

Driver Qualification File



Driver Full Name:		Date of Birth:
License Number:	License State:	Date of Hire:

PART 1 Driver Application

- ☐ Applicant Information
- ☐ Drivers License Information + Copy of CDL (Front and Back)
- ☐ Medical Card Info
- ☐ Driving Experience
- ☐ Tickets / Accidents / Convictions / Forfeitures
- ☐ Adverse Action Questions
- ☐ Employment History
- ☐ Driver Certification and Investigation Release
- ☐ Fair Credit Act Disclosure Statement
- ☐ Certification of Compliance Statement
- ☐ Hours of Service Record - 7 Days
- ☐ Driver Certification - Other Compensated Work

PART 2 Screening

- ☐ General MVR Release
- ☐ Add copy of MVR
- ☐ Copy of Medical Card
- ☐ Safety Performance History Records Request (All Previous Employers for the past 3 years)
- ☐ Add Safety Performance History Responses
- ☐ PSP Driver Background Investigation Release
- ☐ Add copy of PSP Report
- ☐ Consent for Queries of the FMCSA Drug and Alcohol Clearinghouse
- ☐ Add copy of clearinghouse query
- ☐ Medical Examiners Verification
- ☐ Annual Review of Driving Record

PART 3 Drug and Alcohol Records

- ☐ Alcohol & Controlled Substance Consent / Release
- ☐ Drug & Alcohol Policy- Certificate Of Receipt
- ☐ Pre-employment Chain Of Custody Form
- ☐ Pre-employment Drug Results
- ☐ Add All Random Or Other D&A Testing On Top By Date (Oldest First So Most Current Test Is Always On Top.)

PART 4 Training

- ☐ Road Test Form
- ☐ Certification of Road Test (Required for NON-CDL Drivers)
- ☐ Entry Level Driver Training (Required for CDL drivers with <1 year experience)
- ☐ Employee Handbook Acknowledgment
- ☐ Other training as needed: Hazmat, Long Combination Vehicle, OSHA

PART 5 Personnel Records (Not FMCSA Regulated)

- ☐ I-9 Form
- ☐ Copy of Social Security Card
- ☐ W9 or W4 Forms
- ☐ Driver Contract or Lease Agreement
- ☐ ACH form
- ☐ Passenger Authorization Form

Driver Employment Application



Company Name:	Email:
Address:	Phone Number:

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security #:	Email:
Date of Application:	Date Available for Work:	Phone Number:
Position Applied for:		Do you have legal right to work in the US? ☐ Yes ☐ No

PREVIOUS THREE YEARS RESIDENCY					Attach additional sheet if more space is needed
	Street	City	State	Zip Code	# of Years at Address
Current					
Previous					
Previous					
Previous					

DRIVERS LICENSE INFORMATION					Attach additional sheet if more space is needed
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years;					
State	License #	Type/Class	Endorsements	Expiration Date	
Previously Held Licenses					

DRIVER EXPERIENCE				Attach additional sheet if more space is needed
	Class and Type of Equipment (Van, Tank, Flat, Etc.)	Date from:	Date to:	Approx # of Miles (total)

ACCIDENT RECORD FOR THE PAST 3 YEARS*Attach additional sheet if more space is needed.*Check this box if none ☐

Dates (List most recent first)	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	# Fatalities	# Injuries	Chemical Spills
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)Check this box if none ☐

Date Convicted (month/year)	Violation	State of Violation	Penalty (Forfeited Bond, Collateral and/or Points)

REQUIRED QUESTIONS*Applicant must answer*

Question	Yes or No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	☐ Yes ☐ No
Has any license, permit or privilege ever been suspended or revoked?	☐ Yes ☐ No
Have you ever been convicted of any criminal act involving the use of CMV or while driving a CMV?	☐ Yes ☐ No
Have you ever been convicted of any law violation? (Include ANY pleas of "Guilty" or "No Contest" except for minor traffic violation)	☐ Yes ☐ No

If answered 'Yes' to ANY of the above 4 questions, applicant **MUST** attach a statement of explanation.**EDUCATION**

School	Name and Location	Course of Study	Details	Years Completed	Graduate
High School					☐ Yes ☐ No
College					☐ Yes ☐ No
Other					☐ Yes ☐ No

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

NOTES:

EMPLOYMENT HISTORY*Attach additional sheet if more space is needed.*

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

A TOTAL OF 10 YEARS WORK HISTORY IS REQUIRED. ALL GAPS IN TIME MUST BE SHOWN.

