

Driver's Application for Employment

DQF
100

RGM TRANSPORT LLC
PO Box 1302
Bethel, PA 19507

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

APPLICANT'S NAME _____ DATE _____

POSITION APPLIED FOR _____

CURRENT ADDRESS _____

I AM GIVING AUTHORIZATION FOR THE EMPLOYER LISTED ABOVE TO INQUIRE AND INVESTIGATE MY PERSONAL, EMPLOYMENT, FINANCIAL AND MEDICAL HISTORY IN REGARD TO MY EMPLOYMENT STATUS. I RELEASE ANY PREVIOUS EMPLOYER, SCHOOL, AND HEALTHCARE FACILITY FROM ALL LIABILITY DURING THE RELEASE OF MY INFORMATION IN REGARD TO MY APPLICATION.

SIGNATURE _____ DATE _____

Previous Addresses for Last Three Years

Street	City	State/Zip	Length

DATE OF BIRTH _____ TELEPHONE (____) _____ SOCIAL SECURITY _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO

IF YES, WHEN? _____ REASON FOR LEAVING _____

HOW DID YOU HEAR OF THIS POSITION? _____

THIS FORM IS MADE AVAILABLE WITH THE UNDERSTANDING THAT CNS TRUCK LICENSING IS NOT ENGAGED IN RENDERING LEGAL, ACCOUNTING, OR OTHER PROFESSIONAL SERVICES. CNS TRUCK LICENSING ASSUMES NO RESPONSIBILITY FOR THE USE OF THIS FORM, OR ANY DECISION MADE BY AN EMPLOYER WHICH MAY VIOLATE LOCAL, STATE, OR FEDERAL LAWS.

Driver's Application for Employment

DQF
100

RATE OF PAY EXPECTED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT- ALL CIRCUMSTANCES WILL BE CONSIDERED.

IS THERE ANY REASON YOU WON'T BE ABLE TO PERFORM THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION] IF YES, EXPLAIN IF YOU WISH?

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten years employment record).

EMPLOYER	DATE
NAME USDOT# (If applicable)	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
Email Address:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME USDOT# (If applicable)	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
Email Address:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Driver's Application for Employment

DQF
100

ACCIDENT RECORD

PLEASE LIST THE PAST 3 YEARS OR MORE. IF ZERO, WRITE "NONE"

DATE	TYPE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT SPILL

VIOLATION RECORD

PLEASE LIST THE PAST 3 YEARS OF CONVICTION OR FORFEITURES. IF ZERO, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

PLEASE LIST ALL LICENSES AND PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE TYPE	CLASS/ENDORSEMENTS	EXPIRATION DATE

PLEASE LIST BELOW IF YOU HAVE BEEN DENIED A LICENSE, PRIVILEGE OR PERMIT TO OPERATE A MOTOR VEHICLE OR HAS BEEN SUSPENDED OR REVOKED.

CHECK IF YOU HAVEN'T BEEN DENIED

DRIVING EXPERIENCE CHECK LIST

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, DUMP, REFER)	YEARS	MILES DRIVEN
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES [] NO			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 8 PASSENGERS			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 15 PASSENGERS			
OTHER _____			

PLEASE LIST ANY TRANSPORTATION EXPERIENCE THAT MAY HELP YOU WITH YOUR WORK.

LIST HIGHEST LEVEL OF EDUCATION COMPLETED

LAST SCHOOL ATTENDED AND ADDRESS

APPLICANT AGREEMENT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

Driver's Application for Employment

DQF
100

Additional Employment History (If needed)

EMPLOYER			DATE
NAME	USDOT# (If applicable)		FROM: TO:
ADDRESS			POSITION HELD:
CITY	STATE	ZIP	SALARY:
CONTACT PERSON		PHONE	REASON FOR LEAVING:
Email Address:			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATE
NAME	USDOT# (If applicable)		FROM: TO:
ADDRESS			POSITION HELD:
CITY	STATE	ZIP	SALARY:
CONTACT PERSON		PHONE	REASON FOR LEAVING:
Email Address:			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATE
NAME	USDOT# (If applicable)		FROM: TO:
ADDRESS			POSITION HELD:
CITY	STATE	ZIP	SALARY:
CONTACT PERSON		PHONE	REASON FOR LEAVING:
Email Address:			
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Certification of Violations

DQF
180

§ 391.27 Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

Each driver shall furnish the list required in accordance with the paragraph above of this section. 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.

