

Applicant Name _____ **Phone** _____

Date _____ **Truck#** _____

Trailer# _____

	Completed / Obtained by	Date
<input type="checkbox"/> English/HOS Test	_____	_____
<input type="checkbox"/> CDL	_____	_____
<input type="checkbox"/> Medical Card	_____	_____
<input type="checkbox"/> Pre Employment Drug Test	_____	_____
<input type="checkbox"/> Motor Vehicle Record	_____	_____
<input type="checkbox"/> Company Policy	_____	_____
<input type="checkbox"/> Safety Standards	_____	_____
<input type="checkbox"/> Accident Countermeasure	_____	_____
<input type="checkbox"/> Hours of Service	_____	_____
<input type="checkbox"/> Drug and Alcohol Policy	_____	_____
<input type="checkbox"/> DOT / FMCSR	_____	_____
<input type="checkbox"/> Accounting	_____	_____
<input type="checkbox"/> Fuel Card # _____	_____	_____
<input type="checkbox"/> Operations	_____	_____
<input type="checkbox"/> Lease Agreement (Permit Book)	_____	_____
<input type="checkbox"/> QUALIFIED		
<input type="checkbox"/> DISQUALIFIED		

Authorized By: _____

Date: _____

DRIVER HOURS OF SERVICE/LOG BOOK TEST

TEST SCORE:

DRIVER'S NAME _____

DRIVER'S SIGNATURE _____

AGENT'S SIGNATURE _____

DATE _____

Multiple Choice – Circle the letter of the correct answer.

1. A driver has taken 10 consecutive hours off duty. What is the maximum number of hours he/she can drive before another 10 hour break must be taken?
 - A. 10 hours
 - B. 11 hours
 - C. 12 hours
 - D. None of the above.

2. A driver drove for 11 hours then went off duty for ½ hour and accumulated 5 hours of consecutive off duty time. How many more consecutive hours must the driver remain in off duty status before he/she is permitted to return to driving?
 - A. 3 hours
 - B. 4 hours
 - C. 5 hours
 - D. 6 hours

3. Under the adverse driving conditions clause, which of the following statements is TRUE?
 - A. You can extend your driving time to 13 hours only if the run could have been completed in 11 hours under normal weather conditions.
 - B. The adverse condition was not known to you at the time of dispatch.
 - C. You must not drive beyond the 14th hour of on duty time.
 - D. All of the above.

4. After 10 hours of driving a driver elects to take his break in his regulation sleeper berth in order to reset his 11- and 14-hour clock. Which of the following statements is TRUE?
 - A. The sleeper berth time and off duty must be consecutive and total 10 hours.
 - B. The off duty period must be greater than 5 hours and when combined with the sleeper berth period equals 11 hours.
 - C. The sleeper berth period must be greater than 6 hours and when combined with the sleeper berth period equals 14 hours.
 - D. None of the above.

5. A driver is on an 11-hour run and encounters a snow storm that was unforeseen prior to dispatch. The driver drives up to the 13th hour and has not arrived at the destination terminal. Which of the following options would be required?
 - A. Call the terminal and have management approve continued driving.
 - B. Find a safe place to park and call management to obtain a replacement driver.
 - C. Call law enforcement and have them escort you to the destination terminal with management approval.
 - D. None of the above.

6. Which of the following is considered on-duty?
 - A. Complying with drug and alcohol testing requirements.
 - B. Waiting to be dispatched
 - C. Repairing your vehicle
 - D. All of the above

7. Under the sleeper-berth split option which of these is the correct split available to drivers?
 - A. You must accumulate 10 hours of rest divided equally, 5 hours in sleeper and later 5 hours off-duty.
 - B. One break must consist of at least 8 (but less than 10) consecutive hours in a sleeper berth and the other break must be at least 2 (but less than 10) hours in a sleeper berth, off duty or any combination of the two.
 - C. You can divide the 10 hours anyway you want to make your destination on time
 - D. You must be in your regulation sleeper berth for all 10 hours.

