

Driver: _____

Truck # _____

Trailer # _____

- ☐ Application
- ☐ Physical Requirements Certification
- ☐ Previous Occupational Injury Inquiry
- ☐ Copy of Driver License
- ☐ Copy of Social Security Card
- ☐ I-9 Verification Form
- ☐ Emergency Contact Notification Form
- ☐ Pre-Employment Drug Test
- ☐ MVR Record
- ☐ Medical Card
- ☐ Medical Card (Long Form)
- ☐ Motor Vehicle Certificate of Compliance
- ☐ Annual Review of Driving Record
- ☐ Previous Employer Verification
- ☐ Drivers Certification of Violations
- ☐ Previous Employer Drug/Alcohol Test Info

- ☐ Hours of Service
- ☐ Added to Insurance
- ☐ Added to Drivers List
- ☐ Alcohol/Drug Free Policy
- ☐ No Rider Policy
- ☐ Sexual Harassment Policy
- ☐ No Hand-Held Device Policy
- ☐ Inquiry to State Agency
- ☐ Check In Acknowledgement
- ☐ Truck/Equipment Checklist
- ☐ H2S Certification
- ☐ Respirator Fit Test
- ☐ Safeland Certification

Driver Qualification File List for Legal Folder

Position 1

- A. **Employment Application** (must DOT compliant and completed immediately, including owner/operators.)
- B. **Pre-employment result and COC.** (must have negative result **before** driving)
- C. **Initial MVR** (within 30 days)
- D. **Medical Certification is now within the initial MVR information.**
- E. **Releases for drug/alcohol testing, MVR release, drug/alcohol policy notice, etc.**
- F. **Hours of Service for previous 7 days.**

Position 2

- A. **Previous Employer History check.** (I recommend you send these the first time by email or fax, then if no response, call by phone. Be sure and document responses.)
 - 1. **Release to check safety performance and employer response.** (3 years back)
 - 2. **Release to check drug/alcohol history and employer response.** (3 years back)

Position 3

- A. **Copy of driver license front and back.**
- B. **Road test** (if required – if pulling doubles or liquid cargo requiring endorsement, you must road test)
- C. **Road test certificate** (if required, may be included on road test)
- D. **New Entry Driver Training/Certificate** (required if less than 1 year CDL driving experience)
- E. **Driver's Certification with DL Requirements**

Position 4

- A. **Copy of Medical Certificate**
- B. **Copy of National Registry information on medical examiner.** **NOTE:** After 05-21-2014 the medical examiner must be certified and provide their National Registry number.
- C. **Medical Self-Certification** – Driver must send in copy of medical certificate each time they renew their medical certificate. It can be presented in person by the driver or scanned or faxed to DPS. A couple of days after it is sent in, you should check the "Driver Eligibility" website and print for file. Place under new medical certificate.
- D. **Vision/Physical Waiver** (if required you must have a waiver in file and the driver must carry a copy on their person.)

Position 5

- A. **Annual MVR.** (should be completed at the annual anniversary of each driver or establish an annual date for all drivers with no one going more than a year since their last check.)
- B. **Driver list of violations.**
- C. **Annual review.** This is a 3-step process!

Position 6

- A. **Hazardous Material Training** (if required, if you are not a hazardous material carrier this position can be used for **non-dot** files.)

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at **S & D TRUCKING LLC**

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

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

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____

APPLICATION INSTRUCTIONS

Thank you for your interest in employment with our company. We appreciate your application. Please complete the attached and authorization for release information forms. Please print information legibly, and don't leave any empty questions, use the abbreviation "N/A" if a particular provision or section in the forms is not applicable to you. Incomplete applications will not be processed.

Employment decisions are made solely based on the qualifications to perform the work of a Commercial Truck Driver. Any driver to be used in the transportation of property must be qualified in accordance with the requirements of the Federal Motor Carrier Safety Regulations *Part 383* and *Part 391*, as listed below. Credentials and experience will be verified through schools, former employers and any licensing/certification agencies, if applicable.

QUALIFICATION REQUIREMENTS

The purpose of the Federal Motor Carrier Safety Regulations is to promote the safety of operations on the Nation's highways, not only for the general driving public, but also for the carriers and their drivers. The qualifications prescribed for driver's subject to these regulations include those areas which have been found to be of primary significance in providing safety conscious drivers for the motor carrier industry. The regulations specify a driver to be qualified to drive a motor vehicle if he/she:

- ✦ Is at least 21 years of age
- ✦ Can read and speak English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records.
- ✦ Can by reason of experience, training, or both, safely operate the type of motor vehicle he/she drives
- ✦ Can, by reason of experience, training or both, determine whether the cargo he transports (including baggage in a passenger-carrying motor vehicle) has been properly located, distributed, and secured in or on the motor vehicle he/she drives.
- ✦ Is familiar with methods and procedure for securing cargo in or on the motor vehicle he/she drives.
- ✦ Is physically qualified to drive a motor vehicle in accordance with Subpart #physical qualifications and Examinations of *Part 391* and able to meet the physical demands as listed in the Company's Job Analysis Schedule, including medium level lifting (70-100 lbs)
- ✦ Has a current valid commercial motor vehicle under the rules in *Sec. 391.15*;
- ✦ Has successfully completed a driver's Road Test in accordance with *Section 391.33*;
- ✦ Has completed and furnished the motor carrier that employs him/her with an application for employment in accordance with *Section 391.21*.

As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (defined by law).

