
Driver Qualification File

PRIMEWAY LLC
178 HUGHES LN
VERSAILLES, KY 40383
Phone: 8592952011 Fax: 8889236006

Check List:

- _____ Signed and Completed Application for Employment
- _____ Signed and Completed Request for Information From Previous Employer(s)
- _____ Signed and Completed Data Sheet for Drivers with previous seven day work record
- _____ Signed and Completed Certification of Driver's License Compliance
- _____ Signed and Completed Employment Eligibility Verification / Form I-9
- _____ Signed and Completed Authorization for Driving Record Check
- _____ Copy of Driver's MVR
- _____ Copy of Driver's License, Social Security Card, and Qualification Cards
- _____ Completed Record of Road Test and Certification
- _____ Signed Pre-Employment Urinalysis Notification
- _____ Completed Driver's Physical Examination and Medical Examiner's Certificate
- _____ Completed Results of Controlled Substance Testing
(This must be updated after each test. Keep sealed with Medical Examiner's Drug Test Results)
- _____ Completed Annual Driver's Report / Violations and Review
(To be completed before hire and every twelve months thereafter)
- _____ Signed Receipts for the Federal Motor Carrier Safety Regulations Pocketbook and Emergency Response Guidebook
- _____ Signed and Completed Driver's Acknowledgement / Receipt of Information: Drugs and Alcohol
- _____ Signed Copy of Driver's Logs and Off Duty Hours / Instructions for Logging "Down Time"

Signature of Safety Director

Date

Note: In compliance with the Federal Motor Carrier Safety Regulations Part 391, every motor carrier must establish an Employee Assistance Program (EAP) and a written statement must be on file and available for inspection at the motor carrier's principal place of business. Each EAP shall consist of an effective training program for supervisory personnel and all drivers. The EAP program must include as a minimum: Information outlining the effects and consequences of controlled substance use on personal health, safety, and the work environment; the manifestations and behavioral changes that may indicate controlled substance use or abuse; and documentation that such information was provided to all drivers and supervisory personnel. Said EAP programs must consist of at least sixty minutes of training on the topics mentioned above. An acknowledgement that such information was provided is included with this Driver Qualification File. This file alone, however, does not meet the requirements of an EAP program.

Application For Employment Commercial Drivers

For Employment With
PRIMEWAY LLC
178 HUGHES LN
VERSAILLES, KY 40383

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Name _____ DOB _____ SSN _____
Last First Middle

Address _____ How Long _____
Street City State Zip

Phone _____ Cell _____

Email _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____ -

What was your rate of pay? _____ Position Held _____

Reason for leaving: _____

Currently Employed _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications And Experience

LICENSES HELD

State: _____ License No: _____ Type: _____ Expiration Date: _____

State: _____ License No: _____ Type: _____ Expiration Date: _____

State: _____ License No: _____ Type: _____ Expiration Date: _____

State: _____ License No: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____ - _____

Please list any training you have received that you think will benefit you in the position for which you are applying. _____

Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

The Federal Motor Carrier Safety Regulations (FMCSR) require motor carriers to investigate the employment background, drug and alcohol testing history, and motor vehicle driving record of all commercial motor vehicle driver applicants. The purpose of this disclosure, in accordance with Section 604(b) of the Fair Credit Reporting Act(15 U.S.C. 1681-1681u), is to inform you that consumer reports may be used for employment purposes to complete these and other background investigations.

I hereby authorize _____ to obtain consumer reports
(Company Name)

for the purpose of conducting background investigations for employment purposes

(Signature)

(Date)

Commercial Drivers License Certification Of Compliance

The Compliance Regulations below "apply to every person who operates a motor vehicle (CMV) in interstate commerce, to all employers of such persons, and to all States" as set forth in Parts 383 and 392 of the Federal Motor Carrier Safety Regulations.

In compliance with the Federal Motor Carrier Safety Regulations, Parts 383, 392 and 383, it is required that all drivers abide by the Requirements of Licensing as described below:

- I. Possession of Single License: A driver of Commercial Motor Vehicle may not possess more than one operator's license. If a driver possesses more than one license then he/she must keep the license issued from their state of residence and return the additional licenses to the issuing states. NOTE: All additional licenses must be returned, or if lost, the issuing state must be notified. Destroying a license does not end or invalidate one's status as a driver in a given state.