Driver Information

Name _____ Date _____

Employee ID _____ SSN _____

License Number _____ State _____ Exp. _____

Motor Carrier: RGM Transport LLC

Motor Carrier Address: PO Box 1302, Bethel, PA 19507

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

None. Check here if you have not had any violations in the past 12 months.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Driver Signature _____ Date _____

Reviewer's Signature _____ Title _____

Annual Inquiry and Review of Driving Record

DQF
200

§ 391.25 Each motor carrier shall, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Driver's Information

Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Motor Carrier Information

Motor Carrier Name: RGM Transport LLC

Address: PO Box 1302
Bethel, PA 19507

Reviewer Name _____

Title _____

I have reviewed the driving record provided by the DMV and the certification of violations of the driver listed above. With this information I have come to the conclusion that this driver: (Check one)

Qualifies for the requirements for safe driving

Is disqualified to drive a Commercial Motor Vehicle.

Action Taken with this driver:

Reviewer's Signature _____ Date _____

Road Test Certification

DQF
250

§ 391.31 A person shall not drive a commercial motor vehicle unless he/she has first successfully completed a road test and has been issued a certificate of driver's road test in accordance with this section.

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 a person other than himself/herself. 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/she is capable of operating the commercial motor vehicle, and associated equipment, that the motor carrier intends to assign him/her.

Code of Federal Regulations 353

The road test must be of sufficient duration to enable the person who gives it to evaluate the skill of the person who takes it at handling the commercial motor vehicle, and associated equipment, that the motor carriers intends to assign to him/her.

Driver's Information

Name _____

Address _____

Driver's License # _____ State _____

Motor Carrier: RGM Transport LLC

Address: PO Box 1302, Bethel, PA 19507

In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a commercial motor vehicle may present, and a motor carrier may accept:

(1) A valid Commercial Driver's License as defined in §383.5 of this subchapter, but not including double/triple trailer or tank vehicle endorsements, which has been issued to him/her to operate specific categories of commercial motor vehicles and which, under the laws of that State, licenses him/her after successful completion of a road test in a commercial motor vehicle of the type the motor carrier intends to assign to him/her.

(2) A copy of a valid certificate of driver's road test issued to him/her pursuant to §391.31 within the preceding 3 years. (b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.

A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skill as a condition to his/her employment as a driver.

Road Test- Check the appropriate box once section is completed.

- Pre-Trip Inspection [] Pass []
Fail
 - Checks general condition
 - Looks for leaks
 - Checks under-hood Condition, Oil, Water and Steering
 - Checks around the unit- Tires, Lights, Trailer Hookup, Brakes, Lights, Body, Horn
 - Brake test
 - Instruments
 - Checks previous report

- Coupling and Uncoupling of Combination Units ☐ Pass ☐ Fail
 - Lines up unit
 - Couples without difficulty
 - Connects glad hands
 - Checks king pin
 - Verifies surface can support the trailer before uncoupling
- Placing the Commercial Motor Vehicle in Operation ☐ Pass ☐ Fail
 - Engine
 - Clutch and Transmission
 - Brakes
 - Steering
 - Lights
- Use of the Commercial Motor Vehicle's Controls and Emergency Equipment ☐ Pass ☐ Fail
 - Turn Signals
 - Auxiliary Lights
 - Cones
 - Flares
- Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles ☐ Pass ☐ Fail
 - Turning
 - Traffic signals and signs
 - Grade Crossings
 - Passing
 - Stopping
 - Speed
 - Safety
- Turning the Commercial Motor Vehicle ☐ Pass ☐ Fail
 - Signals
 - Lane Choice
 - Safety
 - Yields to Right of Way
- Braking and Slowing the Commercial Motor Vehicle by Means Other Than Braking ☐ Pass ☐ Fail
 - Use of Gears
 - Test Brakes before Descending Grades
 - Avoids Sudden Stops
 - Use of Brakes During Grades
 - Use of Mirrors
- Backing and Parking the Commercial Motor Vehicle ☐ Pass ☐ Fail
 - City Parking
 - Roadside Parking
 - Checks before parking

Certification of Road Test

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

§ 391.31 (g)

A copy of the certificate required by paragraph (e) of this section shall be given to the person who was examined. The motor carrier shall retain in the driver qualification file of the person who was examined

Driver's Name _____ SS # _____

Type of Unit _____ Type of Trailer _____

Driver's License # _____ State _____

- If Passenger Carrier, Type of Bus _____
- This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately ____ miles of driving.
- Duration of the Road Test:
Hours _____ Miles _____
- 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 _____

Organization of Examiner _____

Address _____

City _____ State _____ Zip code _____

Request for Information from Previous Employer

DQF
300

Former/Current Employer Liability Waiver

I, _____, hereby authorize you to release all information regarding my employment at _____, to RGM Transport LLC for purposes of investigation and inquiry, including written and oral assessment of my job performance, ability and fitness, and controlled substance and alcohol test results in connection with my application for employment with the above stated company. I hereby release you from any and all liability of any type as a result of providing the above information to the above mention company/person.