8. After 10 consecutive hours of rest, a driver drove for 6 hours, then was in his sleeper berth for 8 consecutive hours. Under the sleeper-berth split option, how many hours can he now drive?
 - A. 11 hours
 - B. 8 hours
 - C. 5 hours
 - D. None of the above

9. You do not have to make entries into your log book if:
- A. You go on vacation
 - B. You are getting your truck repaired
 - C. You do not get dispatched
 - D. None of the above
10. Within how many days must your carrier receive your original, filled-out log book sheet?
- A. 7 days
 - B. 10 days
 - C. 30 days
 - D. 13 days
11. What information does not have to be written on your log books sheets?
- A. The weight of your load
 - B. The carrier's main office address
 - C. The tractor and trailer number
 - D. The total hours you spent in your sleeper
12. What are the maximum hours you can drive in an 8 day period?
- A. 34 hours
 - B. 70 hours
 - C. 60 hours
 - D. There is no maximum
13. After 10 consecutive hours of rest, a driver starts his day at 6 am driving 1 hour to the terminal. He waits 2 hours to get dispatched. He finishes his P.T.I. and starts driving again at 9:30 am. He drives for 7 hours and has to wait for 30 minutes to off-load his trailer. He then gets another load, does a 30 minute P.T.I. and goes to a terminal 2 hours away. En route he stops for 45 minutes to eat. He arrives with the second load at 8:15 pm. It takes 15 minutes to drop his trailer and he travels 30 minutes to a truck stop where he enters his sleeper berth for 10 hours rest. Does he have any violations?

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	
1. OFF DUTY																									
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									

- A. No violations
 - B. Yes, he has a 14-hour day violation
 - C. Yes, He has an 11-hour driving violation
 - D. Yes, he has both violations
14. How many hours must a driver be off-duty in order to restart his 70 hour/8 day clock?
- A. 11 hours
 - B. 34 hours
 - C. 24 hours
 - D. None of the above

15. In 7 consecutive days the driver was on duty for following hours:

DAY 01 - 10 Hours	DAY 05 - 12 Hours
DAY 02 - 11 Hours	DAY 06 - 10 Hours
DAY 03 - 13 Hours	DAY 07 - 3 Hours
DAY 04 - 11 Hours	

The driver was relieved of duty on Day 07 at 3:00 am after driving 3 hours. Using the restart option, when can he come back on duty with a full 70 hours available for the next 8 days?

- A. Day 08 at 1:00 pm
 - B. Day 08 at 6:00 pm
 - C. Day 09 at 3:00 am
 - D. Day 09 at 4:00 am
16. On a log book page when you are on duty and driving, what information must be noted in the remarks portion of the page?
- A. The day and time you left the shipper
 - B. The weather conditions on the road
 - C. The amount of fuel you used on the trip
 - D. The location of changes in duty status and other information relating to the driver's daily activities
17. Which of the following documents can be used to verify the accuracy of the drivers' log book entries?
- A. Fuel receipts
 - B. Meal receipts
 - C. Delivery and pickup documents
 - D. All of the above
18. How many passengers, other than a co-driver, are you allowed to have in your tractor while driving?
- A. 1
 - B. 0
 - C. 3
 - D. None of the above
19. When is an accident a DOT recordable accident?
- a. When any of the vehicles involved get towed away from the scene.
 - b. When someone gets injured.
 - c. When there is a fatality.
 - d. All of the above.
20. When a DOT accident occurs and you receive a citation or there is a fatality you are required to take your Post-Accident Alcohol and Drug test within what period of time?
- a. When you get to your home terminal and you talk about the accident with a manager.
 - b. Alcohol Test needs to be performed within 2 hours and Drug Test within 32 hours after the accident.
 - c. Alcohol Test needs to be performed within 4 hours and Drug Test within 8 hours after the accident.
 - d. There is no time limit.
21. When you pick up a load and are not allowed in the warehouse while the freight gets loaded, what should you write down on the Bill of Lading when signing it?
- a. Nothing, just sign everything that is given for you to sign.
 - b. Put S.L.C right by your signature to indicate that the Shipper Loaded and counted all the pieces.
 - c. Argue with the supervisor until he lets you in the warehouse.
 - d. Don't sign any documents.