- II. Notification of Cancellation, Revocation, or Suspension of License: In compliance with the Federal Motor Carrier Safety Regulations Parts 392 and 383, a driver is required to notify his/her employer of any suspension or revocation of their operator's license. Part 383 further requires that the driver must report any violation of a state or local traffic law in writing to:
A. The driver's employer and B. The state that issued the driver's operators license (except when the violation occurred in the issuing state), within thirty days of the violation.

Certification Of Single License

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By signing below, I certify that the described license is the only one in my possession.

Commercial Driver's License Number: _____ State: _____ Exp.Date: _____

Driver's Signature

Date

Company Name

Representative

Authorization For Driving Record Check

By signing below I authorize you to release the information requested to _____ as dictated by the Federal Motor Carrier Safety Regulations. I hereby release you from any liability which might be the result of providing this information.

Driver's Signature

Date

I. By signing below, I certify that the information requested is to be used for a "permissible purpose", as defined by provisions of the Fair Credit Reporting Act, Sections 604 and 607.

II. I also certify that should the individual be named hereafter be denied employment as a result of information received through this request, the source of the information will be identified in compliance with Section 615(a) of the Act.

Signature

Date

Representative of: _____

This information is requested from the following reporting agency: _____

To Whom It May Concern:

The person named below has sought employment with this company as _____
In accordance with the Federal Department of Transportation Regulations, Part 391, please provide the applicant's driving record for the past three years.

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Social Security Number: _____ D.O.B.: _____

Company Requesting Information

Name of Company

Name of Company Representative

Signature of Representative

Title

**Request And Consent
For Information From
Previous Employer**

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____ as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with you? From: ___ / ___ / ___ To: ___ / ___ / ___

Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____

Other (Please Explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

At what wage/salary was he/she employed? _____

Under what circumstances did the individual leave your employ? _____

In the past three years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test. _____

**Request And Consent For
Information From Previous
Employer Continued**

By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

PRIMEWAY LLC
178 HUGHES LN
VERSAILLES, KY 40383

Has this person tested positive for a controlled substance in the last three years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last three years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____

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For Information From
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By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____ as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

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Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____

Other (Please Explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

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Information From Previous
Employer Continued**

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PRIMEWAY LLC
178 HUGHES LN
VERSAILLES, KY 40383

Has this person tested positive for a controlled substance in the last three years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last three years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____

**Request And Consent
For Information From
Previous Employer**

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____ as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

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How would you describe his/her conduct? Good _____ Fair _____ Poor _____

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Under what circumstances did the individual leave your employ? _____

In the past three years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test. _____

**Request And Consent For
Information From Previous
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By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

PRIMEWAY LLC
178 HUGHES LN
VERSAILLES, KY 40383

Has this person tested positive for a controlled substance in the last three years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last three years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____

Seven Day Work Statement New Hires And Temporary Drivers

Driver's Name: _____

Social Security Number: _____ Operator's License Number: _____

License Type: _____ State: _____

Federal Motor Carrier Safety Regulations dictate that when using a driver the first time, or occasionally, the Motor Carrier must obtain, from said driver, an account of his/her total time on duty for the seven days preceding his beginning work for the carrier as well as the date and time at which he was last relieved from duty and his/her account must be signed by the driver.

Date

Day One	Day Two	Day Three	Day Four	Day Five	Day Six	Day Seven

Hours Worked
(From/To)

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

Total hours worked past seven days? _____ By signing below, I certify that the above information is correct to the best of my knowledge, and that I was last relieved from duty on ____ / ____ / ____ at ____ : ____ .

Driver's Signature

Witness (Company Representative)

Requirements For Intermittent, Occasional, Or Casual Drivers

Federal Motor Carrier Safety Regulations require that the qualification file of a casual or intermittent driver contain the following documents:

- A. _____ Certification of Road Test - Or the equivalent license or certificate accepted by the Motor Carrier (Pursuant to Part 391).
- B. _____ Medical Examiner's Certificate - Or a legible copy of the medical examiner's certificate of the driver's physical ability to drive a commercial vehicle.

