

## **EMPLOYMENT APPLICATION**

**Applicant Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **TO BE READ AND SIGNED BY APPLICANT**

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

Have a rebuttal attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**\*\*\*Signature** \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

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

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions-please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Last First Middle

## List your addresses of residency for the past 3 years.

### Current Address

Street \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ yr./mo

### Previous

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

### Addresses

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province & Postal Code \_\_\_\_\_ yr./mo.

Do you have the legal right to work in Canada? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

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

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

\_\_\_\_\_

If yes, explain if you wish

Are you a FAST approved driver? Yes  No  Fast Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

If no, are you willing to apply for one and if not please state why \_\_\_\_\_

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and Postal Code. Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

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

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

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

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

## EMPLOYMENT HISTORY (continued)

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

\*Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

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

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last 3 years.

DRIVER LICENSE	PROVINCE	LICENSE NO.	TYPE	EXPIRATION DATE

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

B. Have any license, permit or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

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

### DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM M/Y TO M/Y	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)		
	(VAN, TANK, FLAT, DUMP, REEFER)		

TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH- SCHOOLBUS (MORE THAN 8 PASSENGERS)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS)	<input type="checkbox"/> YES <input type="checkbox"/> NO				

LIST PROVINCES & STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – OTHERS

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

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

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

### EDUCATION

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

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, PROVINCE)

### TO BE READ AND SIGNED BY APPLICANT

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

\*\*\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# FORM 413 / 301

## REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 .CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol. tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug. test results), as well as information on whether the employee completed the required assessment and re qualification provisions under the regulations in accordance with 49 CFR Part 40 Subpart 0. (B) (1) Under 49 CFR **382.301(b)** a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(e)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

NAME (print) \_\_\_\_\_ (SIN) \_\_\_\_\_ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

### APPLICANT/DRIVER CONSENT

**TO:** [Previous Employer] \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

**FROM:** [Prospective Employer]

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Address: \_\_\_\_\_ Attention: Safety

I also understand that I have the right, under 49 CFR 391.23(i) and (i)~ to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name (Print): \_\_\_\_\_ Applicant's SIN/Employee ID: \_\_\_\_\_

\*\*\*Applicant Signature (driver): \_\_\_\_\_

Date: \_\_\_\_\_

### Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if sections (1) and (2) for the pre-employment exemption are not required.

Name: \_\_\_\_\_

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program \_\_\_\_\_(mm/dd/yy).

Employee's ending date of participation to program \_\_\_\_\_(mm/dd/yy).

Program complies with DOT requirements? Yes No

Date of last drug test \_\_\_\_\_(mm/dd/yy)

**DRUG & ALCOHOL TEST.RESULTS or any other violation of 49 CFR 382**

**Subpart B** (last 6 months).

Date \_\_\_\_\_ Type of Test \_\_\_\_\_ Positive Negative

Date \_\_\_\_\_ Type of Test \_\_\_\_\_ Positive Negative

Date \_\_\_\_\_ Type of Test \_\_\_\_\_ Positive Negative

Comments: \_\_\_\_\_

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

**TESTING HISTORY**

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever ref used a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
  - a) Was the person referred to a SAP? Yes No  
If employment with your company continued:
  - b) Was the person evaluated by the SAP? Yes No
  - c) If yes, did the SAP recommend treatment and/or education? Yes No
  - d) Did the person complete the treatment and/or education as determined by the SAP?  
Yes No
  - e) Did the person undergo a return-to-duty test? Yes No
  - f) If yes, was the return-to-duty test negative? Yes No
  - g) Did the SAP recommend follow-up testing? Yes No
  - h) Did the person complete the follow-up testing? Yes No

\*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

\_\_\_\_\_  
Name of Company Rep (Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**49 CFR Part 382.413 and Part 40.25:**

**§ 382.413 and 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties**

- (a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
  - (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - (2) Verified positive drug tests;
  - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
  - (4) Other violations of DOT agency drug and alcohol testing regulations; and
  - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (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 paragraphs (b)(5) and (e) of this section).