22. Driver fatigue is the number one reason for all accident?
a. True
b. False
23. In a case of an accident a driver is required to:
a. Report the accident to the company as soon as possible.
b. Make pictures.
c. Cooperate with the law authority.
d. All of the above.
24. You can always ask your dispatcher to extend your hours of service if you have already reached your limit and still have not reached your destination.
A. True
B. False
25. You can have your co-driver fill out your log book.
A. True
B. False
26. Time you spend waiting to be dispatched is considered on duty.
C. True
D. False
27. If you have been on duty/driving for 68 hours in 8 days you have only 2 hours on duty/driving time left available.
E. True
F. False
28. If you use the sleeper-berth split, you will have 11 hours of driving time available after your second break.
G. True
H. False
29. When you are in an unexpected adverse conditions situation you are able to extend your driving time by 2 hours only if you have not reached your 14-hour on duty limit.
I. True
J. False
30. You can wait to enter all your log book information until you deliver your load.
A. True
B. False
31. You must have 34 consecutive hours of off duty in order to reset your 70 hour/8 day clock.
A. True
B. False
32. The time you use to do your Pre-Trip Inspection is not considered on duty time.
A. True
B. False
33. You do not have to supply any verifying information with your log books.
A. True
B. False

Have you ever been convicted of a Felony, DUI or DWI? Yes No

If yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

Have you ever tested positive for drugs and/or alcohol? Yes No

If yes, please explain _____

Past Employment Record

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any attachment sheets have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Printed Name

Past Employment Record (Attachment Sheet for Additional Employers)

Fifth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Sixth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Eighth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Ninth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Tenth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Eleventh Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Company Name _____

Company Address _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS
AND ANNUAL REVIEW OF DRIVING RECORD
(Completed in accordance with 49 CFR 391.25 and 391.27)

Driver's Name: _____

I certify that the following 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 12 months.

Date	Offense	Location	Type of Vehicle Operated

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 12 months.

Date of Certification

Driver's Signature

I have reviewed the driving record and safety history of the above named driver in accordance with 49 CFR Part 391 and determined that the driver:

- Meets minimum safe driving requirements

- Is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.15 or does not meet our safety fitness standards

Date of Review

Reviewer's Signature and Title

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name: _____

Social Security Num. _____

Driver's License State: _____ Number: _____ Class: _____

Endorsement(s): _____ Restriction(s): _____ Type of License: _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that wa last relieved from work at

A.M.
P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness Date

PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM: _____
PHONE: _____, Please return by faxing to _____

The person named herein has applied to _____ for employment in a safety-sensitive position.
The listed applicant below hereby authorizes the following company to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to _____.

I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

Applicant's Signature

Date

Company: _____ **Phone:** _____ **Fax:** _____

Address: _____

Name of Applicant: _____ **Social Security Number:** _____

Dates of Employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___
Position(s) Held: _____ Local: ___ Regional: ___ Over-the-Road: ___
Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? ___yes ___no
Type of Equipment Operated: ___Dry Van ___Flatbed ___Reefer ___Other (please list): _____
Reason for Leaving: ___Voluntary ___Lay-Off ___Terminated ___Retired
If Terminated, why? _____
Eligible For Rehire? ___Yes ___No ___Upon Review ___No, Company Policy

Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box none

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

Alcohol & Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration?
___yes ___no

Has this driver ever had a positive drug test in the past 3 years? ___yes ___no

Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ___yes ___no

Has this driver violated any other DOT drug/alcohol regulation? ___yes ___no

If yes, please explain the violation: _____

Have you ever received information from a previous employer that this driver violated any DOT drug and alcohol regulations?
___yes ___no

*If the answer to any of the above questions is "Yes", please provide details below:
Reason for test(s): _____ Result of test(s): _____

