

DATE OF APPLICATION: ___/___/___

APPLICATION

COMPANY _____
ADDRESS _____
CITY _____, STATE _____, ZIP _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

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 also 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

Applicant Signature: **X** _____ Date ___/___/___

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT: _____ () _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X _____
Applicant Signature

_____/_____/_____
Date

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: _____ EXPIRATION DATE: ____/____/____
 STATE: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZ. MAT. SPILL
___/___/___	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
___/___/___	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
___/___/___	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

DATE	LOCATION	CHARGE	PENALTY
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES			APPROX. MILES DRIVEN
		FROM	TO	or	
STRAIGHT TRUCK	_____	_____	_____		_____
TRACTOR & SEMI TRAILER	_____	_____	_____		_____
OTHER	_____	_____	_____		_____
LIST COMMODITIES HAULED: _____					

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

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

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(i)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(i)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(i)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(i)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

Driver's Signature

Date

WORK EXPERIENCE

In accordance with §391.21 & 23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER. USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>	

SECOND LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>	

THIRD LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>	

* The Federal Motor Carrier Safety Regulations 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

FIFTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

SIXTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS -- Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.
**Any gaps in employment and/or unemployment must be explained.

**H&W STATEMENT OF CRIMINAL
BACKGROUND/HISTORY**

Have you ever been convicted of a felony offense?

Yes _____

No _____

Have you ever spent time in jail as a result of a CRIMINAL CONVICTION?
(Convicted in a court of law and THEN jailed. Being jailed before conviction is considered a detainment unless factored in during sentencing.)

Yes _____

No _____

If you have answered YES to ANY of the above provide a description of the offenses and time served. While certain offenses will prevent you from being hired, providing as much information as possible may help in determining employment.

In some cases H&W Contract Carriers, Inc. may wish to conduct a criminal background check. This is done at the discretion of H&W Contract Carriers, Inc. Some states require a document signed by the subject granting the employer permission to perform such action. In the space provided please sign your name, print your name and date with today's date. Failure to do so may result in you not being eligible for hire.

Print Name: _____ Sign Name: _____
Date: _____

All applicants are considered providing they meet the minimum requirements set forth by the Department of Transportation and our insurance companies. Failure to inform H&W Contract Carriers, Inc. of any information which conflicts with this page of the application will result in the termination.

**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND
CONTROLLED SUBSTANCES STATEMENT**

Section 40.25(j) of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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?

Check one: YES NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone No.: _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed you evaluation.

Name of SAP: _____

Address: _____

Telephone No.: _____

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

Signature of Applicant

Date

**PRE-EMPLOYMENT
DRUG SCREEN RELEASE**

Driver-applicants to this company must comply with the Federal Motor Carrier Safety Regulations, Section 382.301. *NOTE - "pre-employment" is referenced only as a category by the FMCSR.

The following are requirements specified in section 382.301

1. A motor carrier shall require a driver-applicant who the motor carrier intends to use, to be tested for the use of controlled substances as a pre-qualification condition.
2. A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
3. Prior to a urine sample under Section 382.301, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances

The Driver Statement

I have read and understand the above conditions for the Pre-Driving Urinalysis Notification. I agree to the urine sample collection and controlled substance testing as a condition for me to drive for the carrier.

I also understand that a positive test will medically disqualify me from the operation of a commercial motor vehicle.

The Medical Review Officer will maintain the results of the Urinalysis Test in strict confidence reportin the results to the company only.

____/____/____
Mo. Day Year

X _____
Applicant's Name (please print)

X _____
Applicant's Signature

____/____/____
Mo Day Year

Company Representative Name (please print)

Company Representative Signature

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
DRUG/ALCOHOL TESTING HISTORY**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____ / ____ / ____
First Middle Last Social Security # Date of Birth
 Hereby authorize my previous employer _____ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from the date of my employment application, which is ____ / ____ / _____. The information should be sent to my prospective employer _____ to the address, confidential fax or confidential e-mail shown below

Applicant's signature: _____ Date: _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E-mailed

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

PLEASE SEND RESPONSES TO:

Company: _____ Confidential Fax No.: (____) _____

Street Address: _____ Confidential E-mail: _____

City, State, Zip: _____ Attention: _____

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM ____ / ____ / ____ TO ____ / ____ / ____

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM ____ / ____ / ____ TO ____ / ____ / ____

YES NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?