## **49 CFR Part 382.301**

### **382.301 Pre-employment testing.**

(a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraph (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

(b) An employer is not required to administer a controlled substances test required by paragraph (a) of this section if:

(1) The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and

(2) While participating in that program, either:

(i) Was tested for controlled substances within the past 6 months (from the date of application with the employer) or

(ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and

(3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or

the controlled substances use rule of another DOT agency within the previous six months.

(c)(1) An employer who exercises the exception in paragraph (b) of this section shall contact the controlled substances testing program(s) in which the

driver participates or participated and shall obtain and retain from the testing program(s) the following information:

(i) Name(s) and address(es) of the program(s).

(ii) Verification that the driver participates or participated in the program(s).

(iii) Verification that the program(s) conforms to part 40 of this title.

(iv) Verification that the driver is qualified under the rules of this part, including that the driver has not refused to be tested for controlled substances.

(v) The date the driver was last tested for controlled substances.

(vi) The results of any tests taken within the previous six months and any other violations of subpart B of this part.

(2) An employer who uses, but does not employ a driver more than once a year to operate commercial motor vehicles must obtain the information in paragraph (c)(1) of this section at least once every six months. The records prepared under this paragraph shall be maintained in accordance with § 382.401. If the employer cannot verify that the driver is participating in a controlled substances testing program in accordance with this part and part 40 of this title, the employer shall conduct a pre-employment controlled substances test.

(d) An employer may, but is not required to, conduct pre-employment alcohol testing under this part. If an employer chooses to conduct pre-employment alcohol testing, it must comply with the following requirements:

(1) It must conduct a pre-employment alcohol test before the first performance of safety-sensitive functions by every covered employee (whether a new employee or someone who has transferred to a position involving the performance of safety-sensitive functions).

(2) It must treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., it must not test some covered employees and not others).

(3) It must conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

(4) It must conduct all pre-employment alcohol tests using the alcohol testing procedures of 49 CFR part 40 of this title.

(5) It must not allow a covered employee to begin performing safety-sensitive functions unless the result of the employee's test indicates an alcohol concentration of less than 0.04.

## New Employee's Drug and Alcohol Statement

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

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_

Prospective Employee SIN / ID Number: \_\_\_\_\_

### To be answered by the employee:

Have you ever 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 three years?

Yes  No

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25 (b) and 40.25 (e). The return-to-duty process is outlined in subpart O of Part 401

Prospective Employee Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Witnessed By (Print Name)

Date

\_\_\_\_\_

\_\_\_\_\_

Witness Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**REQUEST FOR INFORMATION  
From Previous Employer**

I hereby authorize you to release the following information to \_\_\_\_\_ for the purposes of Investigation as required by Section 391.23 and allowed by section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

THIS FROM WAS (check appropriate box)

Mailed, Date: \_\_\_\_\_

Faxed, Date: \_\_\_\_\_

Emailed, Date: \_\_\_\_\_

Received by Phone, Date: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below.

Enclosed is a business reply enveloped for your convenience. Thank you for your courtesy.

Sincerely

\_\_\_\_\_

\_\_\_\_\_

Name of the Applicant: \_\_\_\_\_ Social Security No: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or Salary of \_\_\_\_\_.

2. Did he/she drive motor vehicle for you ? \_\_\_\_\_ Straight Truck? \_\_\_\_\_ Tractor Semitrailer? \_\_\_\_\_ Bus? \_\_\_\_\_ Other(specify) \_\_\_\_\_

3. Was he/she a safe and effective driver? \_\_\_\_\_

4. Reason for leaving your employ: Discharged \_\_\_\_\_: Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_: Military Duty \_\_\_\_\_

5. Was his/her general conduct satisfactory? \_\_\_\_\_

6. Please advise history of past driving record if available for past three years

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**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check mark in appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get Along with others				
Initiative, resourcefulness				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Any Other Remarks \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to \_\_\_\_\_  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety  
Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

.....  
In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208), I hereby certify the  
following:

- 1. The consumer (applicant) has authorized in writing the procurement of this report;
- 2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for  
employment purposes;
- 3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and  
will be used for no other purpose;
- 4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;  
and
- 5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the  
requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses"  
of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title  
XXX, Sections 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation  
Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please  
furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_