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? ___yes ___ No

Any other remarks: _____

Verification Completed By: _____ Title: _____

Phone Number: _____ Verification Date: _____

First Request Date: ___/___/___	Second Request Date: ___/___/___	Third Request Date: ___/___/___
Fax ___ Mail ___ Phone ___	Fax ___ Mail ___ Phone ___	Fax ___ Mail ___ Phone ___
Initials _____	Initials _____	Initials _____

Driver Training Certificate

Date of Issuance of Certificate: _____

Training Provider: _____

Name of Driver: _____

The above named driver has been trained on the following requirements in accordance with 49 CFR Part 380:

Driver qualification requirements including

- Medical certification
- Medical examination procedures
- General qualifications
- Responsibilities
- Disqualifications based in various offenses, orders and loss of driving privileges

Hours of Service including

- Limitations on driving hours
- Requirement to be off-duty for certain periods of time
- Record of duty status preparation, and exceptions
- Fatigue countermeasures as a means to avoid crashes

Driver Wellness

- Basic health maintenance including diet and exercise
- Importance of avoiding excessive use of alcohol

Whistleblower protection

- Rights of an employee to question the safety practices of an employer without the employee's risk of loosing a job or being subject to reprisals simply for stating a safety concern.

I certify that _____ has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for driver training in accordance with 49 CFR 380.503.

Driver Signature: _____

Trainer Signature: _____

Company Name _____
Pre-Employment Agreements and Requirements

Applicant's/Driver's Name: _____
(Please Print)

Please read the following five (5) pages carefully and sign and date each section. If you have any questions please ask. This is not a contract of employment. Employment is at will.

Pre-Employment Agreements

I understand that employment at _____ is "at-will", and may be terminated by the employee or _____ at any time for any reason. I further understand that the first 90 days of employment are probationary. During this period _____ will determine my qualifications and suitability for truck driving and employment with _____. During this period I may be disqualified without further recourse or my employment may be terminated without reason. If necessary, the probationary period may be extended.

Drivers must meet the following requirements before and during employment:

- Be able to pass U.S. DOT Controlled Substance and Alcohol Testing
- Be able to pass FMCSA physical requirements
- Have a valid CDL in the state of primary residence, if not, must obtain within 30 days
- No Alcohol or Drug related offenses within the past 5 years, state or federal
- No felony conviction(s) within the past 5 years (any conviction(s) beyond 5 years is subject to company review)
- No previous accidents resulting from a rear end, lane change/sideswipe, rollover (all other accidents and accident during employment will be reviewed on a case by case basis)
- Be able to drive/operate in all lower 48 states
- Adhere to all company policies
- Not have any serious traffic violations within the past three years including excessive speeding of 15 mph or more above the posted speed limit (all traffic violations obtained during employment will be reviewed on a case by case basis dependent upon seriousness of the violations, safety record and time with the company)
- No reckless driving and/or erratic driving
- No hit and run accidents or failure to report an accident

I understand the above requirements and agree to familiarize myself with the Driver Handbook and Drug & Alcohol Policy given to me at orientation. I understand that I am responsible for following the Company policies and procedures in these manuals.

Applicant's Signature

Date

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer _____

Drivers have:

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

Applicant's Signature

Date

Consent Form Pre-Employment Urinalysis

I understand that as required by Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and _____ policy, all prospective drivers must submit to a controlled substance test. The results will not be released to any additional parties without my written authorization. I hereby agree to the conditions above and to submit to a drug screen urinalysis.

Applicant's Signature

Date

Past Pre-Employment Drug & Alcohol Testing

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

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

Yes

No

Applicant's Signature

Date

**Acknowledgment of Receipt of Motor Carrier Drug and Alcohol Testing
Program Agreement (Employee Driver)**

I, _____ hereby acknowledge that I have received a copy of _____
Motor Carrier Drug Testing Program ("Program"), which has been developed pursuant to 49 CFR Part 382.

