

Driver information

Date: _____

Driver's Name: _____

Driver Address _____

City: _____ Province: _____ Postal Code _____

Driver's SIN #: _____ Date of Birth: _____

Driver License #: _____

Province: _____ Class: _____ Expiry Date: _____

Contact No: _____ Emergency Contact No. _____

Carrier Information

Company Name: _____

Company Address Street: _____

City: _____ Province: _____ Postal Code _____

Company Contact #: _____

Carrier Official: _____

APPLICATION

DRIVER APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____ **DATE OF APPLICATION:** _____

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

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

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

DRIVER APPLICATION FOR EMPLOYMENT -- APPLICANT TO COMPLETE (Answer all questions – please print)

Applicant's Full Name _____ Social Insurance No. _____

List your address of residency for the past 3 years.

Current Address _____
Street _____ City _____
Phone _____ How Long? _____
Province _____ Postal Code _____ yr. /mo.

Previous Address _____
Street _____ City _____ Province & Postal Code _____ How Long? _____ yr. /mo.
Street _____ City _____ Province & Postal Code _____ How Long? _____ yr. /mo.
Street _____ City _____ Province & Postal Code _____ How Long? _____ yr. /mo.

Email: _____ Alt Phone: _____

In case of emergency, notify _____
Name _____ Relationship _____ Phone _____

Do you have the legal right to work in Canada? _____

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

(Required for Commercial Driver) MM/DD/YYYY

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, province and postal code

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	PROVINCE	POSTAL CODE		SALARY/WAGE			
CONTACT PERSON				PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EMAIL:							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	PROVINCE	POSTAL CODE		SALARY/WAGE			
CONTACT PERSON				PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EMAIL:							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	PROVINCE	POSTAL CODE		SALARY/WAGE			
CONTACT PERSON				PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EMAIL:							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	PROVINCE	POSTAL CODE		SALARY/WAGE			
CONTACT PERSON				PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EMAIL:							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME	<small>FROM</small> MO.	<small>YR.</small>	<small>TO</small> MO.	<small>YR.</small>		
ADDRESS			POSITION HELD			
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME	<small>FROM</small> MO.	<small>YR.</small>	<small>TO</small> MO.	<small>YR.</small>		
ADDRESS			POSITION HELD			
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME	<small>FROM</small> MO.	<small>YR.</small>	<small>TO</small> MO.	<small>YR.</small>		
ADDRESS			POSITION HELD			
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL:						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, READ-END, UPSET ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>8 passengers</small>				
MOTOR COACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>15 passengers</small>				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, PROV.) _____

TO BE READ AND SIGNED BY APPLICANT

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

Signature: _____ Date: _____

REQUEST AND CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

I, (Print Name) _____, hereby authorize that:

Previous Employer: _____ Telephone: _____
may release and forward information requested by section 2 (page 2) of this document concerning my past employment record and Alcohol/Controlled Substances testing records to:

Prospective Employer: _____
Telephone: _____ **Fax Number:** _____

I hereby authorize you or your agents, as my previous employer or company, to release all information concerning dates of employment, oral or written assessments of my job performance, overall work performance including safety records, reason for leaving and eligibility for re-hire to _____ for the purpose of investigations as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

I also hereby authorize you or your agents, as my previous employer or company to release the information concerning my Alcohol and Controlled Substances Testing during the past three years;

- An alcohol test with a result of 0.04 or higher alcohol concentration
- Verified positive controlled substances test results
- Refusals to be tested (including verified adulterated or substituted drug test results)
- Other violations of the DOT agency drug and alcohol testing regulations with respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employees successful or failure to completion of DOT return to duty requirements(including follow up tests) and the name and phone number of any substance abuse professional who evaluated me over the past three years
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test
- Alcohol use while performing or within 4 hours before performing safety sensitive functions.
- Alcohol use after an accident, in violation of section 382.303
- Controlled substance use while on duty, except as allowed under section 382.213

You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the motor carrier safety regulation. For the purpose of facilitating this verification request I consent to providing my Social Insurance Number _____.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to _____ and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by _____ in writing within 30 days of employment or denial of employment.

