

DRIVER QUALIFICATION FILE INFORMATION FORM

COMPANY NAME		COMPANY CODE		DRIVER ID	
EMPLOYEE NAME (Last)		(First)		(M.I.)	
PHYSICAL ADDRESS	(Street Address)				
	(City)		(State)	(ZIP)	
MAILING ADDRESS <small>(If Different From Above)</small>	(Street Address)				
	(City)		(State)	(ZIP)	
PHONE	(Home)		EMERGENCY CONTACT	(Name)	
	(Cell)			(Number)	
BIRTHDATE	SOCIAL SECURITY NUMBER	(Relation)			

LICENSE INFORMATION					
ISSUING STATE	LICENSE NUMBER	EXPIRATION			
CLASS	ENDORSEMENTS	RESTRICTIONS			

GENERAL INFORMATION					
ARE YOU MARRIED/SINGLE		MEDICAL EXAM DUE DATE			
NUMBER OF EXEMPTIONS					

DRIVER CERTIFICATION OF INFORMATION	I am certifying that all answers contained herein is true and correct to the best of my knowledge..	Signature
		Date (mm/dd/yyyy)

DQ FILE NOTES
PAGE 1

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name		Date of Application	
Company			
Address			
City		State	
		Zip Code	

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. 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 49CFR391.23(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.

DRIVER CERTIFICATION OF INFORMATION	I am certifying that I have agreed to the above statements and permissions. I have granted permission to the above company or it's agents to investigate my history to the extent as outlined on this document pursuant to my seeking employment. This documentation is in no way a guarantee of my employment.	Signature
		Date (mm/dd/yyyy)

OFFICE NOTES	
---------------------	--

PAGE 2

DRIVER'S APPLICATION FOR EMPLOYMENT

(Position Applied For)					
(Name-Last, First, MI)				(Social Security Number)	
(Current Street Address)		(Current City)		(Current State)	(Current Zip)
(Current Phone)		(How Long At This Address) Years- Months-		Have You Lived At This Address For The Past 3 Years?	YES
If you have not lived at the above address for 3 years you must list your previous addresses for the past 3 years.					
(Street Address)		(City)	(State)	How Long Have You Lived At This Address?	Years- Months-
(Street Address)		(City)	(State)	How Long Have You Lived At This Address?	Years- Months-
(Street Address)		(City)	(State)	How Long Have You Lived At This Address?	Years- Months-

Do you have the legal right to work in the United States?		YES	NO	Date of Birth		Can you provide proof of age?	YES	NO
Have you worked for this company before?		YES	NO	Where?		Dates	(MM/YYYY)	to (MM/YYYY)
Rate of Pay		Reason(s) for Leaving?					Position	
Are you currently employed?	YES	NO	If not, how long since leaving last employment?				Referred by	
Have you ever been bonded?	YES	NO	Name of bonding company				Expected Rate of Pay	
Have you ever been convicted of a felony?	YES	NO	If YES, explain fully in the space below, give dates and locations if possible including places of incarceration. 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)?		YES	NO
If YES, explain if you wish			

OFFICE NOTES	
--------------	--

DRIVER'S APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to driver a commercial motor vehicle* in interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. **NO GAPS IN EMPLOYMENT-MUST SHOW 10 YEAR HISTORY.**

(Employer)			(Start Date MM/YYYY)
(Address)			(End Date MM/YYYY)
(City)	(State)	(Zip Code)	(Position)
(Contact)		(Phone Number)	(Salary/Wage)
Were you subject to the FMCSR's while employed?			(Reason For Leaving)
YES NO			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			
YES NO			
(Employer)			(Start Date MM/YYYY)
(Address)			(End Date MM/YYYY)
(City)	(State)	(Zip Code)	(Position)
(Contact)		(Phone Number)	(Salary/Wage)
Were you subject to the FMCSR's while employed?			(Reason For Leaving)
YES NO			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			
YES NO			
(Employer)			(Start Date MM/YYYY)
(Address)			(End Date MM/YYYY)
(City)	(State)	(Zip Code)	(Position)
(Contact)		(Phone Number)	(Salary/Wage)
Were you subject to the FMCSR's while employed?			(Reason For Leaving)
YES NO			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			
YES NO			
(Employer)			(Start Date MM/YYYY)
(Address)			(End Date MM/YYYY)
(City)	(State)	(Zip Code)	(Position)
(Contact)		(Phone Number)	(Salary/Wage)
Were you subject to the FMCSR's while employed?			(Reason For Leaving)
YES NO			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			
YES NO			

Note To Applicant

* Includes vehicles having a GVWR (Gross Vehicle Weight Rating) of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport Hazardous Materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSR's) 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 lbs. or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport Hazardous Materials in a quantity requiring placarding.

DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD-List any accidents that have occurred in the last 3 years-*Most recent accident first.*

DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Roll-Over, etc)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL

TRAFFIC CONVICTIONS-List any traffic convictions or forfeitures for the last 3 years (Other Than Parking Violations) If none write NONE.

DATE	LOCATION	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATION-DRIVER LICENSING - List all driver licenses or permits held in the past 3 years

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If the answer was YES to either of the above questions, give details:

EXPERIENCE AND QUALIFICATION-DRIVING EXPERIENCE-Check Yes or No based on experience.

CLASS OF EQUIPMENT	OPERATE (Check One)		TYPE OF EQUIPMENT OPERATED (Check all that apply)					DATES OPERATED		APPROXIMATE NUMBER OF MILE DRIVEN
	YES	NO	VAN	TANK	FLAT	DUMP	REFER	FROM (MM/YYYY)	TO (MM/YYYY)	
STRAIGHT TRUCK										
TRACTOR/SEMI TRAILER										
TRACTOR/TWO TRAILERS										
TRACTOR/THREE TRAILERS										
MOTOR COACH/SCHOOL BUS										
OTHER-										

LIST STATES YOU HAVE OPERATED IN THE LAST 5 YEARS-CHECK ALL THAT APPLY

ALABAMA	DELAWARE	IOWA	MICHIGAN	NEW HAMPSHIRE	OKLAHOMA	TEXAS	WYOMING
ALASKA	FLORIDA	KANSAS	MINNESOTA	NEW JERSEY	OREGON	UTAH	
ARIZONA	GEORGIA	KENTUCKY	MISSISSIPPI	NEW MEXICO	PENNSYLVANIA	VERMONT	
ARKANSAS	HAWAII	LOUISIANA	MISSOURI	NEW YORK	RHODE ISLAND	VIRGINIA	
CALIFORNIA	IDAHO	MAINE	MONTANA	NORTH CAROLINA	SOUTH CAROLINA	WASHINGTON	
COLORADO	ILLINOIS	MARYLAND	NEBRASKA	NORTH DAKOTA	SOUTH DAKOTA	WEST VIRGINIAN	
CONNECTICUT	INDIANA	MASSACHUSETTS	NEVADA	OHIO	TENNESSEE	WISCONSIN	

DRIVER'S APPLICATION FOR EMPLOYMENT

LIST ANY SPECIAL COURSES OR TRAINING THAT YOU HAVE RECEIVED THAT WILL HELP YOU AS A DRIVER			
DATE	TYPE OF TRAINING	LOCATION	CAN YOU PROVIDE DOCUMENTATION?
			YES NO
			YES NO
			YES NO
			YES NO

LIST ANY DRIVING SAFETY AWARDS THAT YOU HOLD AND FROM WHOM		
DATE	AWARD	AWARDED BY WHOM

EXPERIENCE AND QUALIFICATION-OTHER
 LIST ANY OTHER TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST ANY OTHER COURSES OR TRAINING THAT YOU HAVE RECEIVED (OTHER THAN THOSE ALREADY SHOWN):

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

EDUCATION - CLICK ON THE HIGHEST GRADE LEVEL COMPLETED																			
ELEMENTARY					HIGH SCHOOL					COLLEGE									
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5+			
LAST SCHOOL ATTENDED (Name)										(City)					(State)				

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 is true and complete to the best of my knowledge.