CONSENT FORM

Notice of Alcohol and Controlled Substance Testing:

The Company will not tolerate or condone substance abuse. It is the policy of the company to maintain a workplace free from drug use or alcohol misuse by its employees, commission's agents, vendors and customers, and to always be in compliance with the Federal Motor Carrier Safety Regulations and other applicable laws and regulations. I agree and consent to be subject to pre-employment, random, post-accident and reasonable suspicion controlled substance and alcohol testing under the provisions of the Federal Motor Carrier Safety Regulations and other applicable laws and regulations.

I agree and consent to be subject to pre-employment, random, post-accident and reasonable suspicion controlled substance and alcohol testing under the provisions of the Federal Motor Carrier Safety Regulations, Part 382. Any driver-applicant for employment who tests positive for a controlled substance shall be disqualified for employment or services at the Company. Employee-drivers will be placed out-of-service or disqualified to drive any commercial motor vehicle in accordance with Prohibitions provided in Part 382, Subpart B of the federal Motor Carrier Safety Regulations.

Controlled Substance Drug Testing Pre-Employment Consent Agreement:

Part 382, Subpart C (382.301) of the Federal Motor Carrier Safety Regulations, regarding Pre-employment testing, shall apply to each driver-applicant the Company. As a condition of my Employment Application, I agree and consent to this the urine sample collection and controlled substance testing as provided by the Federal Motor Carrier Safety Regulations, which I have read and understood.

I understand and agree that a positive test for a controlled substance (s) based on the Urinalysis Test will disqualify me from the operation of a commercial vehicle with the 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 prior to disclosure of Pre-Employment Controlled Substance test results to other parties.

Drug and Alcohol Consent & Authorization Form

I hereby acknowledge that I have been provided a copy of the Companies Drug/alcohol Policy requirements. I understand that disciplinary action, up to and including termination, will result if I violate this policy.

Consent and Authorization for Disclosure to clients of the Company of alcohol and Drug Test Results and Related Information

I hereby consent to disclosure by the Company and its agents, including, but not limited to any collecting and testing agencies, of the test results identified above and any related information to clients of the Company, and its authorized agents, assigns, or representatives.

Driver Release:

I understand that Consumer Reports, which may contain public and private record and employment information, may be requested by the Company from varies reporting agencies. These reports may contain the following types of information, namely, names and dates of previous employment, reason for termination of employment, work experience, accident information, etc., I further understand that such reports may be requested which contain public and private record

information regarding my driving record, workers' compensation claim, credit information, bankruptcy proceedings, criminal records and traffic violations, etc., and such that information may include information and records requested by others from reporting agencies.

I Authorize, Without Reservation, Any Part or Agency Contacted by the Company, to Furnish the Above Referenced Information and/or Reports:

I further understand that I have the right to request from the Company, upon prior identification, the nature and substance of all information contained in my files at the time of such request, including the source of such information and the recipients of any reports on me for the two-year period prior to my request. I agree and consent that upon hire by the Company, all employment history information, including driving and/or accident records, contained in my file may be furnished by the Company to any reporting agency or service.

Commercial Motor Vehicle Safety act:

The Commercial Motor Vehicle Act of 1986 provides for controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Weight rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials. Violations of this Act are punishable by a fine not to exceed \$2,500. Willful violation of (1) or (23) below, or failure to notify Carrier within 30 days of loss of any privilege to operate commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

In conformity with this Act, driver-applicant agrees to the following:

1. Not possess more than one driver's license
2. Within 30 days of any conviction of a traffic violation (other than parking), to notify the Company or the State which issued his/her license of such conviction.
3. Inform the Company of all previous employment as the driver of a Commercial Motor Vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Advise the Company if the driver loses any privileges to operate a Commercial Vehicle or is disqualified from operating a Commercial Vehicle the next business day after received notification,

Acknowledgement of Hours of Services Requirements:

Driver-Applicant acknowledges that he/she has read and understood Section 395.8 of the Federal Motor Carrier Safety Regulations pertaining to the Hours of Service requirements for drivers operating Commercial Motor Vehicles with a Gross Weight-Rating or Gross Combination weight rating of 10,001, or more pounds or the vehicle is designed to transport more than 7 passengers including driver, or the vehicle is used in Transportation of Hazardous Materials in a quantity requiring placards. Driver agrees to fully comply with these regulations.

Commercial Driver's License Requirements

I, do hereby declare, that I understand and agree to comply with all applicable Federal Motor Carrier Safety Regulations, including Part 383, which requires me to obtain and maintain a Commercial Driver's License if:

1. Transport Hazardous Material which require placards OR
2. Operate a vehicle with a Gross Weight Rating (GWV) of 26,000 or more pounds.

I hereby certify that if I do not have a Commercial Driver's License I will not operate a vehicle transporting Hazardous Materials which require placards or operate a vehicle designed to transport a GVW of 26,000 or more pounds in violation of the Federal Motor Carrier Safety Regulations. Further, I agree to obtain and maintain a Commercial Driver's License if required by these regulations.

Fair Credit Reporting Act-Disclosure

In accordance with the provisions of Section 604 (b) (20 (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this Company. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier.

Driver Certification 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 paragraph (8) and (9) of the Federal Motor carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of, a common, contract or private motor carrier, and also performing any work, of any type, which is compensated.

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 the company, I begin working for any additional company for compensation, I must inform the company immediately of such employment activity, log the hours worked, and maintain compliance with the HOS Rules.

Driver Signature _____ Date _____

Safety/D.O.T./Supervisor Signature _____

Indemnification

I hereby agree that I will hold the Company harmless and indemnify and defend the Company from and against any and all damages, fines, and/or losses as a result of the violation by employee of any of the above policies and/or regulations.