Applicant's Signature: _____

Date: _____

Name/Address of Previous Employer

Name/Address of Prospective Employer

RGM Transport
PO Box 1302
Bethel, PA 19507

This form was (Check appropriate box)

Mailed, Date: _____

Faxed, Date: _____

Emailed, Date: _____

Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Date of Birth: _____ Social Security #: _____

The individual named above has made application to this company for employment as a truck driver and states that he/she was employed by you as a _____ from _____ to _____.

1. Is employment dates record with your company correct as stated above? Yes/No
If No, please states dates employed _____
2. What kind of work did applicant do? _____
3. If employed as a driver, specify equipment driven. _____
4. Number of Accidents? _____. Number Preventable? _____. Details? _____
5. Was applicant's driver's license ever suspended or revoked? _____
6. Commodities transported? _____. Areas driven in? _____
7. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____
8. Was applicant's general conduct satisfactory? Yes/No Comments? _____
9. Is applicant competent for the position he/she is seeking? Yes/No Comments? _____
10. Would you re-employ? Yes/No Comments? _____
11. Was there any physical condition including work complaims? _____
12. Any remarks or comments? _____

Request for Drug and Alcohol Records

DQF
400

Section A. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Name: _____ Social Security/ID No. _____

Employee Signature: _____ Date: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT Agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

A-1.

New Employer Name: RGM Transport LLC

Address: PO Box 1302
Bethel, PA 19507

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

A-2.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section B. To be completed by the previous employer and transmitted by mail or fax to the new employer:

B-1. In the two years prior to the date of the employee's signature (in Section A), for DOT-regulated testing:

- | | |
|---|------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO |
| 2. Did the employee have verified positive drug tests? | YES ___ NO |
| 3. Did the employee refuse to be tested? | YES ___ NO |
| 4. Did the employee have other violations of DOT agency drug and alcohol Testing regulations? | YES ___ NO |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES ___ NO |

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

B-2.

Name of person providing information in Section B-1: _____

Title: _____

Phone #: _____

Date: _____

Drug and Alcohol Pre-Employment Statement

DQF
425

49 CFR 40.25 (j) – As the employer you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See 49 CFR 40.25 (b) (5) and (e))

Applicant Name: _____ ID #: _____

The applicant is required by 49 CFR 40.25 (j) to respond to the following questions:

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

YES NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES NO

I certify that all of the above information is true and correct.

Applicant Signature

Date

Alcohol and Drug Employee's Certified Receipt

DQF
450

RGM Transport LLC

Employee's Name

This is to certify that I have been provided educational materials regarding 49 CFR §382.601 and company policies and procedures with respect to meeting the requirements of Part 382. The materials include detailed discussion of the following checked (✓) items:

- 1. The identity of the person designated by the employer to answer questions about the materials.
- 2. The categories of drivers who are subject to the provisions of Part 382.
- 3. Sufficient information about the safety-sensitive functions and periods of the workday that require compliance with Part 382.
- 4. Specific information concerning driver conduct that is prohibited by Part 382.
- 5. Circumstances under which a driver will be tested for alcohol and/or controlled substances under Part 382, including post-accident testing under §382.303 (d).
- 6. The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures and instructions required by §382.303 (d).
- 7. The requirement that a driver submit to alcohol and controlled substances tests administered in accordance with part 382.
- 8. An explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the attendant consequences.
- 9. The consequences for drivers found to have violated subpart B of Part 382, including the requirement that the driver be removed immediately from safety-sensitive functions, and the procedures under Part 40, subpart O, of the 49 CFR.
- 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- 11. Information concerning the effects of alcohol and controlled substances use on:
 - An individual's health, work, and personal life
 - Signs and symptoms of an alcohol or controlled substances problemAvailable methods of intervention when a problem is suspected (confrontation, referral to any employee assistance program or to management, etc.)
- 12. Optional information: _____

Employee's Signature

Date

Authorized Employer Representative

Date

Certification of Compliance with the Driver License Requirements

§ 383.1

The purpose of this part is to help reduce or prevent truck and bus accidents, fatalities, and injuries by requiring drivers to have a single commercial motor vehicle driver's license and by disqualifying drivers who operate commercial motor vehicles in an unsafe manner.