EMPLOYMENT DATES FROM (m/y) \_\_\_\_\_ TO (m/y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

J B EXPRESS  
\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

9701, HWY 50, WOODBRIDGE, ON, L4H 2G4

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

**U. S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
(49 CFR 391.25)**

\_\_\_\_\_  
Name (Last, First, M.I.) (Social Security Number)

This day I reviewed the driving record of the above named driver in accordance with CFR 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the MCS Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- The driver meets the minimum requirements for safe driving, or  
 The driver is disqualified to drive a motor vehicle pursuant to CFR 391.15

\_\_\_\_\_  
Date of review Name of Motor Carrier:

\_\_\_\_\_  
Reviewed by: Signature and Title

\_\_\_\_\_  
Date of review Name of Motor Carrier:

\_\_\_\_\_  
Reviewed by: Signature and Title

\_\_\_\_\_  
Date of review Name of Motor Carrier:

\_\_\_\_\_  
Reviewed by: Signature and Title

**MOTOR VEHICLE DRIVER'S  
CERTIFICATION OF VIOLATIONS**

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.

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

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Company Address**

\_\_\_\_\_  
Reviewed By: (Signature)

\_\_\_\_\_  
Title

## DRIVER HIRING CHECK LIST

	Give a short history of the company, explain the structure and define any reporting relationships with any other employees	
	Give details of probationary period	
	Show them around facilities and introduce to other employees	
	Explain pay structure, paydays and when wages are reviewed	
	Explain which statutory holidays are paid, which are not, and any other pertinent information	
	Demonstrate the use of timesheets	
	Explain company policy regarding hours of work legislation	
	Explain company policy regarding pre-trip inspections	
	Review fuelling, and topping off fluid levels	
	Stress the importance of keeping equipment clean	
	Explain procedures for reporting violations, collisions and roadside inspections	
	Make sure it is understood whom problems are reported to	
	Explain procedures for on-road breakdowns	
	Introduce to maintenance personnel	
	Demonstrate 2 way radios or provide with emergency phone numbers	
	Explain the importance of Safety Meeting and Training program	
	Explain company Safety program accident free days , posters, plaques, awards etc	
	Review company on unauthorized use of vehicles	
	Explain company disciplinary process	
	Explain evaluation process	
Comments		
Date	Driver	Manager



<b>Rules</b>	
In order to ensure safe operation of the company's vehicles, all drivers must be aware of and comply with all regulations governing their conduct	
<b>Licensing</b>	<b>Initials</b>
a) I know that I must hold and carry a valid driver's license	
b) I agree to report all Highway Traffic Act violations including all traffic violations to my employer in writing	
c) I understand that I must not operated a vehicle while under the influence of drugs or alcohol	
<b>Hours of Work</b>	<b>Initials</b>
a) I have been informed of and understand the hours of work regulations	
b) I am aware I must arrange my work schedule to comply with these regulations	
c) I agree to submit a record of all on-duty hours accumulated while working for other operators	
<b>Pre-trip Inspections</b>	<b>Initials</b>
a) I am aware of the pre-trip inspection and understand them	
b) I will submit all roadside inspection reports immediately upon completion of the trip	
<b>Load Security</b>	<b>Initials</b>
I have been informed of and understand the load security regulations	

Driver's signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

# Motor Vehicle Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

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

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one license.  
If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**  
Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in Writing.

**The following license is the only one I will possess:**

Driver's License No: \_\_\_\_\_ State \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

## MEDICAL DECLARATION

On March 3<sup>rd</sup>, 1999 Transport Canada and the US federal Highway administration (FHWA) entered into a reciprocal agreement regarding the physical requirements for a Canadian drivers of a commercial vehicle in the US, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa, the reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive (In effect, the existence of a valid driver's license issued by the province of Alberta is deemed to be proof that a driver is physically qualified to drive in US) however, FHWA will not recognize an Alberta license if the driver has certain medical conditions and those conditions would prohibit them from driving in the US.