Driver Name (Print): _____

Driver Signature: _____

Safety/D.O.T./Supervisor Signature: _____

Drug & Alcohol Policy

For

S & D Trucking LLC

In 1988, Congress enacted the Drug Free Workplace Act to require federal contractors to establish and maintain a work environment that is free from the effects of drug use and abuse. Federal Regulations 49 CFR Part 40 (§382) present the general terms of this program and its guidelines. We agree with that goal and believe that **S & D Trucking LLC** has responsibility to its employees and those who use or come in contact with its products/services, to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy of **S & D Trucking LLC** and a condition of employment that an employee be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

No employee will be disciplined or discriminated against simply for seeking help.

Employee Responsibility

The employee is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through the company or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in "trouble", NOT AFTER.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods), in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee who violates any one of them will be subject to disciplinary action, up to and including termination.

1. **Alcohol** - An employee may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.

2. An employee will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. Drugs - An Employee may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal-drug violates this rule. This rule also pertains to Prescription drugs being taken without doctors' authorization.
4. Drug Paraphernalia and Alcohol Containers - An Employee may not possess any Drug Paraphernalia or Alcohol Containers.
5. Prescriptions/ Over-the-counter Medications - It is the employees' responsibility to check the potential effects of prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.
6. Adulterants - Any substance that is used for the purpose of Manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing.

All safety sensitive employees are required to pass a DOT pre-employment urine drug test before being hired.

Random Testing Program.

The Random-testing program is implemented by a third party and/or a computerized Selection Process throughout the year. The Third-Party Administrator (TPA) combines the drivers from our company with drivers from other companies. The TPA selects 4 times per year and notifies the DER, Designated Employee Representative. The DER can notify the Driver within the selection period. When the driver is notified, they must test ASAP. The Federal Motor Carrier Safety Administration does not allow testing delays due to convenience or movement of freight. (FMCSA).

Mandatory Post Accident Testing.

Post-accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in 49 CFR Part 40. *See Chart*

| Type of accident involved | Citation issued to the CMV driver? (Class A or B) | Test must be Performed. |
|--|--|--------------------------------|
| i. Human Fatality | Yes | Yes |
| | No | Yes |
| ii. Bodily injury with immediate medical treatment away from scene. | Yes | Yes |
| | No | No |
| iii. Disabling damage to any motor vehicle requiring tow away. | Yes | Yes |
| | No | No |

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained in accordance to 49 CFR 382.603 of the Federal Register to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
 - The Odor or Smell of Alcohol or Drugs on the employee's breath or clothes or in an area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
 - Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee's possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom.);
 - Unexplained or Significant deterioration in job performance.
 - Unexplained significant changes in behavior (e.g., abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
 - Evidence that the employee may have tampered with a previous drug test.
 - Criminal citations, arrests or convictions involving drugs and alcohol.
 - Unexplained absenteeism or tardiness
 - Employee admissions regarding drug or alcohol use;
 - Any involvement in any work-related accident or near misses.
- Any type of Paraphernalia discovered on your person or Company Property

Fit for Duty- S & D Trucking LLC could require a fit for duty exam by a certified Medical Practitioner; this exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical Certificate.

Duty to Cooperate

An employee who fails to cooperate in the administration of this policy generally will be terminated and is in violation of §49 CFR Part 40. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of the Company's choosing whenever any test results in a finding of a dilute sample or reasonable suspicion.
- Failure to accept the referral, to enter into and complete an approved treatment program

EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, _____ acknowledge receiving a copy of
Drug & Alcohol Policy. Date:

2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to **S&D Trucking LLC** for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.
6. Questions concerning this drug and alcohol policy should be directed to **David Lezama**

I have read this entire policy and each of the above statements ☐ Yes ☐ No

Signature

Date

S&D TRUCKING,LLC

New Hire Safety Orientation

Employee Acknowledgement

The Employee Safety Handbook has been designed with the safety and well-being of all employees, contractors, the general public, and the environment as the ultimate concern. The intention of this handbook along with the provision of a New Hire Safety Orientation is to ensure that all employees return home in a safe and healthy condition at the end of the day. With these concerns in mind, it is the employee's obligation and responsibility to read and follow all procedures and policies contained within this handbook.

I acknowledge:

- having received the New Hire Safety Orientation.
- having been assigned to a Short Service Employee mentor.
- understanding these policies and procedures, which includes the Alcohol & Drug Policy.
- receiving a copy of the Employee Safety Handbook.
- that it is my responsibility to follow all safety, health, and environmental policies and procedures.
- that compliance with these policies and procedures is a condition of employment.
- that I have access to all safety, health, and environmental policies and procedures, and Safety Data Sheets.

I understand that nothing contained within this acknowledgement constitutes a contract of employment or guarantees the continuation of current employment.

I understand that S&D Trucking, LLC. reserves the right to modify or amend any policies or procedures and that I will be trained on any changes.

Employee Name (print) _____

Office or Yard Location _____

Signature _____

Date _____

Supervisor or Instructor's Name (print) _____

Signature _____

S&D TRUCKING,LLC.

Orientación para nuevos empleados

Reconocimiento del empleado

El manual para el empleado ha sido diseñado con la seguridad y el bienestar de todos los empleados, contratistas, el público en general, y el medio ambiente como el interés último. La intención de este manual y una orientación para nuevos empleados es asegurar que todos los empleados regresen a sus hogares en condiciones buenas de seguridad y salud en el final del día. Con estas preocupaciones en mente, es obligación y responsabilidad del empleado de leer y seguir todos los procedimientos y políticas que aparecen en este manual.