Signature: _____ Date: _____

PREVIOUS EMPLOYER INQUIRY

PROSPECTIVE EMPLOYER				
ATTENTION				
ADDRESS				
CITY		STATE		ZIP
PHONE		FAX		

DRIVER CONSENT STATEMENT FOR PREVIOUS EMPLOYER INQUIRY	
I, _____ (Print Name) do hereby give consent to release information for the purposes of investigation as required by Section 49CFR391.23 Part 40.25 of the Federal Motor Carrier Regulations. I hereby release my former employer from any and all liability of any type as a result of providing this information.	
Signature	Date

PREVIOUS EMPLOYER INQUIRY INFORMATION REQUEST					
Company Name			METHOD OF CONTACT		
Address			Date Sent/Received		
City	State	Zip	Mailed	_____ / _____	
Phone Number	Fax Number		Faxed	_____ / _____	
Driver's Name	Social Security Number		E-mail	_____ / _____	
The above named driver has made an application with our company and state that he/she worked for you from:		Hire Date	Phone	_____ / _____	
		Term Date	Spoke To:		
<i>We appreciate your time in completing, in confidence, the information requested below. Please update your company information if there were any errors. Thank you for your assistance.</i>			Attempt 1	Attempt 2	Attempt 3
Dates of Employment	Hire Date	Term Date	Job Title		
Did He/She Drive A Motor Vehicle For You	YES or NO	If YES What Type			
3 Year Accident History - DOT Recordable Accidents Only					
Date	City	State	# of Injuries	# of Fatalities	Tow Away
Date	City	State	# of Injuries	# of Fatalities	Tow Away
Date	City	State	# of Injuries	# of Fatalities	Tow Away
Was He/She A Safe And Efficient Driver	YES or NO	Was He/She A:	Company Driver	Independent Contractor	Fleet Driver
Reason For Leaving Your Company	Discharged	Resigned	Laid Off	Other:	
Eligible for Re-Hire	YES or NO	Commodity Hauled			
		Areas Traveled			
In the 3 years prior to contractor's dated release, for DOT Regulated testing, did the driver ever have any of the following:					
Any Refusal To Be Tested?	YES or NO	An alcohol test with a result of 0.04 or higher?			YES or NO
Verified positive drug result?	YES or NO	Other violations of DOT agency drug and alcohol rule violation to you?			YES or NO
Did a previous employer report a drug and alcohol rule violation to you?			YES or NO	*If you answered YES, forward the appropriate Return To Duty Documents (SAP Completion) along with this inquiry	
If you answered YES to any of the above questions, did the employee complete the return to duty process?*			YES or NO		

Signature: _____ Date: _____

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form to ensure confidentiality, such as fax, email, or letter. Prospective employer's confidential fax number or confidential email address:

PAGE 7

CERTIFICATE OF VIOLATION ANNUAL REVIEW OF DRIVING RECORD

INSTRUCTIONS FOR MOTOR CARRIERS

Each motor carrier shall at least once every 12 months, require each driver it employees to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on the account that he/she has forfeited bond of collateral during the preceding 12 months (Section 391.27). Driver who have provided information required by Section 383.31 need not repeat the information on this form.

INSTRUCTIONS FOR DRIVERS

Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Drivers Name (Print)	Social Security Number	Date Of Birth
Home Terminal (City & State)	Drivers License Number	State Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) or which I have been convicted or forfeited bond or collateral during the **LAST 12 Months**.
If you have had no violations check the following box -

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 to any violation (other than those I have provided under Part 383) required to be listed during the past 12 months

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS

Review the Certifications of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 392.25 and find that he/she (check one):

- Meets the minimum requirement for safe driving.
 Is disqualified to drive a motor vehicle pursuant to Section 392.25.
 Does not adequately meet satisfactory safe driving performance.

Action Taken With Driver

Reviewed By	Signature	Title
	Printed Name	Date

MOTOR VEHICLE DRIVER'S CERTIFICATE OF COMPLIANCE WITH DRIVER'S 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 transport hazardous materials requiring placarding.

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

DRIVER REQUIREMENT

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

POSSESS ONLY ONE LICENSE

You as a commercial motor vehicle operator, may not possess more than one motor vehicle driver's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying that state of issuance that you no longer want to be licensed in that state.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION

Sections 392.15(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 383.81 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 state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License Number:	State:	Expiration Date:

DRIVER CERTIFICATION

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

Driver's Name (Printed):	
Driver's Signature:	Date:

Office Notes:

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301 - Pre-Employment testing requirements apply to driver - applicants of this company.

382.301 Pre-Employment Testing Requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 382.301 of this subpart, a driver - applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to give to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Print):

Applicant's Signature:

Date:

Company Representative's Signature:

Date:

OFFICE NOTES:

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As the employer, you must also ask the 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 or alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a 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 Sections 40.25(b)(5) and (e)).