Safety Performance History Record

Driver: _____ SSN: _____

Dates of Employment Beginning _____ Ending _____
(Month/Year) (Month/Year)

Type of Equipment:

(check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machinery/equipment
		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other _____
Total Miles: _____		

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

Yes No

- | | | | |
|----|--|--------------------------|--------------------------|
| 1) | Alcohol tests with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Verified positive drug tests. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Refusals to be tested (including verified adulterated or substituted drug test results). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Other violations of DOT agency drug and alcohol testing regulations. | <input type="checkbox"/> | <input type="checkbox"/> |

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements:

Subsequent violations of DOT drug and alcohol regulations:

General Comment:

Prepared by: _____

Date: _____

Driver Safety Performance History Inquiry

To: _____

Date: _____

Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations, 49 CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

Driver's Authorization for Release of Safety Performance

I, _____ hereby authorize _____ to
(Applicant's name) *(previous employer)*

release the following safety performance history information to: _____
(prospective employer)

in accordance with 49 CFR Parts 40.25 and 391.23.

Applicant's Signature _____ Date _____

Dates of Employment Beginning _____ Ending _____
(Month/Year) *(Month/Year)*

Type of Equipment:

(check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machinery/equipment
Total Miles: _____		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other _____

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Alcohol tests with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Verified positive drug tests. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Refusals to be tested (including verified adulterated or substituted drug test results). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Other violations of DOT agency drug and alcohol testing regulations. | <input type="checkbox"/> | <input type="checkbox"/> |

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements:

Subsequent violations of DOT drug and alcohol regulations:

General Comments:

Prepared by: _____

Date: _____

Driver Safety Performance History Inquiry

To: _____

Date: _____

Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations, 49 CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

Driver's Authorization for Release of Safety Performance

I, _____ hereby authorize _____ to
(Applicant's name) *(previous employer)*

release the following safety performance history information to: _____
(prospective employer)

in accordance with 49 CFR Parts 40.25 and 391.23.

Applicant's Signature _____ Date _____

Dates of Employment Beginning _____ Ending _____
(Month/Year) *(Month/Year)*

Type of Equipment:

(check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machinery/equipment
Total Miles: _____		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other _____

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Alcohol tests with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Verified positive drug tests. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Refusals to be tested (including verified adulterated or substituted drug test results). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Other violations of DOT agency drug and alcohol testing regulations. | <input type="checkbox"/> | <input type="checkbox"/> |

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements:

Subsequent violations of DOT drug and alcohol regulations:

General Comments:

Prepared by: _____

Date: _____

Driver Safety Performance History Inquiry

To: _____

Date: _____

Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations, 49 CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

Driver's Authorization for Release of Safety Performance

I, _____ hereby authorize _____ to
(Applicant's name) *(previous employer)*

release the following safety performance history information to: _____
(prospective employer)

in accordance with 49 CFR Parts 40.25 and 391.23.

Applicant's Signature _____ Date _____

Dates of Employment Beginning _____ Ending _____
(Month/Year) *(Month/Year)*

Type of Equipment:

(check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machinery/equipment
Total Miles: _____		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other _____

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Alcohol tests with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Verified positive drug tests. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Refusals to be tested (including verified adulterated or substituted drug test results). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Other violations of DOT agency drug and alcohol testing regulations. | <input type="checkbox"/> | <input type="checkbox"/> |

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements:

Subsequent violations of DOT drug and alcohol regulations:

General Comments:

Prepared by: _____

Date: _____

Drivers Request For Safety Performance History Correction/Rebuttal

Driver: _____

SSN: _____

The above driver has made the following request to correct/rebut information contained in his/her Safety Performance History Record.