Yo reconozco que:

- he recibido la orientación para nuevos empleados.
- he sido asignado a un mentor por el Servicio Corto Empleado.
- comprendo estas políticas y procedimientos, que incluye la Política de Alcohol y Drogas.
- he recibido una copia del manual del empleado.
- que es mi responsabilidad seguir las políticas y procedimientos de seguridad, la salud, y ambientales.
- que la conformidad con estas políticas y procedimientos es una condición de empleo.
- que tengo acceso a todos los de seguridad, la salud y las políticas y procedimientos ambientales y hojas de datos de seguridad.

Entiendo que nada de lo contenido dentro de este reconocimiento constituye un contrato de trabajo o garantiza la continuidad del empleo actual.

Entiendo que S&D Trucking se reserva el derecho de modificar o corregir cualquier política o procedimiento y que voy a estar capacitado en cualquier cambio.

Nombre del empleado (impresión) _____

Oficina o Yard Ubicación _____

Firma del empleado _____

Fecha _____

Nombre del instructor (impresión) _____

Firma _____

S & D TRUCKING LLC

Fuel card agreement:

Every driver that has Fleet one fuel card from S & D TRUCKING LLC is responsible, and this card can only be use for diesel fuel only for S & D TRUCKING LLC's TRUCKS, if for any reason the driver abuses the card or used for any other purposes that is not Known by the company owner, the driver will be responsible for all charges and be persecuted by law.

Fuel card Account number: _____

Fuel Card: _____

Truck number: _____

Date: _____

Driver name: _____

Driver signature: _____

NO HAND-HELD PHONE USE WHILE OPERATING CMV

As of November 2011, the FMCSA approved Docket Nos. FMCSA-2010-0096 and PHMSA-2010-0227 (HM-256a) concerning 49 CFR Parts 177, 383, 384, 390, and 392 which ban the use of cell phones while driving a commercial motor vehicle. The rule prohibits the following actions:

- Using at least one hand to hold a mobile device to conduct a voice communication.
- Dialing or answering a hand held mobile device by pressing more than a single button; or
- Reaching for a mobile device in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with federal regulations that has been adjusted in accordance with the manufacturer's instructions.

For purposes of the rule "driving" means operating a CMV on a highway, including while temporarily stopped in traffic because of a traffic control device or other momentary delays. "Driving" does not include operating a CMV when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary (please note that pulling to the side of a highway may not, in some instances, be allowed under applicable law). The rule is in addition to the existing federal ban on texting while driving a CMV.

Violations can result in a civil penalty against the driver of up to \$2750, and against the carrier of up to \$11,000. In addition, drivers convicted of violating the rule twice in a 3-year period are subject to disqualification by state or federal authorities from driving a CMV for 60 days. Three violations in a 3-year period result in disqualification for 120 days. Additionally, violation of state or local rules restricting or prohibiting the use of hand-held mobile devices while driving can also result in disqualification.

ACKNOWLEDGEMENT: By signing below, the undersigned driver acknowledges receipt of this notice, agrees to comply with the limitations set forth herein and will comply with any and all applicable federal, state and local laws regarding use of mobile technology while operating a CMV. Driver further acknowledges that violation of above rules and regulations regarding the use of such devices may trigger obligations under contractor's agreement with the company, including but not limited to, hold harmless and indemnity obligations. In addition to the foregoing, failure to comply with such prohibitions or limitations may result in disqualification of driver and/or termination of contract.

Signature

Date

Print Name

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF BIRTH | | SOCIAL SECURITY # | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |

Do you have legal right to work in the United States? ☐ YES ☐ NO

| PREVIOUS THREE YEARS RESIDENCY | | | | | |
|--|--------|------|-------|----------|-----------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

| LICENSE INFORMATION | | | | |
|---|-----------|------------|--------------|-----------------|
| No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. | | | | |
| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
| | | | | |
| PREVIOUSLY HELD LICENSES | | | | |
| | | | | |
| | | | | |

| DRIVING EXPERIENCE | | | | |
|------------------------|---|-----------|---------|---------------------------|
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |
| TRACTOR & 2 TRAILERS | | | | |
| TRACTOR & TANKER | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
|-----------------------------------|---|--------------|------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|--------------------------------|-----------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

| CURRENT (MOST RECENT) EMPLOYER | | | | | |
|--|--|---------------|--|-------------|--|
| NAME | | | | PHONE | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |

| | |
|---|--|
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| SECOND (MOST RECENT) EMPLOYER | | | | | |
|--|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| THIRD (MOST RECENT) EMPLOYER | | | | | |
|--|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| EDUCATION | | | | | |
|-------------|-----------------|-----------------|-----------------|---|---------|
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE Y N | DETAILS |
| High School | | | | <input type="checkbox"/> <input type="checkbox"/> | |
| College | | | | <input type="checkbox"/> <input type="checkbox"/> | |
| Other | | | | <input type="checkbox"/> <input type="checkbox"/> | |

| OTHER QUALIFICATIONS |
|---|
| Please list any other qualifications that you have and which you believe should be considered. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> |

Past Employment Continued

Fill out this section in its entirety, even if similar information is included in your resume. List your most recent employer first. Account for employment experience for past 10 years, including military service. Please attach separate sheet to application.