This request is in compliance with 49CFR Part 40.25, 49 CFR Part 40, Section 391.23, 382.413, 382.405, and 382.303.

Applicant's Signature

Date

Employment Gap Verification Letter

Date: _____

I _____ validate that I was indeed unemployed from,

_____ to _____ for the reason of

_____ to _____ for the reason of

_____ to _____ for the reason of

Name: _____

Signature: _____

Witness: _____

Driver Certification for Other Compensated Work

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 (8) (9) of the Federal Motor Carriers Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of a common contract or private carrier, also performing any compensated work for any non-motor carrier entity.

(Check one)

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 employers(s) for compensation that I must inform this company immediately of such employment activity.

Driver Information:

Date: _____

Applicant Name

Applicants Signature

Witness: _____
Carrier Official

New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Company Name: _____

Address: _____

Prospective Employee Name: _____

Prospective Employee's SIN number: _____

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title

Motor Vehicle Driver's

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. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) 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 within 30 days to: 1) your employing motor carrier, and 2) the province that issued your license (If the violation occurs in a state or province other than the one which issued your license). The notification to both the employer and state or province must be in writing.

The following license is the only one I possess:

Driver's License No. _____ Province _____ Expiry Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

INTERMITTENT OR MULTIPLE-EMPLOYER DRIVERS
DRIVER STATEMENT OF ON-DUTY STATUS

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

Driver's License #: _____ Class: _____

Endorsement(s) _____ Restriction(s) _____ Province: _____

DAY	14	13	12	11	10	9	8	
DATE								
HOURS WORKED								TOTAL HOURS
DAY	7	6	5	4	3	2	1	
DATE								
HOURS WORKED								TOTAL HOURS

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

Time: _____ Date: _____

Driver's Name: _____

Driver's Signature _____ Date: _____

Carrier Official: _____ Title: **Safety & Compliance**

Signature _____ Date: _____

Company Address _____

Street
City
Postal Code

MEDICAL DECLARATION

On March 30, 1999, Transport Canada and U.S. Federal Highway Administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the U.S., as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 et seq., and vice versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver's license issued by the Province of Ontario is deemed to be proof that a driver is physically qualified to drive in the U.S.). However, FHWA will not recognize an Ontario license if the driver has certain medical conditions, and those conditions would prohibit him from driving in the U.S.

- 1) I, _____ certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:
- 2) I have no clinical diagnosis of diabetes currently requiring insulin for control.
- 3) I have no established medical history or clinical diagnosis of epilepsy.
- 4) I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American national Standard Z24.5-1951).
- 5) I have not been issued a waiver by the Province of Ontario allowing me to operate a commercial motor vehicle pursuant to Section 20 or 21 of Ontario Regulation 340/94.

I further agree to immediately inform the Safety or Operations Manager should my medical status change, or if I can no longer certify condition A to D, described above.

Driver Initials: _____

Authorization for Driver Record Search

The Federal Motor Carrier Regulations, section 391.21, which covers driver's qualification and application for employment, requires the motor carrier to obtain a list of all motor vehicle violations for the last three (3) years.

In Ontario, this is known as a commercial vehicle operator record, driver abstract. It is _____ (prospective employer) policy to obtain a list of both commercial and personal motor vehicle violations for each driver operating under its authorities, on a periodic basis.

As a condition of my employment or contract of service, I _____, hereby provide written authorization for _____ (prospective employer) to obtain such information.

I certify that I have read and understood the above requirements.

Driver's Name (Printed)

Date

Driver's Signature

Witness

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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.

Date: _____

Signature

Name (Please Print)

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.

LAST UPDATED 2/11/2016

REFERENCE CHECK

DRIVER'S REFERENCE CHECKLIST

DRIVER NAME-

CURRENT EMPLOYER-

ATTEMPT-

DATE	EMPLOYER	REMARKS

ATTEMPT-

DATE	EMPLOYER	REMARKS

ATTEMPT-

DATE	EMPLOYER	REMARKS

ADDITIONAL REMARKS:

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____
_____ hereby authorize: _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:
Prospective Employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant's Signature _____ Date _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes No

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____

Completed by: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Signature: _____ Date: _____

Complete Sections 3 and 4 on SIDE 2 before returning.