In conjunction with my receiving a copy of the Program, I further acknowledge the following:

- I have read the Program and fully understand the terms contained therein and the consequences for violating any term of the Program.
- I understand that my compliance with all terms of the Program is a condition of my employment with _____ and I agree to abide by all terms of the Program.
- If a post – accident drug test is required under the Program and I am seriously injured and unable to provide specimen at the time of the accident, then this Acknowledgment shall be considered my authorization for _____ or its designated representative to obtain hospital reports and other documents which would indicate whether there were any controlled substances in my system.
- I authorize the collection site, laboratory and/or medical review officer retained by _____ to perform any and all functions, which those entities and/or individuals may be, required to perform pursuant to the applicable Federal Department of Transportation regulations. Such authorization shall include, but is not limited to _____ verification of the use of prescribed medications, obtaining information from the driver's physician, hospital, dentist or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein a driver may be taking a legally – prescribed Schedule II drug.

I hereby release and hold harmless the Company, _____, and its employees and agents from any liability whatsoever arising from the Program.

Applicant's Signature

Date

Witnessed By

Date

Acknowledgement of Receipt of Driver's Manual

I hereby acknowledge receipt of the DRIVER MANUAL FOR COMPANY DRIVERS ("Manual") and agree that:

1. I will read this Manual within the next 3 days.
2. If, for any reason, my association with the Company is terminated, I agree to return this Manual to the Company immediately thereafter.
3. Nothing contained in this Manual is intended to create an employment contract between the Company and me for either employment or the providing of any benefit.

Signed and dated this _____ day of _____, 20____.

Applicant's Signature

Company Representative Signature

Printed Name and Title

Job Description

I acknowledge receipt of the "Job Description for Company Driver" position classification sheets (four) and that I am responsible for following the listed procedures. I understand that I am a company driver and may be used in whatever capacity _____ deems appropriate and necessary.

Applicant's Signature

Date

Passenger Authorization

I _____ will not allow any passengers to enter any part of the Equipment. No one under the age of thirteen will be allowed in a truck at anytime. I understand that if I fail to adhere to the above requirements I may be subject to disciplinary action including termination.

Applicant's Signature

Date

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

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

Print name: Last	First	Middle Initial	Maiden name
Address (Street Name and Number)		Apt.#	Date of Birth (month/day/year)
City	State	Zip Code	Social Security#
I am aware that federal law provides for imprisonment and/or fines for false statements or of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one box of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident Alien# A _____ <input type="checkbox"/> An alien authorized to work until ____/____/_____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

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

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

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

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

CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the _____ listed document(s) appear to be true and to relate to the employee that the employee began employment (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States.

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

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document # _____ Expiration Date (if any): ____/____/____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<p>Documents that Establish Both Identity and Employment Eligibility</p> <ol style="list-style-type: none"> 1. U. S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) 6. Unexpired Temporary Resident Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form I-327) 9. Unexpired Refugee Travel Document (INS Form I-571) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B) 	<p>OR</p> <p>Documents that Establish Identity</p> <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name , date of birth , sex, height, eye color, and address 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voters registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p>AND</p> <p>Documents that Establish Employment Eligibility</p> <ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department or State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

Driver Agreement of Automatic Payroll Deductions

I acknowledge and understand that I am giving my consent/permission to deduct from each weekly payroll any of the following that may apply:

- All cash advances. I understand that I will be reimbursed for items that I have had prior approval from my supervisor and present a proper receipt.
- All citations, penalties, fines and associated costs that the company pays on my behalf. Also the costs associated with getting the unit legal, not limited to towing company bills, the cost of having another driver come to my aid and all other costs that the company may incur on my behalf.
- If a driver abandons the truck and/or trailer he/she will be charged \$2.00 per mile for recovery fees so that the equipment can be brought back to the main office. The recovery fees are calculated from the distance from Bensenville, IL to the location of the abandon equipment and back. The driver will also be charged for any unauthorized mileage on the equipment. The unauthorized mileage will be charged at \$2.00 per mile.
- I acknowledge financial responsibility for company property promising to return all company property and pay any monies owed the company upon termination of employment, including but not limited to charges pertaining to the pre-employment physical and drug screen if I do not remain with the company for more than 3 months. A minimum of \$300 will be deducted from my pay. I further agree to return all equipment to

Company name and address

Applicant's Signature

Date