Previous Employer

| | | | |
|---|----------------|--|-----------------|
| Company Name: _____ | | Address: _____ | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Telephone Number: () | Position Held: | Immediate Supervisor's Name and Contact Number: | |
| Starting Date: | Ending Date: | Starting Rate: | Ending Rate: |
| Describe Duties: | | | |
| Reason for Leaving: | | | |
| Was your position subject to the FMCSR's? | | Was your position subject to DOT alcohol & controlled substance testing? | |
| | | May we contact this employer? Yes _____ No _____ | |

Previous Employer

| | | | |
|---|----------------|--|-----------------|
| Company Name: _____ | | Address: _____ | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Telephone Number: () | Position Held: | Immediate Supervisor's Name and Contact Number: | |
| Starting Date: | Ending Date: | Starting Rate: | Ending Rate: |
| Describe Duties: | | | |
| Reason for Leaving: | | | |
| Was your position subject to the FMCSR's? | | Was your position subject to DOT alcohol & controlled substance testing? | |
| | | May we contact this employer? Yes _____ No _____ | |

Previous Employer

| | | | |
|---|----------------|--|-----------------|
| Company Name: _____ | | Address: _____ | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Telephone Number: () | Position Held: | Immediate Supervisor's Name and Contact Number: | |
| Starting Date: | Ending Date: | Starting Rate: | Ending Rate: |
| Describe Duties: | | | |
| Reason for Leaving: | | | |
| Was your position subject to the FMCSR's? | | Was your position subject to DOT alcohol & controlled substance testing? | |
| | | May we contact this employer? Yes _____ No _____ | |

Previous Employer

| | | | |
|---|----------------|--|-----------------|
| Company Name: _____ | | Address: _____ | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Telephone Number: () | Position Held: | Immediate Supervisor's Name and Contact Number: | |
| Starting Date: | Ending Date: | Starting Rate: | Ending Rate: |
| Describe Duties: | | | |
| Reason for Leaving: | | | |
| Was your position subject to the FMCSR's? | | Was your position subject to DOT alcohol & controlled substance testing? | |
| | | May we contact this employer? Yes _____ No _____ | |

TO BE READ AND SIGNED BY APPLICANT

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

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

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

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|--------------------------|--|------|--|
| Applicant Signature | | Date | |
| Applicant Name (printed) | | | |

Previous Occupational Injury Inquiry

This certifies that I, _____, has
(Print name)
NOT been involved in any Occupational incidents in the last 10 years.

Driver Signature

Date

I, _____, have been involved in an
(Print name)
Occupational injury/incident in the last 10 years.

Incident Details:

Company: _____

Date: _____ Injury Details: _____

Incident Details:

Company: _____

Date: _____ Injury Details: _____

Driver Signature

Date

DRUG AND ALCOHOL POLICY

S&D TRUCKING LLC a drug free workplace. The purpose of this policy is to insure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy:

- A "substance" includes alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs
- An "illegal drug" is any substance that is illegal to use, possess, sell, or transfer
- "Drug paraphernalia" are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants
- A "prescription drug" is any substance prescribed for an individual by a licensed health care provider
- An "inhalant" is any substance that produces mind-altering effects when inhaled

You are "Under the Influence" if any substance:

- Impairs your behavior or your ability to work safely and productively
- Results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property; or
- Is shown to be present in your body, by laboratory evidence, in more than an identifiable trace

"Company Premises" include our buildings, grounds, parking lots, and company-provided vehicles.

COMPANY RULES

You must follow these rules while you are on Company premises and while you conduct Company business. The rules apply any place you conduct Company business, including a Company vehicle or your own vehicle:

1. You may not use, possess, or be under the influence of alcohol on Company premises. If management approves, you may drink moderately at certain off-premises, business-related meetings or social gatherings.
2. You may not use, possess, or be under the influence of illegal drugs
3. You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so, and we will report such actions to the authorities
4. You may not use, possess, sell, buy, transfer, or distribute drug paraphernalia
5. You may not use or be under the influence of inhalants
6. You must follow these rules if you take prescription or over-the-counter drugs on the job
 - ❖ You may use a prescription drug only if a licensed health care provider prescribed it for you within last year
 - ❖ You may use prescription or over-the-counter drugs only if they do not general affect your ability to work safely
 - ❖ You must follow directions, including dosage limits and usage cautions
 - ❖ You must keep these drugs in their original containers or bring only a single-day supply

Note: The Company may consult with the doctor to determine if a prescription or over-the-counter drug may create a risk if you use it on the job. The company may change your work duties or restrict you from working while you are using a prescription or over-the-counter drug that creates such a risk.

7. You may not use machinery while taking prescription or over-the-counter drugs that impair your ability to work safely. This includes vehicles.

You must cooperate with any investigation into substance abuse. An investigation may include tests to detect the use of alcohol, drugs, or inhalants.

TESTING

Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

AGREEMENT TO FOLLOW POLICY

I have received and read a copy of the Drug and Alcohol Abuse Policy for **S&D TRUCKING LLC**

I agree to follow the Rules in the policy.

[Date of Signature]

[Safety/D.O.T./ Supervisor Signature]

[Date of Signature]

ATTACHMENT 1

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the S & D Trucking LLC drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by S & D Trucking LLC and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of S & D Trucking LLC and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Printed Name

*** This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client***

This form is an example only. Questionnaires may look different, but should include, at minimum, the two questions below.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Applicant Name _____

Yes

No

☐☐

Within the last three (3) years, have you ever 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?

☐☐

If yes, have you successfully completed the return-to-duty process?

NO RIDER POLICY

I acknowledge that I have been instructed on the "No Rider Policy" that is in place at S & D Trucking LLC. I understand that at no time may anyone but myself operate or ride as a passenger in any and all S & D Trucking LLC equipment. I also understand that there is a NO TOLERANCE POLICY on this issue and that my contract will be terminated immediately if I do not adhere to the rules set forth by S & D Trucking LLC.