CURRENT OR MOST RECENT EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? ☐ Yes ☐ No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		☐ Yes ☐ No		
Were you subject to Federal Motor Carrier Safety Regulations?		☐ Yes ☐ No		

NEXT PREVIOUS EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? ☐ Yes ☐ No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		☐ Yes ☐ No		
Were you subject to Federal Motor Carrier Safety Regulations?		☐ Yes ☐ No		

NEXT PREVIOUS EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? ☐ Yes ☐ No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		☐ Yes ☐ No		
Were you subject to Federal Motor Carrier Safety Regulations?		☐ Yes ☐ No		

NEXT PREVIOUS EMPLOYER

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? ☐ Yes ☐ No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		☐ Yes ☐ No		
Were you subject to Federal Motor Carrier Safety Regulations?		☐ Yes ☐ No		

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

A TOTAL OF 10 YEARS WORK HISTORY IS REQUIRED. ALL GAPS IN TIME MUST BE SHOWN.

NEXT PREVIOUS EMPLOYER

Business Name:		Name of Supervisor:		Employment Start Date:		Employment End Date:	
Phone Number:		May We Contact? ☐ Yes ☐ No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				☐ Yes ☐ No			
Were you subject to Federal Motor Carrier Safety Regulations?				☐ Yes ☐ No			

NEXT PREVIOUS EMPLOYER

Business Name:		Name of Supervisor:		Employment Start Date:		Employment End Date:	
Phone Number:		May We Contact? ☐ Yes ☐ No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				☐ Yes ☐ No			
Were you subject to Federal Motor Carrier Safety Regulations?				☐ Yes ☐ No			

NEXT PREVIOUS EMPLOYER

Business Name:		Name of Supervisor:		Employment Start Date:		Employment End Date:	
Phone Number:		May We Contact? ☐ Yes ☐ No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				☐ Yes ☐ No			
Were you subject to Federal Motor Carrier Safety Regulations?				☐ Yes ☐ No			

NEXT PREVIOUS EMPLOYER

Business Name:		Name of Supervisor:		Employment Start Date:		Employment End Date:	
Phone Number:		May We Contact? ☐ Yes ☐ No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				☐ Yes ☐ No			
Were you subject to Federal Motor Carrier Safety Regulations?				☐ Yes ☐ No			

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature

Date

Print Name

Fair Credit Reporting Act

Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security #
Employer Witness	Title

Certification of Compliance With Driver License Requirements

MOTOR CARRIER INSTRUCTIONS:

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION:

I certify that I have read and understand the above requirements.
The following license is the only one I will possess:

Driving License #	State	Expiration
Driver Signature		Date

Driver Statement of On-Duty Hours

INSTRUCTIONS:

Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name				Driving License #				State	
Day	1	2	3	4	5	6	7		
Date									
Hrs. Worked								Total Hrs. 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:

Time On

Signature Date

Driver Certification for Other Compensated Work

PLEASE ANSWER QUESTIONS	
Are you currently working for another employer?	☐ Yes ☐ No
At this time do you intend to work for another employer while still employed by this carrier?	☐ Yes ☐ No
I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. Signature Date	

MVR Release

Consent Form



In conjunction with my potential employment at _____
("the company"), I _____ (applicant) consent to the release of my
Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability
to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation,
and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is
intended to constitute "written consent" as required by this Act.