Instructions: Upon the driver's written request, complete the following form. Once corrections have been made to the driver's Safety Performance History Record, forward a copy of the corrected record to the inquiring prospective employer. If a rebuttal is being made, attach a copy of the driver's rebuttal to the Safety Performance History Record and forward a copy to the inquiring prospective employer. A copy of the driver's written request for corrections/rebuttal should be maintained in the driver's Investigation History File. Any corrections or rebuttals should be made a part of the driver's permanent Safety Performance History Record.

Driver's Safety Performance History Release Record

A written request for corrections to the **Driver's Safety Performance History Record** was

made by _____ on _____
(driver's name) (date)

A copy of the request is attached.

- The requested corrections have been made to the driver's permanent safety performance history record.
- No corrections have been made to the driver's permanent safety performance history record.

Prepared by: _____ Date _____

Driver's Request for Rebuttal

A written rebuttal to the **Driver's Safety Performance History Record** was

made by _____ on _____
(driver's name) (date)

The rebuttal has been attached to the driver's permanent safety performance history record.

Prepared by: _____ Date _____

Driver's Name: _____	CDL Number: _____	State: _____
Address: _____	City: _____	State: _____ Zip: _____
Date Tested: _____	Equipment Tested On: _____	Tractor: _____ Trailer: _____

Directions: Mark items with an "S" if driver's performance results are satisfactory. Mark items with an "X" that the driver did not complete to the examiner's satisfaction. Examiner should explain unsatisfactory results in the remarks section.

Part I - Inspection Of Equipment Prior To Trip

- _____ Driver does a pre-trip walk-around checking lights, tires, light and brake connections, trailer hook-up, and any damage.
- _____ Driver checks engine compartment and fluids: coolants, oil, lubricants, steering, etc. and notes any leakage.
- _____ Driver checks brake action and hand brake and makes sure instruments are working properly; also checks protection valve.
- _____ Driver can use fire extinguisher, emergency warning devices, four way flashers, jacks, tools, spare fuses and tire chains

Part II - Hooking To And Dropping Trailer

- _____ Driver secures trailer, lines up units properly, and backs under slowly.
- _____ Driver hooks light and brake lines correctly and tests connections properly.
- _____ Driver can properly handle landing equipment.

Part III - Start Up, Take Off, And Use Of Controls

A. Control of Motor

- _____ Driver starts and warms-up motor properly without difficulty.
- _____ Driver understands and regularly checks panel gauges.
- _____ Driver has basic knowledge of motors, maintains proper speed, and does not put undue stress on engine.

B. Transmission, Clutching and Shifting

- _____ Driver can properly use clutch, start-off smoothly when under load, and times shift correctly.
- _____ Driver can shift smoothly and uses proper gear sequence.

C. Control of Steering

- _____ Driver uses proper grip on wheel and can control steering of the vehicle.

D. Braking

- _____ Driver understands basic operation of air brakes, low air warning, and tractor protection valve.
- _____ Driver properly tests brake system before take-off.

E. Running Lights

- _____ Driver complies with lighting regulations, dims lights appropriately, and uses proper beam.
- _____ Driver adjusts speed appropriately to lighting conditions; uses auxiliary lights properly.

Part IV - Parking And Backing Up

A. Parking

- _____ In the city, driver avoids vehicles and stationary objects; parks proper distance from curb in legal location.
- _____ Driver sets brakes and puts vehicle in gear before shutting off motor.
- _____ Driver signals and checks traffic before leaving parked position.
- _____ On the road, driver parks off pavement, avoids soft shoulder conditions and uses emergency warning signals.

B. Backing Up

- _____ Driver gets out and surveys situation before backing up.
- _____ Driver avoids blind side backing.
- _____ Driver looks back while backing as well as uses mirrors, signals while backing, and backs at proper speed.

Part V - Control Of Braking And Stopping

- _____ Driver can properly use gears both, ascending and descending.
- _____ Driver tests and uses brakes safely on hills and grades, and can stop and restart without rolling backwards.
- _____ Driver avoids stopping suddenly, checks traffic in mirrors, and signals properly when slowing.
- _____ Driver stops vehicle before crossing sidewalks and keeps vehicle clear of pedestrian crosswalks.