Prospective Employee Name (Print):	ID Number:
------------------------------------	------------

The prospective employee is required by Section 40.250 to respond to the following:

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Check One: Yes No

2) If you answered yes, can you provide (obtain proof that you've successfully completed the DOT return-to-duty requirements)?

Check One: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:	Date:
---------------------------------	-------

Witnessed By (Signature):	Date:
---------------------------	-------

Notes:

DRIVER NOTIFICATION LETTER

Appendix B

I certify that I have received a copy of, and have read the above company policy on the Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with

I will seek assistance through the current alcohol and drug testing administrator.

Signature:	Date:
Authorized Employer Representative:	Date:

OFFICE NOTES:

ALCOHOL AND DRUG EMPLOYEE'S CERTIFIED RECEIPT

APPENDIX E

EMPLOYEE'S NAME	
COMPANY	

This is to certify that I have been provided educational materials required by 382.601 and my employer policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussions of the following checked items:

	1. The designated person to answer questions about the materials.						
	2. The categories of drivers subject to Part 382.						
	3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.						
	4. Specific information concerning prohibited driver conduct.						
	5. Circumstances under which a driver will be tested.						
	6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.						
	7. The requirement that tests are administered in accordance with Part 382,						
	8. An explanation of what will be considered a refusal to submit to a test and the consequences.						
	9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40 Subpart O procedures.						
	10. The consequences for drivers found to have an alcohol concentration of .02 or greater but less than .04.						
	11. Information on the affects of alcohol and controlled substances use on: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">-An Individuals Health</td> <td style="width: 50%; border: none;">-Signs and Symptoms of a Problem</td> </tr> <tr> <td style="border: none;">-Work</td> <td style="border: none;">-Available Methods of Intervening</td> </tr> <tr> <td style="border: none;">-Personal Life</td> <td style="border: none;">(When a Problem Is Suspected)</td> </tr> </table>	-An Individuals Health	-Signs and Symptoms of a Problem	-Work	-Available Methods of Intervening	-Personal Life	(When a Problem Is Suspected)
-An Individuals Health	-Signs and Symptoms of a Problem						
-Work	-Available Methods of Intervening						
-Personal Life	(When a Problem Is Suspected)						
	12. Optional Information:						

Employee's Signature:	Date:
Authorized Employer Representative:	Date:

Notes:
PAGE 13

RECORD OF ROAD TEST

EMPLOYEE'S NAME

COMPANY

This road test includes testing the driver for the following skills:

1. Pre-trip inspections.
2. Coupling and uncoupling of tractors and semi-trailers, if required,
3. Placing vehicle in operation
4. Use of controls and emergency equipment.
5. Operating in traffic and passing other vehicles.
6. Making turns in traffic (does driver check mirrors when making right turns).
7. Braking and slowing by means other than braking.
8. Safe backing and parking (does driver ensure all is clear before backing)

I gave the driver named above a road test, and he/she performed all of the above and other related activities satisfactorily, except (explain):

Indicate where additional training is needed:

Was the importance of the Pre-Trip Inspections Explained to the driver: YES NO

Signature of Examiner:

Date:

CERTIFICATE OF ROAD TEST

Driver's Name:

Social Security Number:

Operators/CDL License#:

State:

Expiration Date:

Type of Power Unit:

Type of Trailer:

This is to certify that the above named driver was given a road test under my supervision on _____, Consisting of approximately _____ miles of driving and 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:

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 395.80(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work

Driver's Name (Print):			Social Security Number:		
Driver's License Number:		Class:	Endorsement(s):		Restriction(s):
Type of License:				Issuing State:	

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

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

TIME:	ON	DATE:
Driver's Signature:	DATE:	

DRIVER'S 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 other compensated work for employer other than a motor carrier.

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 Signature (Company Representative):	Date:

Notes:
PAGE 15

General Consent For DACH

General Consent for Limited Queries Of The Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent for Mann Consultant Services Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will be valid for the entire period of my employment with the company in which I am applying. I can revoke this consent at any time by submitting a written letter of notification to both the employer and Mann Consultant Services, Inc.

(Applicant's Printed Name)

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

I further understand that if I refuse to provide consent for Mann Consultant Services, Inc. to conduct a limited query of the Clearinghouse, _____ must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

(Company Name)

Employee Signature _____

Date _____