_____	_____
Applicant Signature	Date

_____	_____
Driving License #	State

Annual Review of Driving Record



MOTOR CARRIER INSTRUCTIONS:

Carriers must obtain an MVR from each driver's licensing authority during the hiring process and at least once every 12 months for every state where the driver holds or has held a commercial motor vehicle (CMV) operator's license or permit. As part of the 12-month review, carriers must check the MVR. However, the Annual Review of Driving Record form only needs to be completed if any violations have been discovered within the last 12 months.

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

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

- ☐ Meets minimum requirements for safe driving or has no noted violations
- ☐ Is disqualified to drive a motor vehicle
- ☐ Does not adequately meet the satisfactory safe driving performance

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Par been convicted or forfeited bond or collateral during the past 12 months).

Date	Offense	Location	Type of Vehicle

Action taken with driver:

Reviewed By (Print Name):

Signature:

Date:

Verification of Employment

PLEASE RETURN FORM TO:



I, _____, do hereby authorize _____ to contact my previous employers in accordance with current US DOT rules and regulations as set forth by 49 CFR 382.413. In order to obtain the following information for the preceding three years. I fully understand the above and give consent to obtain the information required by 49 CFR 382.413.

Driver's Signature:

Date:

REQUEST OF INFORMATION FROM PREVIOUS EMPLOYER

Company Name:

Attention:

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

SAFETY PERFORMANCE HISTORY

The applicant named above was employed by us:

Employed as:

From (M/Y):

To (M/Y):

☐ Yes ☐ No

Did he/ she drive a motor vehicle for you? If yes what type?

☐ Yes ☐ No

Was the applicant a safe and efficient Driver?

☐ Yes ☐ No

Give dates of any vehicle accidents that he/ she was involved in the three years prior to the application date shown above:

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Reason for leaving employment?

☐ Discharge ☐ Laid off ☐ Resigned

Was the applicant general conduct satisfactory?

Is the driver eligible for rehire?

Additional Comments:

Name of the person filling out the form:

Phone Number:

Signature

Date:

Title:

Attempt One Date:

Initial:

Attempt Two Date:

Initial:

Attempt Three Date:

Initial:

Consent for Queries of the FMCSA Drug and Alcohol Clearinghouse



I, _____, hereby provide consent to to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent applies to any and all Drug and Alcohol Clearinghouse queries that may be conducted throughout the duration of my employment relationship with this motor carrier.

I understand that if the limited query conducted by indicates that drug or alcohol violation information about me exists in the Clearinghouse, the FMCSA will not disclose that information to this company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for this motor carrier to conduct a limited query of the Clearinghouse, then the company must prohibit me from performing safetysensitive functions, including driving a commercial motor vehicle, as required by the FMCSA’s drug and alcohol program regulations.

_____	_____
Applicant Signature	Date

_____	_____
Driving License #	State

Important Disclosure

Regarding Background Reports from The PSP Online Service

In connection with your application for employment with _____
("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

Authorization

IF YOU AGREE THAT THE PROSPECTIVE EMPLOYER MAY OBTAIN SUCH BACKGROUND REPORTS, PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Print Name

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.	NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.
---	---

Alcohol and Controlled Substance

Consent and Release



APPLICANT MUST ANSWER:

Question	Yes or No
Have you ever refused to be tested for drugs or alcohol?	☐ Yes ☐ No
Have you ever tested positive for drugs or alcohol?	☐ Yes ☐ No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	☐ Yes ☐ No

*****If 'Yes' to any of the above questions,
*****applicant must attach a statement of explanation and provide proof of Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Failure to sign this form will prevent this employer from using you as a CMV driver.

Applicant Signature

Date

Print Name

Social Security Number

Employer Witness

Title

Drug & Alcohol Policy

Certificate of Receipt



This is to certify I have been provided educational materials that explain the requirements of Part 382 of the Federal Motor Carrier Safety Regulations, regarding the testing of controlled substances and alcohol. I have received information regarding the policies and procedures of this company regarding controlled substance and alcohol testing.