Signature

Date

Print Name

Hours of Service Policy

1. Drivers shall keep accurate logs/time sheets and will inform the manager when they are getting close to being out of hours. Prior to dispatch, the manager will make sure the driver has sufficient hours left to drive a CMV.
2. New drivers will turn their logs in daily for the first 2 weeks, or longer if management sees the need. This will be considered a probationary period to assure driver is competent in recording his hours of service.
3. After the driver has been removed from his/her probationary period, he/she will be required to turn in logs/time sheets weekly or sooner if management has reason.
4. The office manager will review driver's logs for accuracy on a daily basis for 2 weeks for all new drivers and weekly for all others.
 - a. Logs/timesheets will be checked against load tickets and other supporting documents.
 - b. Logs/timesheets will be reviewed with the driver if violations are found.
 - c. The driver will be required to correct the log if legal to do so.
5. For hours of service violations drivers will be disciplined as follows:
 - a. The terminal operations manager will be assigned to administer discipline.
 - b. A serious violation will result in a written warning that will be placed in the driver's file.
 - c. After 3 written warnings the driver will be suspended without pay for 7 days.
 - d. If the driver receives another written warning for a serious violation, he/she will be terminated.
 - e. Serious violations will include any 11/12, 14/15 or 70-hour rule of more than 30 minutes. False logs without intent to hide hours will also be included as serious.
 - f. False logs with intent to hide hours' will result in a written warning with 3 days off.
 - g. A second written warning for false logs with intent to hide hours will result in termination.

By my signature below, I agree to the terms of this policy.

X

Driver's Signature

Date

HOURS OF SERVICE RECORD FOR FIRSTTIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____
FIRST MIDDLE LAST

| DAY | TOTAL TIME ON DUTY |
|--------------|--------------------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6 | _____ |
| 7 | _____ |
| TOTAL | _____ |

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
Hour/Date Hour/Date

Signature: _____ Date: _____

OFF-DUTY CARD

This letter authorizes _____ to be Off-Duty during meals and other routine stops.

The purpose of the Department of Transportation Hours of Service Regulations Part (395) is to keep tired drivers from operating vehicles. Under certain circumstances, however, it appears that en-route stops for meals or other routine purposes may serve to lessen a driver's fatigue.

Therefore, this letter is authorization for you to record your meal or other routine stops on your logs as Off-Duty, rather than On-Duty Not Driving as would normally be the case. However, this may be done only under all of the follow circumstances:

1. Your vehicle must be parked in a safe and secure manner so as to prevent obstruction of traffic and theft or damage to the vehicle and cargo.
2. The Off-Duty period must be no less than 15 minutes and no longer than 120 minutes.
3. During the Off-Duty period, you are relieved from responsibilities of your vehicle and cargo.
4. During the Off-Duty period, you are free to leave the premises on which your vehicle is parked and to pursue activities of your own choosing, as long as your ability to safely operate your vehicle is not impaired as required by Part 392. "Driving of Vehicles," of the Federal Motor Carrier Safety Regulations.

Safety Manager Signature

Date

Print Name

Driver _____ Instructor _____

Company/Division _____ Date _____

CMV Driver Basics Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

- 1. You must be at least 16 years old to operate a CMV in interstate commerce.**
 - A. True
 - B. False

- 2. You may not operate a CMV until you have passed a physical exam and are issued a medical examiner's certificate stating this fact.**
 - A. True
 - B. False

- 3. _____ is considered a disqualifying offense.**
 - A. Operating under the influence of alcohol and/or drugs
 - B. Leaving the scene of an accident
 - C. Committing a felony involving a CMV
 - D. All of the above

- 4. If you possess a CDL, you can be disqualified for offenses committed in any type of vehicle at any time.**
 - A. True
 - B. False

- 5. Your health doesn't play a part in the safe operation of a CMV.**
 - A. True
 - B. False

- 6. Healthy eating includes:**
 - A. Drinking eight to ten cups of coffee daily
 - B. Avoiding fruits and vegetables
 - C. Eating at least five servings of fruits and vegetables daily
 - D. All of the above

7. **Generally, most adults need _____ hours of uninterrupted sleep to feel well-rested.**
- A. 4-5
 - B. 5-6
 - C. 6-7
 - D. 7-8
8. **The hours of service regulations:**
- A. Limit the number of hours you can drive
 - B. Limit the number of hours you can be on duty
 - C. Both A and B
 - D. None of the above
9. **You are required to keep a record of duty status (a driver's daily log) showing all of your driving and non-driving activities.**
- A. True
 - B. False
10. **Whistleblower protection laws are in place to protect you from retaliation if you report CMV safety violations to FMCSA.**
- A. True
 - B. False

Driver _____ Instructor _____

Company/Division _____ Date _____

Alternate CMV Driver Basics Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

- 1. You are qualified to operate a commercial motor vehicle if you:**
 - A. Are at least 21 years old
 - B. Pass a required physical exam
 - C. Have passed a road test
 - D. All of the above

- 2. You must carry a certificate signed by a medical examiner that states you are physically qualified to drive a CMV.**
 - A. True
 - B. False

- 3. You can be disqualified from driving if you are convicted of operating a CMV with an alcohol concentration of 0.01 percent or more.**
 - A. True
 - B. False

- 4. Healthy habits include:**
 - A. Eating right
 - B. Exercising regularly
 - C. Getting proper rest
 - D. All of the above

- 5. A diet that includes few fruits and vegetables and lots of salty foods can help reduce high blood pressure.**
 - A. True
 - B. False

- 6. Fatigue describes anything from being sleepy to exhausted.**
 - A. True
 - B. False

7. **A sleep loss of as little as 2 hours can cause:**
- A. Reduced judgement
 - B. Slowed reaction time
 - C. Both A and B
 - D. None of the above
8. **The hours of service regulations do not require you to keep a record of duty status (a driver's daily log).**
- A. True
 - B. False
9. **Whistleblower protection laws are in place to protect you from retaliation if you report CMV safety violations to FMCSA.**
- A. True
 - B. False
10. **Getting your CDL is all it takes to become a safe, professional driver.**
- A. True
 - B. False