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is **no** accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | YES | NO | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

ROAD TEST

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck _____ Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood – oil, water, general condition of engine compartment, steering _____
- Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, and parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. ENGINE**
- Places transmission in neutral before starting engine _____
 - Starts engine without difficulty _____
 - Allows proper warm-up _____
 - Understands gauges on instrument panel _____
 - Maintains proper engine speed (rpm) while driving _____
 - Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service brakes _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

B. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears down properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive fanning _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Signals intention to turn well in advance _____
- Gets into proper lane well in advance of turn _____
- Checks traffic conditions and turns only when intersection is clear _____
- Restricts traffic from passing on right when preparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary _____
- Obeys traffic signal _____
- Uses good judgment on yellow light _____
- Starts smoothly on green _____
- Notices and heeds traffic signs _____
- Obeys "Stop" signs _____

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary _____
- Checks for cross traffic regardless of traffic controls _____
- Yields right-of-way for safety _____

D. GRADE CROSSINGS

- Adjusts speed to conditions _____
- Makes safe stop, if required _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands federal and state rules governing grade crossing _____

E. PASSING

- Passes with sufficient clear space ahead _____
- Does not pass in unsafe location: hill, curve, intersection _____
- Signals change of lanes _____
- Warns driver being passed _____
- Pulls out and back with certainty _____
- Does not tailgate _____
- Does not block traffic with slow pass _____
- Allows enough room when returning to right lane _____

F. SPEED

- Speed consistent with basic ability _____
- Adjusts speed properly to road, weather, traffic conditions, legal limits _____
- Slows down for rough roads _____
- Slows down in advance of curves, intersections, etc. _____
- Maintains consistent speed _____

G. COURTESY AND SAFETY

- Uses defensive driving techniques _____
- Yields right-of-way for safety _____
- Goes ahead when given right-of-way by others _____
- Does not crowd other drivers or force way through traffic _____
- Allows faster traffic to pass _____
- Keeps right and in own lane _____
- Uses horn only when necessary _____
- Generally courteous and uses proper conduct _____

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Adjusts driving to meet changing conditions _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Willing to take instructions and suggestions _____
- Adequate self-confidence in driving _____
- Is not easily angered _____
- Positive attitude _____
- Good personal appearance, manner, cleanliness _____
- Good physical stamina _____

B. HANDLING OF FREIGHT

- Checks freight properly _____
- Handles and loads freight properly _____
- Handles bills properly _____
- Breaks down load as required _____

C. RULES AND REGULATIONS

- Knowledge of company rules _____
- Knowledge of regulations: federal, state, local _____
- Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

- _____
- _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____ (Specify)

Signature of Examiner

13F 652
(Rev. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____

Social Security No. _____ Type of Trailer(s) _____

Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Title _____

POLICIES

DRIVER'S ACKNOWLEDGEMENT OF RECEIPT FOR COMPANY'S POLICY MANUAL

Management reviews the following policies & procedures in detail with drivers as part of the hiring and orientation process.

On completion the driver and company representative will both sign the document.

- _____ Company Hiring Criteria
- _____ Terms of Employment & Probationary Period
- _____ Absenteeism Policy
- _____ Drug & Alcohol Policy
- _____ Hours of Service & Logbook Completion
- _____ Collision Reporting Procedures
- _____ Compliance with the law and agreement to report all moving violations & incidents
- _____ Discipline Policy
- _____ Safe Driving Guidelines
- _____ Personal Protective Clothing Requirements
- _____ Pre-Trip Inspection Procedures
- _____ No Passenger Policy
- _____ No Pet Policy
- _____ Cell Phone & Handheld Device Policy
- _____ Fleet Maintenance Policy & Procedures
- _____ Approved Drivers Only Policy (Company & O/O)
- _____ Equipment Damage

I, _____ hereby acknowledge receipt of the Driver's Manual and that I have reviewed and understand company policies.