1. The identity of the person designated by the employer to answer driver questions about the materials
2. The categories of drivers who are subject to the provisions of this part;
3. Sufficient information about the safety-sensitive functions performed by those drivers to make clear what period of the work day the driver is required to be in compliance with this part
4. Specific information concerning driver conduct that is prohibited by this part
5. The circumstances under which a driver will be tested for alcohol and/or controlled substances under this part, including post-accident testing under §382.303(d)
6. The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures and instructions required by §382.303(d)
7. The requirement that a driver submit to alcohol and controlled substances tests administered in accordance with this part
8. An explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the attendant consequences
9. The consequences for drivers found to have violated subpart B of this part, including the requirement that the driver be removed immediately from safety-sensitive functions, and the procedures under part 40, subpart O, of this title
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04
11. Information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver's or a coworker's); and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management
12. The requirement that the following personal information collected and maintained under this part shall be reported to the Clearinghouse:
 - (i) A verified positive, adulterated, or substituted drug test result;
 - (ii) An alcohol confirmation test with a concentration of 0.04 or higher;
 - (iii) A refusal to submit to any test required by subpart C of this part;
 - (iv) An employer's report of actual knowledge, as defined at §382.107:
 - (A) On duty alcohol use pursuant to §382.205;
 - (B) Pre-duty alcohol use pursuant to §382.207;
 - (C) Alcohol use following an accident pursuant to §382.209; and
 - (D) Controlled substance use pursuant to §382.213;
 - (v) A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
 - (vi) A negative return-to-duty test; and
 - (vii) An employer's report of completion of follow-up testing

Signature

Date

Drivers Road Test Examination



Drivers Name:			
Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		
RATING OF PERFORMANCE			
	The pre-trip inspection (as required by Sec. 392.7)		
	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units		
	Placing the equipment in operation		
	Use of vehicle's controls and emergency equipment		
	Operating the vehicle in traffic and while passing other vehicles		
	Turning the vehicle		
	Braking and slowing the vehicle by means other than braking		
	Backing and parking the vehicle		
OTHER: EXPLAIN:			
Type of Equipment used in giving test:			
Examiners Signature:		Date:	

Certification of Road Test

Driver's Name		
Social Security Number:	License Number:	State:
Type of Power Unit:	Type of Trailer:	If a passenger carrier, type of bus:
This is to certify that the above-named driver was given a road test under my supervision on _____ (date) consisting of approximately _____ miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safety in the type of commercial motor vehicle listed above.		
Signature of Examiner:		Title:
Organization and Address of Examiner:		

Employee Acknowledgment of Company Policy **Form**



The employee handbook describes important information about _____
and I understand that I should consult my supervisor or consult the _____
Policies and Procedures Manual regarding any questions not answered in the employee handbook.

Since the information policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the employee handbook may occur. All such changes will be communicated in writing by the President, and I understand that revised information may supersede, modify or eliminate existing policies.

I have entered into my employment relationship with _____
voluntarily and acknowledge that there is no specified length of employment.

Accordingly, either _____
or I can terminate the relationship at will, with or without cause, at any time.

Furthermore, I acknowledge that this employee handbook is neither a contract of employment nor a legal document.

I have received the employee handbook, and I understood that it is my responsibility to read and comply with the policies contained in this employee handbook and any revisions made to it.

Signature

Date

Authorization Agreement for Direct Deposits **ACH Credits**

I hereby authorize _____, hereinafter called COMPANY,
to initiate credit entries to my

☐ Checking Account or ☐ Savings Account

as indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account, and if necessary, debit entries and adjustments for any credit entries in error.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Bank

City

State

Zip Code

Routing Number

Account Number

This authorization is to remain in full force and effect until EMPLOYEE has received written notification from me of its termination in such time and manner as to afford EMPLOYEE and DEPOSITORY a reasonable opportunity to act upon it.

Name

Signature

Date

NOTE: PLEASE ATTACH A COPY OF A CHECK OR A VOIDED CHECK FOR AUTHORIZATION