Part VI - Operating In Traffic Conditions

- _____ When turning, driver uses proper lane, signals in advance, checks traffic, and does not swing wide or cut turn too short.
- _____ Driver approaches signals prepared to stop, handles yellow light properly, and obeys traffic and stop signs.
- _____ At intersections, driver always checks cross traffic, yields for safety, and slows when passing through intersection.
- _____ When passing, driver signals, allows enough room to complete pass, passes in safe location, does not tailgate vehicle before passing, passes quickly, and leaves proper room for returning to right lane.
- _____ Driver keeps speed consistent with the conditions of the road, weather, traffic, and slows at intersections and curves.
- _____ Driver maintains safe and courteous driving style, allows others to pass, yields right of way, and does not force his way through other traffic.

Remark

The examiner should use this space to comment on any unsatisfactory or exceptional results of the road test. Please be specific and thorough.

Record Of Road Test

Driver's Performance was: Satisfactory: _____ Unsatisfactory: _____
Satisfactory, but needs training in certain areas (please explain): _____

Driver is Qualified to Drive: Straight Truck: _____ Tractor-Trailer: _____
Other: _____

Examiner's Signature

Driver's Signature

Equivalent Of Road Test

As outlined in the FMCSR Part 391, "In place of, and as equivalent to, the road test required by Part 391, a person who seeks to drive a commercial motor vehicle may present, and a motor carrier may accept: (1). A valid operator's license which has been issued to him/her by a state that licenses drivers to operate specific categories of commercial motor vehicles and which, under the laws of that state, licenses him/her after successful completion of a road test in a commercial motor vehicle of the type the motor carrier intends to assign to him/her; or (2). A copy of a valid certificate of driver's road test issued to him/her pursuant to Part 391 within the preceding three years".

(Cut on dotted line and keep certificate at all times.)

.....
Certification of Road Test

Instructions: If the driver completes the road test successfully, the examiner must complete this certificate in duplicate. The original is to be kept in the driver's qualification file with the original signed road test form. The duplicate copies are to be given to the driver that was examined in compliance with Part 391 of the Federal Motor Carrier Safety Regulations.

Driver's Name: _____ Social Security Number: _____
Operator's License Number: _____ State: _____
Type of Power Unit: _____ Type of Trailer(s): _____

This certifies that the driver above was road tested by me on _____ 20 ____ and the test consisted of approximately _____ miles in _____ Condition. Having tested the driver named above, it is my opinion that said driver has the necessary skills to safely operate the commercial vehicle listed above.

Examiner's Signature

Examiner's Address

Title

Company

Urinalysis Notification

Part 382 of the Federal Motor Carrier Safety Regulations, regarding pre-employment, random testing for controlled substances applies to all applicants seeking employment with _____

This test is being required for:

_____ Pre-employment Qualification _____ Suspicion of Controlled Substance Use _____ Random Testing
_____ Other (Please Explain) _____

Date, Location, and Time of Appointment: _____

By signing below, I agree, as a condition of my employment, to the collection of a urine sample and to the testing for controlled substances. I have been informed and understand, that should the controlled substance testing produce a positive result, it will medically disqualify me from operating a commercial vehicle for this company. The Medical Review Officer will keep the results of urinalysis testing and report positive and negative test results to the company.

I have read and fully understand the conditions above regarding urinalysis notification. I also understand that my written authorization is required in order for the results of this testing to be provided to other parties.

Date

Driver-Applicants Name (Please Print)

Driver-Applicants Signature

Witnessed By:

Company Representative's Signature

Date

Driver's Log And Off Duty Hours Instructions For Logging Down Time

The following explains how to properly log "Off Duty Hours":

Stopping for Meals: It is the employer's choice whether the driver shall record stops made during a tour of duty as off-duty time. However, employers may permit drivers to make the decision as to how the time will be recorded. (Official Guidance 395.2) Time for stops recorded as off-duty must still comply with FMCSA definitions and regulations as defined in Part 395.