Driver's Signature

Date

Carrier Representative's Signature

Date

NOTE: This receipt shall be reviewed and signed by the driver and company official.

Place a signed document in driver's qualification file.

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER :The Commercial Driver's License (COL) Drug & Alcohol Clearinghouse is a federal database containing information about COL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below

AUTHORIZATION

I, _____ (Driver's printed name), hereby
Authorize _____ (Name of motor carrier)

to conduct pre-employment and annual limited queries of the FMCSA's Drug & Alcohol Clearinghouse , to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

Date: _____

ALCOHOL AND DRUG USE POLICY

CERTIFICATE OF RECEIPT

I hereby acknowledge and agree that I have received, have read, and understand the Drug and Alcohol Use Policy of _____ and agree to abide by the terms and conditions of the Policy.

I hereby authorize substance abuse professionals and testing officials, including Driver Check, in the operation of the Policy to release any information to _____ which is reasonably necessary to the implementation of the purposes and provisions of the Policy.

I further hereby consent and authorize _____ in the operation of the Policy to release to substance abuse professionals and testing officials, including _____ (Consortium), any information which is reasonably necessary to the implementation of the Policy.

I understand and agree that my compliance with the conditions of the Policy form part of my essential job functions and that the terms of the Policy have been properly mandated by _____ for my own safety, that of my co-workers, as well as of the general public.

I understand and agree that my compliance with the Policy is an essential and required term of my new or continuing contract of employment or contract for services with _____. I further understand and agree that, as applicable: (a) my offer of a contract of employment or contract for services with _____ is conditional upon my signing of this Authorization; or (b) the continuation of my contract of employment or contract for services with _____ is conditional upon my signing of this Authorization, and that any failure to sign will result in the immediate termination of my contract.

Employee/Applicant Signature _____
Print Name _____
Date ____/____/____

Company Witness Signature _____
Print Name _____
Date ____/____/____

Hours of Service - Disciplinary Action Acknowledgement

Review with drivers at orientation

Non-compliance with the Hours of Service regulations will result in:

1st Offense - Written Warning and HOS Retraining

2nd Offense - 3 Day Suspension and remedial HOS Retraining

3rd Offense - 1 Week Suspension & remedial training or Termination

Reviewed & Acknowledged By:

Driver's Name: _____

Driver's Signature: _____

Date: _____

Company Manager Signature: _____

❖ After reviewing this document is signed by the driver and placed in the driver's DQ file

DRIVER ATTIRE POLICY

Every _____ drivers should have PPE's all the time. Examples of PPE include a reflective/high visibility vest, hard hat, steel toed boots, safety glasses and long sleeve work shirts and pants. The driver may need other items, depending on customer and job requirement. Whether you are a company driver or an independent owner operator, the same the safety concerns apply to ensure your safety and protection to prevent injury.

PERSONAL PROTECTIVE EQUIPMENT

- ✓ Proper protective equipment must be worn (gloves, glasses, goggles, face shield, apron) when working with various hazards. (Review your location's specific personal protective equipment requirements with your safety/dispatch.)
- ✓ Safety glasses are also required wherever maintenance work is being performed or where there is reasonable probability that wearing such glasses can prevent eye injuries.
- ✓ Additionally, any employees /drivers who may be exposed to hazards in their daily work routine are also required to wear eye protection.

SAFETY SHOES

We require that all drivers wear safety shoes whenever on duty driving, in the vehicle, or a hazardous work area safety shoe must be:

- ✓ Lace-up style and with ankle protection (minimum of 6" high boot), toe protection, enhanced slip resistant soles, and in good condition.
- ✓ Western or slip-on style shoes are strictly prohibited.

CLOTHING

- ✓ Wear appropriate protective gloves, eye protection, reflective vests or other clothing or equipment (personal protection equipment) when performing hazardous tasks and/or as directed by your immediate supervisor.
- ✓ Avoid wearing jewelry Rings, watches, bracelets, and chains can get caught in machinery and vehicle components.
- ✓ If vehicle fuel, cleaning solvents, or chemicals are spilled on your clothing, wipe it off as soon as possible, and if excessive, change clothing.
- ✓ Wear reflective, high-visibility vests when in congested, high traffic areas such as warehouse operations or by the roadside at collisions or breakdowns.