Driver _____ Instructor _____

Company/Division _____ Date _____

Driver Qualification Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

- 1. You are qualified to operate a CMV if you:**
 - A. Have a valid motor vehicle operator's license
 - B. Pass a road test
 - C. Pass a required physical exam
 - D. All of the above

- 2. You do not need to be familiar with the methods and procedures for securing cargo.**
 - A. True
 - B. False

- 3. You must pass a physical exam in order to operate a CMV.**
 - A. True
 - B. False

- 4. Operating under the influence of a controlled substance is not a disqualifying offense.**
 - A. True
 - B. False

- 5. If you possess a CDL you can be disqualified for offenses committed in any type of vehicle at any time.**
 - A. True
 - B. False

Driver _____ Instructor _____

Company/Division _____ Date _____

Driver Wellness Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. Healthy habits include:

- A. Eating lots of salty and sugary foods
- B. Exercising regularly
- C. Drinking 8-10 cups of coffee each day
- D. All of the above

2. Exercise, eating healthy, and avoiding smoking and drinking alcohol can help reduce both your cholesterol and blood pressure levels.

- A. True
- B. False

3. _____ is a healthy stress-reduction technique.

- A. Smoking
- B. Drinking 4-6 cups of strong coffee
- C. Exercise
- D. All of the above

4. Sleep loss of as little as 2 hours can affect your alertness and performance.

- A. True
- B. False

5. _____ is an indication that you are fatigued and should pull over and get some sleep.

- A. Having trouble focusing your eyes
- B. Yawning
- C. Lane deviations—weaving from lane-to-lane or onto the shoulder
- D. All of the above

Driver _____ Instructor _____
Company/Division _____ Date _____

Hours of Service Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. **The hours of service regulations are meant to keep tired drivers off the road.**
 - A. True
 - B. False

2. **The hours of service regulations:**
 - A. Limit the number of hours you can drive
 - B. Both A and C
 - C. Limit the number of hours you can be on duty
 - D. None of the above

3. **You are required to keep a record of duty status for each _____ period.**
 - A. 15 minute
 - B. 12 hour
 - C. 24 hour
 - D. 48 hour

4. **You may let someone else complete your record of duty status.**
 - A. True
 - B. False

5. **Your record of duty status (driver's daily log) must be kept current to your last change of duty status.**
 - A. True
 - B. False

Driver _____ Instructor _____

Company/Division _____ Date _____

Whistleblower Protection Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. **Whistleblower protection laws protect you from retaliation for reporting CMV safety violations to FMCSA.**
A. True
B. False
2. **Whistleblower protection laws allow your employer to discipline or discharge you for filing a complaint related to a CMV violation.**
A. True
B. False
3. **If you believe your employer has disciplined or discharged you for filing a CMV safety complaint, you may file a complaint with OSHA.**
A. True
B. False
4. **If you are disciplined or discharged for filing a complaint, you have no means of p-rotecting yourself.**
A. True
B. False

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions effective on or before September 1, 2017.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S NAME (PLEASE PRINT)

DATE

DRIVER'S SIGNATURE

SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

10/17

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
|--|--|
| I, (Print Name) _____ | <div style="display: flex; justify-content: space-between;"> First _____ M.I. _____ Last _____ Social Security Number _____ </div> |
| Hereby authorize: _____ | Date of Birth _____ |
| Previous Employer: _____ | Email: _____ |
| Street: _____ | Telephone: _____ |
| City, State, Zip: _____ | Fax No.: _____ |
| To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date). | |
| To: | Prospective Employer: S&D Trucking LLC Attention: _____ Telephone: 432.272.3111 Street: 2620 Charway Rd City, State, Zip: Odessa, TX 79766 |
| 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 fax number: _____ | |
| Prospective employer's email address: _____ | |
| X | |
| Applicant's Signature | Date |
| This information is being requested in compliance with §40.25(g) and 391.23. | |

| PART 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER |
|--|---|
| ACCIDENT HISTORY | |
| The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Employed as _____ from (m/y) _____ to (m/y) _____ | |
| 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ | |
| 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. | |
| ACCIDENTS: 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 above, or check <input type="checkbox"/> here if there is no accident register data for this driver. | |
| Date | Location |
| # Injuries | # Fatalities |
| Hazmat Spill | |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ | |
| _____ | |
| Any other remarks: _____ | |
| _____ | |
| _____ | |
| _____ | |
| Signature: _____ | |
| Title: _____ | Date: _____ |

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

| | |
|---|---|
| PART 3: | TO BE COMPLETED BY PREVIOUS EMPLOYER |
| DRUG AND ALCOHOL HISTORY | |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a 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? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p> | |

| | |
|---|--|
| PART 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p> | |

| | |
|--|--|
| PART 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| <p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p> | |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**PAGE 1 PART 1:** Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§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 thirty (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.

| | |
|---|---|
| PART 1: | COMPLETED BY THE DRIVER/APPLICANT |
| TO: | Prospective Employer: S&D Trucking LLC Street/P.O. Box: 2620 Charway Rd City, State, Zip: Odessa, TX 79766 Telephone # 432.272.3111 |
| FROM: | Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____ |
| <p>I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.</p> <p>This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.</p> | |
| Driver/Applicant Signature: X _____ Date: _____/_____/_____ <div style="text-align: right; margin-right: 50px;">M D Y</div> | |

| | |
|---|--|
| PART 2: | COMPLETED BY THE PROSPECTIVE EMPLOYER |
| <p>The information must be provided 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.</p> | |
| <p>Information supplied to:</p> | |
| <p>Name: _____</p> | |
| <p>Street: _____</p> | |
| <p>City, State, Zip: _____</p> | |
| <p>Comments: _____</p> <p>_____</p> | |
| <p>By: _____</p> | |
| <p>Signature/person providing information</p> | <p>Telephone # _____</p> |
| <p>Release Date: _____ / _____ / _____</p> <p style="text-align: center; margin-top: -10px;">M D Y</p> | |

COPY 1 PROSPECTIVE EMPLOYER

ATTEMPTS FOR EMPLOYMENT VERIFICATION

(_____) has made attempts to Previous Employer's on our New Hires. We've been unable to make any contact with them.

