EQUIPMENT

C. DEMONSTRATES/DESCRIBES PERSONAL PROTECTIVE EQUIPMENT

- Proper non-slip footwear _____
- PPE (if applicable) _____

D. DEMONSTRATES APPROPRIATE FREIGHT MOVEMENT SKILLS

E. UNDERSTANDS/PERFORMS CARGO SECUREMENT

F. USE OF SPECIAL EQUIPMENT (hoses, tarps, emergency gear, etc.)

Section Score
1 2 3 4 5

Driver Performance Evaluation

REMARKS: Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why.

OVERALL SCORE:

SCORING CRITERIA:

Part 1 _____
Part 2 _____
Part 3 _____
Part 4 _____
Part 5 _____
Part 6 _____
Part 7 _____
Part 8 _____
Part 9 _____
Part 10 _____

1 - Lowest
2 - Low
3 - Moderate
4 - High
5 - Highest

TOTAL: _____ ÷ 10 = **Average Score** _____

GENERAL PERFORMANCE:

Satisfactory _____ Needs Training _____

Performance judged less than satisfactory requires documentation of corrective action taken in the area provided below.

Corrective Action Taken: _____

UNQUALIFIED _____

QUALIFIED FOR:

Tractor-Semi-trailer _____ Other _____ Special Equipment _____

Signature of Examiner Date _____

Signature of Driver Date _____

The *Driver Performance Evaluation* should ensure the driver has the skills necessary to indicate the carrier made a good hiring decision. It should also be used as a baseline of behavior that provides direction for future training activities, strengths (and where in the company those strengths apply), weaknesses, and a means for identifying potential interventions, corrective actions, etc. Additionally, the *Driver Performance Evaluation* should be used to evaluate the performance of existing drivers when necessary, for example after receipt of a moving violation, involvement in a collision, or other indicators of deteriorating performance.

Management should set guidelines for the scoring criteria, and meet regularly with their trainers to make sure all scoring is done consistently. Define what the lowest acceptable score is to meet company qualifications.

Instructions

1. Ensure the evaluation is of sufficient length to properly evaluate driver skills – we suggest 1-2 hours per evaluation.
2. Be sure the driver has a valid license to operate the type of equipment to be driven.
3. Ensure the evaluation will be performed in the type of equipment for which the driver is applying.
4. If possible, trailers should be loaded, (especially tanks).
5. Explain the evaluation objectives.
6. Give the driver an opportunity to ask questions before the start of the evaluation.
7. Provide necessary direction and instructions during the evaluation.
8. Conduct the evaluation over a well-planned course that includes the types of operating environment the driver may find themselves in – rail crossings, right and left turns, mountains, city, etc.
9. Non-driving duties should be carefully observed. Watch for body position and behaviors that indicate knowledge of proper injury prevention activities.
10. Specific actions in each section of the evaluation should be marked with a checkmark (√) on those items that the driver performs satisfactorily; use an “X” where the driver’s performance is unsatisfactory. Any item not evaluated should be left blank.
11. After each section is complete, evaluator should circle the appropriate section score, with a score of “1” being the lowest and a “5” the highest.
12. Once the evaluation is complete, complete any comments from the evaluator, tally the scores on the last page of the evaluation, and enter the average score. Identify areas for improvement and corrective action to be completed.
13. Complete final entries, have driver and evaluator sign and date evaluation form.
14. Give the driver a constructive review when the evaluation is completed.
15. Evaluation results should be kept on file for an applicant rejected for any reason.

Note: Additional evaluation and training may be necessary depending on type of equipment the driver will be driving. Longer Combination Vehicles (LCVs) require documentation of experience and training, and must be attested to by appropriate company officials.

CERTIFICATION OF ROAD TEST

Per FMCSR Subpart D – Tests Section 391.31 Road Test (g) A copy of the certificate required by paragraph (e) of this section shall be given to the person who was examined. The motor carrier shall retain in the driver qualification file of the person who was examined: (1) The original of the signed road test form required by paragraph (d) of this section; and (2) The original, or a copy of, the certificate required by Paragraph (e) of this section.

Driver's Name _____

Social Security No. _____

Operator's or Chauffeur's License No. _____ State _____

Type of Power Unit _____

Type of Trailer (s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20__ consisting of approximately _____ 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 and Address of Examiner)

This form is courtesy of:



The Difference is Service®

DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

DRIVER'S NAME: _____ DATE OF HIRE: _____

Initials of Records Administrator	FORM OR PROCESS	Initials of Person Verifying
_____	1. APPLICATION FOR QUALIFICATION a) Driver's Rights (to be given to the applicant prior to driver application) b) Driver Applicant Drug and Alcohol Pre-employment Statement c) Controlled Substance & Alcohol Testing Information Acknowledgement/ Consent Form d) Request for Driver's Safety Performance History (Application should be fully completed and signed by applicant – No gaps in employment history.)	_____
_____	2. MOTOR VEHICLE RECORD (MVR) State: _____ Date obtained: _____ (All licenses held by the driver in the last 3-year must be investigated.)	_____
_____	3. MEDICAL EXAMINER'S CERTIFICATE PHYSICAL EXAMINATION "LONG FORM" should be placed in a 'Confidential' file. a) Fully completed and signed by driver & Examiner (with M.E. phone & license #'s) _____ b) Blood pressure meets minimum requirements _____ c) Drug test completed _____ Date received _____	_____
_____	4. WAIVER OF PHYSICAL DISQUALIFICATION OR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE (If required)	_____
_____	5. DRIVER PERFORMANCE EVALUATION [Road Test] (Fully completed & signed by Examiner.)	_____
_____	6. RECEIPT FOR ISSUANCE OF FMCSR BOOK	_____
_____	7. RECEIPT FOR DRIVER'S MANUAL/POLICIES (If applicable)	_____
_____	8. CERTIFICATE FOR COMPLETION OF ORIENTATION (If applicable)	_____
_____	9. SEVEN DAY PRIOR HOURS STATEMENT OR COPIES OF LOG SHEETS (To be placed with log files.)	_____
_____	10. COPY OF DRIVER'S LICENSE (Note: a) Expiration date: _____ b) Class: _____ c) Endorsements: _____	_____
_____	11. IMMIGRATION I-9 FORM (Fully completed & signed)*	_____
_____	12. W-4 IRS FORM (fully completed & signed) *	_____
_____	13. ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS & ANNUAL REVIEW OF DRIVING RECORD (MVR) (Must be completed at least once every 12 months from the date of hire.)	_____
_____	14. OTHER DOCUMENTS: _____	_____
_____	15. NOTIFY YOUR GREAT WEST AGENT PRIOR TO MAKING THE HIRING DECISION	_____

* It is recommended these documents be placed in a Personnel File.

DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST

The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.

Driver's Name: _____

Initials of Records Administrator	FORM OR PROCESS	Initials of Person verifying
_____	1. Written notification of driver's due process rights signed by the driver.	_____
_____	2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.	_____
_____	3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)	_____
_____	4. Documentation of good-faith efforts to obtain required information.	_____
_____	5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.	_____
_____	6. Verification of the driver's failure to complete rehabilitation program, if required.	_____
_____	7. Verification follow-up testing was completed after rehabilitation, if required.	_____
_____	8. Verification of alcohol tests .04 or higher.	_____
_____	9. Verification of positive drug tests, if required.	_____
_____	10. Verification of refusals to be tested.	_____
_____	11. Records of requests and responses to prospective employers.	_____
_____	12. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers failure to respond to requests for information.	_____
_____	13. Copies of responses to drivers about requests to correct information.	_____