DRIVER ATTIRE POLICY

CORRECTIVE ACTIONS

Failure to abide above policy and wear proper protective equipment depending on the work hazard and _____ customer requirement will result in following corrective action:

- ✓ First violation will result in verbal warning and \$50 penalty.
- ✓ Second violation will result in written warning and \$100 penalty.
- ✓ Third violation will result in termination of employment/contract with _____

I _____ have read and understand the contents of above Policy. I acknowledge that I understand and will abide by all policies & procedures. Further, I understand the contents of this policy can change, and I will be timely apprised of any changes.

Signature: _____

Date: _____

Owner Operator Maintenance Agreement

Owner operators agree to provide the company with a completed monthly maintenance record by no later than 7 days after the end of each month. The maintenance record will include the maintenance statement that will define the PM interval for the contracted unit. The PM interval is not to exceed _____ days. All PM's will be documents using a PM checklist form document approved by management. All noted repairs will be accompanied by a repair vender's invoice detailing the repair made and the vehicle information requires by legislation.

Monthly Maintenance Reports Owner Operators

Every piece of equipment under the contractual control of the company must have on file a monthly Maintenance Report from our contracted Owner Operators.

- ❖ **Failure to provide a complete monthly maintenance record with attached repair invoices will result in the vehicle being taken out of service until document are provided.**

Reviewed & Acknowledged By:

Owner Operator's Name: _____

Owner Operator's Signature: _____

Date: _____

Company representative Name: _____

Company Representative Signature: _____

Date: _____

- ❖ **This document is to be signed & placed in the O/O's file**

TRAINING

Ontario Hours of Service Knowledge Verification

Name _____

Examiner _____

1. **The maximum driving time per “Day” in Ontario is**
 - a. 13 hours
 - b. 15 hours
 - c. 16 hours
 - d. 24 hours

2. **Out of Service orders can park a driver for:**
 - a. 10 hours
 - b. 36 hours
 - c. 72 hours
 - d. Any of the above depending on the violation

3. **A single driver using the split sleeper berth provision may do so as long as:**
 - a. the time spent in sleeper berth is split into several periods of off duty
 - b. sleeper berth period is split into 2 parts, neither being less than 2 hours, totaling 10 hours, before accumulating more than 13 hours driving
 - c. be missed if driver is alert
 - d. not be less than 8 consecutive hours off

4. **While in Canada, you are required to have copies of your logs for the previous _____ days with you at all times.**
 - a. 5 days
 - b. 7 days
 - c. 14 days
 - d. 8 days

5. **A driver Work Shift cannot exceed how many hours in a “Day”?**
 - a. 15 Hours
 - b. 14 Hours
 - c. 16 Hours
 - d. 13 Hours

6. **During the day a driver logs 15 minutes off duty. Will this stop the on duty clock and extend his day by 15 minutes?**
 - a. No
 - b. Yes

7. **What is the required reset for the 7/70 cycle to set accumulated hours back to zero?**
- a. 48 hours
 - b. 36 hours
 - c. 72 hours
 - d. 24 hours
8. **May a driver work more than 14 hours in one day?**
- a. Yes, if his wife or husband allows it.
 - b. No
9. **A driver must elect which cycle they are working.**
- a. True
 - b. False
10. **In Ontario, a daily log must be legible and signed at the start of the day**
- a. True
 - b. False
11. **A driver can identify vehicles on their log by indicating either unit number or plate number**
- a. True
 - b. False
12. **A daily log must contain:**
- a. Principal place of business for operator
 - b. Home terminal address for driver
 - c. The cycle that driver is working under
 - d. Plate number of tractor and each trailer towed that day
 - e. All of the above
13. **A driver can mark sleeper berth on their log while operating a day cab CMV as long as they lay across the seats.**
- a. True
 - b. False
14. **If a driver is on duty within a municipality and has multiple periods of driving time and on-duty time, each less than 1 hour, the periods of driving time may be combined and the periods of other on-duty time may be combined**
- a. True
 - b. False