Driver

Previous Employer

| _____ Contact No. | _____ Email | _____ Address |
|----------------------|----------------|------------------|
|----------------------|----------------|------------------|

1st Attempt:

| | |
|---------------|-----------------------|
| _____ Date | _____ Attempt Made |
|---------------|-----------------------|

2nd Attempt:

| | |
|---------------|-----------------------|
| _____ Date | _____ Attempt Made |
|---------------|-----------------------|

3rd Attempt:

| | |
|---------------|-----------------------|
| _____ Date | _____ Attempt Made |
|---------------|-----------------------|

| | |
|------------------------------|---------------|
| _____ [Manager Signature] | _____ Date |
|------------------------------|---------------|

| | |
|-------------------------------|---------------|
| _____ [DOT/Safety Manager] | _____ Date |
|-------------------------------|---------------|

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____

Phone _____

Driver's Address _____

City _____

State _____

Zip Code _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of
Performance:

- _____ The pretrip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation
- _____ Use of vehicle's controls and emergency equipment
- _____ Operating the vehicle in traffic and while passing other vehicles
- _____ Turning the vehicle
- _____ Braking, and slowing the vehicle by means other than braking
- _____ Backing, and parking the vehicle
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 20 ____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

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)

(Organization and Address of Examiner)

This form is an example only. Certificates may look different, but should contain similar information.

Certificate of Training for Entry-Level Commercial Drivers

DRIVER'S FIRST NAME, MIDDLE INITIAL, LAST NAME

I certify that the above named driver has completed the training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with [49 CFR 380.503](#).

- ✓ Driver qualification requirements (49 CFR 391)
- ✓ Hours of Service of drivers (49 CFR 395)
- ✓ Driver wellness
- ✓ Whistleblower protection (29 CFR 1978)

NAME OF DIRECTOR OF SAFETY

CERTIFICATE ISSUE DATE

[ORGANIZATION NAME AND ADDRESS]

COMMERCIAL MOTOR VEHICLE DRIVER'S CERTIFICATION WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates a commercial motor vehicle in intrastate, interstate or foreign commerce. Commercial motor vehicle means a motor vehicle or combination of motor vehicles used to transport passengers or property that has a gross combination weight rating of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,001 pounds; or has a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of hazardous material that require placarding as defined under Part 383.

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, including the driver, or transport hazardous materials that require placarding.

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

1. You, as a commercial motor vehicle driver, may not possess more than one license.
2. Sections 383.31 and 383.33 of the Federal Motor Carrier Safety Regulations require that you ***notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.*** In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and that state that issued your license within 30 days.

DRIVER CERTIFICATION

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

The following license is the only one I will and do possess:

Driver's License No. _____ State: _____ Expiration Date: _____

Driver's Printed Name: _____

Driver's Signature: _____ Date: _____

This form is an example only. Requirements for the annual review of driving record can be found in [49 CFR 391.25](#).

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

| DRIVER NAME: LAST, FIRST, MI | SOCIAL SECURITY NUMBER | DATE OF EMPLOYMENT |
|------------------------------|------------------------|--------------------|
| | | |

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

| HOME TERMINAL (CITY AND STATE) | DRIVER'S LICENSE NUMBER | STATE | EXPIRATION DATE |
|--------------------------------|-------------------------|-------|-----------------|
|--------------------------------|-------------------------|-------|-----------------|

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

| |
|--|
| |
|--|

[illegible]

MOTOR CARRIER ADDRESS

| REVIEWER PRINTED NAME | REVIEWER SIGNATURE | TITLE | DATE OF REVIEW |
|-----------------------|--------------------|-------|----------------|
|-----------------------|--------------------|-------|----------------|

REVIEWER SIGNATURE _____

TITLE

DATE OF REVIEW

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare 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 of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide 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 (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE) DRIVER'S 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 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

DATE DRIVER'S SIGNATURE

MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

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 boxes):

| |
|---|
| <input type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> |
| <p>QR Code - Section 1 Do Not Write in This Space</p> |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

| | |
|--|--|
| <input type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. |
|--|--|

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|--|-------------------------|---|------------|---|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | QR Code - Sections 2 & 3 Do Not Write In This Space | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

| | | | |
|--|---|--|----------------|
| Signature of Employer or Authorized Representative | Today's Date(mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State ZIP Code |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|-----------|---|------------|---|
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | | | (1) NOT VALID FOR EMPLOYMENT |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 3. School ID card with a photograph | | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | 4. Voter's registration card | | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| | | 5. U.S. Military card or draft record | | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| | | 6. Military dependent's ID card | | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 5. Native American tribal document |
| | | 8. Native American tribal document | | 6. U.S. Citizen ID Card (Form I-197) |
| | | 9. Driver's license issued by a Canadian government authority | | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | For persons under age 18 who are unable to present a document listed above: | | 8. Employment authorization document issued by the Department of Homeland Security |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | | | |
| | | | | |
| | | | | |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

S & D TRUCKING LLC

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **S & D TRUCKING LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **S & D TRUCKING LLC** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **S & D TRUCKING LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **S & D TRUCKING LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking _____ Savings _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Payroll Department