Waiting to be Dispatched: The time that a driver is free from obligations to the employer and is able to use that time to secure appropriate rest may be recorded as off-duty time. The fact that a driver must also be available to receive a call in the event the driver is needed at work, even under the threat of discipline for non-availability, does not by itself impair the ability of the driver to use this time for rest. (Official Guidance 395.2)

The following requirements must be met in order to log off duty hours for the items above:

Pursuant to Part 392, of the Federal Motor Carrier Safety Regulations, the vehicle must be stopped, meaning the vehicle is to be parked on a lot, street, or truck parking area, with the brakes applied to prevent any movement.

During such time, as the above requirements have been met, the driver is no longer responsible for the vehicle, its accessories, or such cargo as may be loaded at that time. The driver is free to leave the vehicle for personal activities for the duration of the stop.

Note: Off Duty Release From Responsibility does not relieve a driver of the duties brought about by transporting hazardous materials pursuant to the Federal Motor Carrier Safety Regulations Part 397.

By signing below, I acknowledge that I understand the guidelines above and will not construe them beyond their intent. I further agree to know and comply with the Federal Motor Carrier Safety Regulations, particularly Parts 391, 392, 396 and 397. I have been provided a copy of the above instructions to keep while driving.

Driver's Signature

Date

Company Representative

Title

Receipt Of Manuals And Handbooks

Place a check mark next to each of the manuals and handbooks provided to the driver. Each driver must sign below verifying that he or she did receive all of the literature listed.

_____ Motor Carrier's Driver Handbook and Safety Manual

_____ Motor Carrier's Guidebook to Hazardous Material

_____ Motor Carrier's Emergency Response Guidebook

_____ Motor Carrier's Drug and Alcohol Policy and Guidebook

_____ Federal Motor Carrier Safety Regulations Pocketbook

By signing below, I acknowledge that I was provided a copy of this company's Driver Handbook and Safety Manual, Guidebook to Hazardous Material, Emergency Response Guidebook, Drug and Alcohol Policy, and the Federal Motor Carrier Safety Regulations Pocketbook. It is my responsibility to read and familiarize myself with the information provided in these manuals. I shall learn and refer to the information provided by the handbooks, and will follow the instructions set forth therein. It has been explained to me and I understand that failure to follow the instructions set forth in the handbooks, in regard to any given occurrence, is considered non-compliance with the Motor Carrier's Company policy and the Motor Carrier will not be held liable for the consequences of any driver's actions that are contrary to company policy. I further acknowledge that the company has explained the company procedures for questions and complaints regarding the policies set forth in the literature provided.

Signature of Motor Carrier Representative

Driver's Signature

Date

Date

Annual Driver's Report Violations And Review

Part I - Driver's Certification Of Violation

In compliance with Part 391, all drivers are required to provide the information requested below regarding all violations of traffic laws for the preceding twelve months. Violations subject to listing below are all those that involved more than a parking only violation, of which the individual was convicted or that the individual forfeited collateral or bond as a result. If the driver has not incurred any such violations in the preceding twelve months, then the driver must so certify below.

Driver Name: _____ Terminal Location (City,State): _____

Driver's License Number / State: _____ Expiration Date: ____ / ____ / ____

Social Security Number: _____ Date of Employment: ____ / ____ / ____

List violations and sign below. If no violations have been incurred, check the box provided and sign below.

I have received no violations in the past twelve months.

Driver's Signature

Date Incurred	Offense	Location	Vehicle Operated At Time of Violation

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond, or collateral, during the past twelve months. If no violations are listed above, I certify that I have not been convicted or forfeited bond, or collateral, on account of any violation required to be listed during the past twelve months.

Driver's Signature

Certification Date

Part II - Motor Carrier's Annual Driving Record Review

In compliance with the Federal Motor Carrier Safety Regulations, the Motor Carrier shall review the Violations Certification above and other applicable information, as outlined in Part 391, before completing the form below. As a representative of the Motor Carrier listed below, I have reviewed the above named driver's record over the past twelve months, pursuant to the information in Part 391 and find the individual as follows:

- Understands and satisfies the minimum requirements of safe driving.
- Does not adequately satisfy the requirements of safe driving. Action Taken: _____
- Fails to qualify to operate a motor vehicle according to Part 391. Action Taken: _____

Signature of Reviewer

Date

Printed Name of Reviewer

Title and Company Name