15. **The “Remarks” section of the daily log may contain the following:**
- a. Name of co-driver who enters vehicle after work shift begun
 - b. Daily Deferral
 - c. The words Personal Use along with starting and ending odometer readings of personal use
 - d. Details of Adverse Driving conditions encountered
 - e. Details of errors on time markers noted by driver
 - f. All of the above
16. **A driver may work for more than one operator in a day**
- a. True
 - b. False
17. **A “local” driver, who works for more than operator in a day, has to hand over the original log to the main employer and a copy to the secondary.**
- a. True
 - b. False
18. **Operators must ensure compliance with the regulations and must provide remedial training to drivers if they are not in compliance with the Regulations.**
- a. True
 - b. False

I _____ have answered _____ questions wrong. The correct answers have been explained to me and I now fully understand them.

Date _____

Signature: _____

USA Hours of Service Knowledge Verification Test

Date _____

Name _____

Examiner _____

- 1. You are required to have copies of your logs for the previous _____ days with you at all times. USA**
 - a) 5 days
 - b) 7 days
 - c) 14 days
 - d) 8 days

- 2. What is the required reset for the USA 70/8 cycle to set accumulated hours back to zero? REMEMBER CANADA'S RULE...**
 - a) 48 hours
 - b) 36 hours
 - c) 72 hours
 - d) 34 hours

- 3. A driver, regardless of the cycle they are on, must take 24 hours off after accumulating:**
 - a) 7 Days on duty
 - b) 13 Days on duty
 - c) 14 days on duty
 - d) 15 days on duty

- 4. A driver must elect which cycle they are in and show it on their log book.**
 - a) True
 - b) False

- 5. The U.S. hours of service has two cycles, name one?:**
 - a) 7/70
 - b) 8/70
 - c) 14/120
 - d) 8/80

- 6. In the US a 10 hour period in a sleeper berth may:**
 - a) be split into several periods
 - b) be split into 2 parts, with one period being 8 hours minimum and the other 2 hours taken as off duty or sleeper berth before accumulating more than 11 hours driving or 14 on duty
 - c) be missed if driver is alert

7. **While operating in the U.S. it is acceptable to have an 8 hour sleeper birth period provided:**
- a) your next driving period will bring you to Canada
 - b) your previous driving period was in Canada
 - c) you make up the time within 7 days
 - d) your next sleeper berth period is 2 hours and you do not exceed 11 hours driving in a 14 hour shift.
8. **The total combined “on duty” and “driving time” allowable in the US is:**
- a) 14 hours after 10 hours off duty
 - b) 15 hours after 10 hours off duty
 - c) 15 hours after 8 hours off duty
 - d) 14 hours after 8 hours off duty
9. **May a driver switch from the 8 day 70 to the 7 day 60 hour cycle while in the USA?**
- a) True
 - b) False
10. **A driver may drive for a maximum of how many hours before taking 10 hours off duty (US Rules)**
- a) 10 hours
 - b) 11 hours
 - c) 13 hours
 - d) 14 hours
11. **It is required to enter the Bill of Lading document number OR commodity and shipper name on a drivers daily log while in the USA.**
- a) True
 - b) False

I _____ have answered _____ questions wrong. The correct

answers have been explained to me and I now fully understand them. This test has been corrected to 100%

Signature: _____

Date _____

CMV Inspection Knowledge Test

Name: _____

Date: _____

Examiner: _____

1. All drivers must perform vehicle inspections when:
 - a) At the end of each shift
 - b) At the beginning of each shift
 - c) During their day
 - d) All of the above per applicable regulations

2. The following components must be inspected as part of a CMV Inspection:
 - a) Lights, tires, wheels, suspension & load
 - b) Annual inspection and license plate sticker
 - c) Parking brake & brake adjustment
 - d) All of the above

3. The driver must show on their inspection report:
 - a) Cost of repairs
 - b) Any defects and action taken
 - c) Plate number and jurisdiction.
 - d) b) & c)