YES NO Has this person tested positive for controlled substances?

YES NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?

YES NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?

YES NO If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?
(If yes, please send documentation of the SAP name, address and phone number when you return this form)

YES NO For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____ / ____ / ____ by (check one): Fax Mail E-mail

SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E-mailed Completed by Phone Other _____

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from ____/____/____ to ____/____/____.

APPLICANT NAME: _____

Social Security Number: _____ Date of Birth: _____

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

PLEASE SEND RESPONSES TO:

Company: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ Attention: _____

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO

If yes, please state the actual dates of employment: FROM: ____/____/____ TO: ____/____/____

Did he/she drive a motor vehicle for your company? YES NO

If yes, please check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER
 CARGO TANK FLATBED DOUBLES/TRIPLES BUS OTHER (please specify) _____

Reason for leaving your company: DISCHARGE RESIGNATION LAY OFF MILITARY DUTY

Would this applicant be considered for employment with your company again? YES NO

If there is no safety performance history to report, check here , sign below and return..

ACCIDENT HISTORY: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.

Or, check here if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks: _____

PART 2 COMPLETED BY (Signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): Fax Mail E-mail Telephone Other _____

7 DAY PRIOR HOURS STATEMENT

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 motor carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER NAME (print): _____
 SOCIAL SECURITY #: _____
 DRIVER'S LICENSE: STATE: _____ NUMBER: _____ CLASS: _____
 ENDORSEMENTS: _____ RESTRICTIONS: _____

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

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS RELIEVED FROM WORK ON:

DATE: ___/___/___ AT _____ A.M. P.M.
Time

X _____ ___/___/___
Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

Are you currently working for another employer? YES NO
 At this time do you intend to work for another employer while still employed by this company? YES NO

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

X _____ ___/___/___
Driver's Signature Date

X _____ ___/___/___
Company Representative Date

GOOD FAITH EFFORTS TO VERIFY SAFETY PERFORMANCE HISTORY

The following attempts were made, but failed to verify the information required by 49CFR Part 382.413, 40.25, and/or 391.23 for driver applicant: _____

Company contacted: _____	Date: ____/____/____
Contacted by: <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note - If mailed or faxed, attach copy for records)	
Telephone No: (____) _____	Fax No: (____) _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of filing: ____/____/____	
Signature: _____	

Company contacted: _____	Date: ____/____/____
Contacted by: <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note - If mailed or faxed, attach copy for records)	
Telephone No: (____) _____	Fax No: (____) _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of filing: ____/____/____	
Signature: _____	

Company contacted: _____	Date: ____/____/____
Contacted by: <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax (*Note - If mailed or faxed, attach copy for records)	
Telephone No: (____) _____	Fax No: (____) _____
Person Contacted: _____	Position: _____
Notes: _____	
Complaint filed per §386.12: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of filing: ____/____/____	
Signature: _____	

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name: _____
 Address: _____

Date of Conviction	Location	Vehicle Type	Description of Violation(e.g. speeding 69/55)

If no violations during this 12 month period, write "NONE."

Driver/License Information	
License # _____	Expiration Date: _____
State of Issue: _____	Social Security#: _____

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further certify that the above license is the only one I hold.

X _____ / / _____
 Driver's Signature Date of Certification

Name of Motor Carrier: _____
 Address: _____

COMPANY USE ONLY -- ANNUAL REVIEW OF DRIVING RECORD

Carrier Instructions: At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. The driver should complete the top portion of the form, and the carrier should complete the bottom.

In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions, and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to §391.15
 Does not meet minimum requirements for safe driving

Remarks/Action(s) Taken: _____

Reviewed by: _____ / / _____
 Supervisor's Signature Date of Review

Employment Eligibility Verification

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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