- (1) Prohibits a commercial motor vehicle driver from having more than one commercial motor vehicle driver's license
- (2) Requires a driver to notify the driver's current employer and the driver's State of domicile of certain convictions
- (3) Requires that a driver provide previous employment information when applying for employment as an operator of a commercial motor vehicle
- (4) Prohibits an employer from allowing a person with a suspended license to operate a commercial motor vehicle
- (5) Establishes periods of disqualification and penalties for those persons convicted of certain criminal and other offenses and serious traffic violations, or subject to any suspensions, revocations, or cancellations of certain driving privileges
- (6) Establishes testing and licensing requirements for commercial motor vehicle operators
- (7) Requires States to give knowledge and skills tests to all qualified applicants for commercial drivers' licenses which meet the Federal standard
- (8) Sets forth commercial motor vehicle groups and endorsements
- (9) Sets forth the knowledge and skills test requirements for the motor vehicle groups and endorsements
- (10) Sets forth the Federal standards for procedures, methods, and minimum passing scores for States and others to use in testing and licensing commercial motor vehicle operators
- (11) Establishes requirements for the State issued commercial license documentation.

§ 391.11

(a) A person shall not drive a commercial motor vehicle unless he/she is qualified to drive commercial motor vehicle. Except as provided in §391.63, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless that person is

qualified to drive a commercial motor vehicle.

- (b) Except as provided in subpart G of this part, a person is qualified to drive a motor vehicle if he/she—
- (1) Is at least 21 years old
 - (2) Can read and speak the 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
 - (3) Can, by reason of experience, training or both, safely operate the type of commercial motor vehicle he/she drives
 - (4) Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part
 - (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction
 - (6) Has prepared and furnished the motor carrier that employs him/her with the list of violations or the certificate as required by §391.27
 - (7) Is not disqualified to drive a commercial motor vehicle under the rules in §391.15
 - (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with §391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with §391.33.

Notes

I have read and been trained on the regulations of the Federal Motor Carrier Safety Association. I will comply with all guidelines and regulations set forth by the FMCSA.

Driver Name _____

Signature _____

Date _____

Training Administrator's Name _____

Signature _____

Date _____

Notification of Convictions for a Driver Violation

DQF
600

§ 383.31

Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that the person has been convicted.

Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to [§383.31](#)

Driver's full name _____

Driver's License Number _____

Did the violation take place in a commercial vehicle?

(Check one) Yes No

Location where the offense took place

Date of Conviction _____

The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s)

Driver's Signature _____ Date _____

Statement of On-Duty Hours (New Hire)

DQF
700

§ 395.8 (j) (2)

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Driver's Information

Driver Name _____ Employee # _____

Address _____

List the day, date and hours worked in the previous 7 days below. If the driver is off duty any of the days, note that day as "Off-Duty"

	Date	Day of Week	Hours On-Duty
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Total hours On-Duty the past 7 days _____

Note the last date and time the driver was On-Duty _____

By signing below, I have stated accurate and true information of my 7 proceeding days of compensated work.

Driver's Signature _____ Date _____

When employed by a motor carrier, a driver must report all on-duty hours worked from other employers. On-duty hours are defined below from the Federal Motor Carrier Association.

§ 395.2

On-duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On-duty time shall include:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time
- (3) All driving time as defined in the term driving time
- (4) All time in or on a commercial motor vehicle, other than:
 - (i) Time spent resting in or on a parked vehicle, except as otherwise provided in §397.5 of this subchapter
 - (ii) Time spent resting in a sleeper berth
 - (iii) Up to 2 hours riding in the passenger seat of a property-carrying vehicle moving on the highway immediately before or after a period of at least 8 consecutive hours in the sleeper berth
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, to comply with the random, reasonable suspicion, post-crash, or follow-up testing required by [part 382](#) of this subchapter when directed by a motor carrier
- (8) Performing any other work in the capacity, employ, or service of, a motor carrier
- (9) Performing any compensated work for a person who is not a motor carrier.

Driver's Information

Driver's Name _____ Employee# _____
 Address _____

Are you currently employed at another company? (Check one) Yes No

How long do you expect to be employed by this company? _____

I, _____ attest that the information I have listed above is accurate and true. I will notify this company of any additional employers for compensation.

Driver Signature _____ Date _____

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are giving permission to the listed employer below to receive and verify your previous employment records. These records include the following, previous drug and alcohol test results and driving record. These documents will be verified for employment purposes. The Federal Motor Carrier Administration requires an employer to hold these records according to Sections 382.413, 391.23, 391.25.

I _____, give my employer, RGM Transport LLC, permission to receive and review my records in the accordance of the Fair Credit Reporting Act.

Applicant Signature _____ Date