4. A Major Defect found during a CMV Inspection means:
 - a) It must be repaired before the vehicle is driven
 - b) It must be repaired before the end of a shift
 - c) A Major defect is only found at a scale
 - d) All of the above

5. While stopped for a roadside inspection Major defects are found. You must:
 - a) Do nothing as the inspector marked it on his report
 - b) Tell your company at the end of the day
 - c) Have defects repaired, signed off by the mechanic, inform the carrier and note them on your vehicle inspection form
 - d) Return to the yard for repairs

6. You find a clearance light out on the trailer; it is ok to continue driving and have it repaired later, if you record and report it.
 - a) True
 - b) False

7. If your left rear signal is not working this is considered a
 - a) Minor Defect
 - b) Ok as long as you use hand signals
 - c) Major Defect
 - d) None of the above

8. A copy of Schedule 1 must be kept:

- a) With the driver at all times and produced upon demand of an enforcement officer
 - b) At the carriers yard
 - c) Drivers don't need a Schedule 1
9. A driver can sign the inspection form that a defect was repaired if they repaired the defect themselves or have knowledge the defect was repaired
- a) True
 - b) False
10. A driver can sign the inspection form that another person completed and use it as their own for the same vehicle if it is still valid
- a) True
 - b) False
11. Once completed a vehicle inspection form is valid for:
- a) 96 hours
 - b) 48 hours
 - c) 24 hours
 - d) All of the above
12. If a trailer has a hub odometer you must record the mileage on your inspection form
- a) True
 - b) False

I _____ have answered _____ questions wrong.

The correct answers have been explained to me and I now fully understand all of the requirements for CMV Inspections.

Signature: _____

Date _____

Defensive Driving Knowledge Test

Name _____ Date _____

Examiner _____ Score _____

Directions: Read each statement carefully and circle the response that most fully answers the question or enter your response in the space provided.

- 1) Regardless of road conditions, you should always be able to stop:**
 - a) Within six (6) seconds
 - b) Within 300 feet
 - c) Within the distance you can see ahead
 - d) Within ten (10) seconds

- 2) Increasing speed from 50 to 70 mph can increase maintenance costs as much as:**
 - a) 23%
 - b) 50%
 - c) 38%
 - d) 80%

- 3) The most important reason for following posted speed limits is:**
 - a) To reduce stopping distance
 - b) To reduce the potential for an accident
 - c) To reduce down time
 - d) To lower maintenance costs

- 4) Stopping distance is determined by which factors:**
 - a) Perception distance, reaction distance, braking distance.
 - b) Reaction distance and braking distance
 - c) Depth perception, reaction time, condition of brakes
 - d) Perception distance, reaction distance, condition of brakes

- 5) At 55 mph on a dry road, braking time/distance is approximately:**
 - a) 120 feet in 4.5 seconds
 - b) 120 feet in 1.5 seconds
 - c) 390 feet in 6 seconds
 - d) 390 feet in 4.5 seconds

- 6) Reaction distance is:**
- a) How far a vehicle travels from the time a driver sees a hazard until the brain recognizes what it is
 - b) How far a vehicle travels in the time it takes for the brain to tell the foot to push the brake pedal
 - c) The length it takes to stop a vehicle once brakes are applied
 - d) How far a vehicle travels from the time a driver sees a hazard until the brakes are applied.
- 7) On a wet, slippery road surface it is recommended that you:**
- a) Reduce speed by about one third
 - b) Cut your speed in half
 - c) Reduce speed to a crawl
 - d) Reduce speed by at least 10 mph
- 8) When making a right hand turn:**
- a) Signal, turn wide at start of turn, keep rear of truck near curb
 - b) Signal, turn wide near end of turn, keep rear of truck near curb
 - c) Signal, turn wide at start of turn, keep rear of truck near curb, use mirrors
 - d) Signal, turn wide near end of turn, keep rear of truck near curb, use mirrors
- 9) At 55 mph, how much space should you maintain between your vehicle and the one in front of you:**
- a) Eight-ten seconds
 - b) At least one second for each 10 feet of vehicle, plus two seconds
 - c) At least one second for each 10 feet of vehicle, plus one second
 - d) At least one second for each 10 feet of vehicle.
- 10) If you must travel beside another vehicle:**
- a) Keep your vehicle centered in your lane
 - b) Make sure the other driver can see you
 - c) Keep as much space as possible between vehicles
 - d) Make sure you and the other driver can see each other and keep as much space as possible between vehicles
- 11) Your most important tool in determining the amount of space you have around your vehicle is?**
- a) Mirrors
 - b) Other people
 - c) Your co-driver
 - d) Speedometer

- 12) At what interval should you scan your mirrors?**
- a) Every 30 minutes
 - b) Every 6-8 seconds
 - c) Every 1-2 minutes
 - d) Only when backing up
- 13) What should you be watching for when exiting a highway, via an off ramp?**
- a) Other traffic
 - b) Ramp Speed
 - c) Hitch hikers
 - d) None of the above
- 14) What is time and space described as?**
- a) How long to get to a customer
 - b) Waiting time at a loading dock
 - c) Distance between you and other vehicles
 - d) Managing your road speed
- 15) You will stop Faster with an empty trailer rather than a loaded one.**
- True False

I _____ have answered _____ questions wrong. The correct answers have been explained to me and I now fully understand them.

Signature: _____ Date _____

CT-PAT/ PIP Security Inspection for Drivers:

1. Under CTPAT, your carrier is required to follow:

1. Minimum security requirements
2. Minimum focus areas
3. Minimum personnel security

2. There are three main areas of focus when you complete a CTPAT/PIP security inspection. Which of the following is one of them?

1. To verify that your vehicle won't break down and become vulnerable to attack
2. To verify that you won't get held up at the border
3. To verify there are no areas on the vehicle where contraband might be hidden

3. Would dead caterpillars in the back of your trailer be considered agricultural contamination?

1. Yes
2. No

4. What does the IPPC mark represent?

1. That the packaging is not made of wood
2. That wood packaging is certified as raw
3. That wood packaging has been heat treated or fumigated

5. When performing a security inspection, it is a best practice to:

1. Do the inspection in a large open area, such as a truck stop
2. Use your hands to feel the surface of each component
3. Start at different points of the vehicle each time

6. A general rule for any inspection point during a security inspection is to look for:

1. Areas in need of repair
2. Signs of tampering
3. Evidence of drugs

7. Which of the following is a sign of agricultural contamination?

1. Mouse droppings and hair
2. Silicone patchwork on the inside of the trailer
3. A false compartment in the wall

8. Which of the following is a possible sign of tampering?

1. Dust
2. Weld marks
3. Vandalism

9.To inspect the bumpers for evidence of contraband, animals or insects, you can feel underneath and:

1. Measure the bumper to see if there are irregularities
2. Use an inspection mirror to see underneath
3. Knock on the bumper to see if it sounds hollow

10.Mike is inspecting the floor of his trailer. What is an indicator that it may have a false compartment?

1. There is a stain near the front wall
2. The floor is clean
3. There are loose planks

11.When you tap a tire with an inspection hammer, you should normally feel:

1. High-pitched ringing
2. A dead thud
3. Vibration

12.To properly inspect a seal, you can use the VVTT process. The second V stands for:

1. Vehicle
2. View
3. Verify

13.Which of the following is a sign that someone has tampered with a security seal?

1. The seal number matches your shipping papers
2. You see bits of putty around the rivets
3. You cannot twist the seal off

14.When a seal is removed in transit to the border, you must:

1. Place a second seal on the trailer
2. _____
3. Immediately notify dispatch

1.Notify the shipper

2.Inspect the new seal using the VVTT process

3.Document the seal change

15.The last step of affixing a security seal to a trailer or container is to:

1. Pull down on the seal to confirm that it is secure.
2. Double check the seal number matches your documentation
3. Twist the seal to see if it comes off

I _____ have answered ____ questions wrong.

The correct answers have been explained to me and I now fully understand them.

Date _____

Signature: _____

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