I certify that I am qualified to operate a commercial vehicle in the United States. I further certify that:

- A) I have no clinical diagnosis of diabetes currently requiring insulin for control
- B) I have no established medical history or clinical diagnosis of epilepsy
- C) I don't have impaired hearing (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 100 Hz, or 200 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951)
- D) I have not been issued a waiver by the province of Alberta allowing me to operate a commercial motor vehicle pursuant to section 20 or 22 of the Alberta regulation 340/94

I further agree to inform \_\_\_\_\_ should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

DRIVER ACKNOWLEDGEMENT

I \_\_\_\_\_ have been explained and I understand it is illegal to Falsify in logbooks and I have to log all time markers (eg Tolls, border crossing, fuel times etc) Properly and exactly as per Mountain Time Zone.

If any falsification in my logs is found while auditing by company, I agree that I will be subjected to fines and penalties

Fines and penalties will be determined by safety and compliance officer looking in to number of counts and difference of hours

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS  
(For Newly Hired Drivers)**

INSTRUCTION: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_ Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

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

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

\_\_\_\_\_ A.M.  
 \_\_\_\_\_ P.M. On \_\_\_\_\_  
 Time Day Month Year

\_\_\_\_\_  
 Driver's Signature Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

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

(check one)

Are you currently working for another employer?  Yes  No

At this time do you intend to work for another employer while still employed by this company?  Yes  No

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

\_\_\_\_\_  
 Driver's Signature Date

Witness: \_\_\_\_\_  
 Company Representative Date

# Safety Regulations

## Pocketbook

### Driver's Receipt

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the federal motor carrier safety Regulation (FMCSR) of the U.S department of transportation, Part 40, 382, 383, 390, 397, 399 Subchapter B, chapter3, Title 49 of the code of federal regulations as contained therein.

\_\_\_\_\_  
Driver's Signature

Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Supervisor's Signature

\_\_\_\_\_  
Date

Note: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver qualification file.

# Procedure & Policies

## Drivers Manual

I \_\_\_\_\_ Have read and understand the \_\_\_\_\_ Policies and procedures driver's manual. I fully agree to abide by these policies and procedures and understand that if I break any of these policies and procedures, I will suffer the consequences set forth in the manual. I am also aware that anything I do not understand, I can go to anyone in a management position and anything I do not understand, will be fully explained to me.

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witnessed By: \_\_\_\_\_

# Consent to release Individual Information

1. I authorize \_\_\_\_\_my prospective employer to retain and share any of my information to other transport companies or any government or private agencies.
2. I also authorize \_\_\_\_\_ to pull my CVOR, Abstract and Police Clearance from time to time while I am in employment with this prospective employer.

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

EMAIL ADDRESS: \_\_\_\_\_



# RECORD OF ROAD TEST

Driver's Name: _____		Address: _____	
License No. _____	State _____	Equipment driven: Truck/Tractor _____	Trailer _____
Checked From _____		To _____	Date _____

Check only those items on which the driver's performance is **UNSATISFACTORY**. Explain unsatisfactory items under Remarks.

**PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT**

	. Checks general condition approaching unit
	. Looks for leakage of coolants, fuel, lubricants
	. Checks under hood - oil, water, general condition of engine compartment, steering
	. Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
	. Tests brake action, tractor protection valve and parking (hand) brake
	. Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and 4--way flashers
	. Checks instruments
	. Cleans windshield, windows, mirrors, lights, reflectors

	<b>PART 3 - COUPLING AND UNCOUPLING</b>
	. Lines up units
	. Hooks brake and light lines properly
	. Secures Trailer against movement
	. Backs under slowly
	. Tests hookup with power
	. Checks hookup visually
	. Handles landing gear properly
	. Proper hook-up of full trailer
	. Secures power unit against movement

**PART 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS**

	<b>A. MOTOR</b>		<b>C. BRAKES</b>
	. Starts motor without difficulty		. Understands operating principles of air brakes
	. Allows proper warm-up		. Knows proper use of tractor protection valve
	. Understands gauges on instrument panel		. Understands low air warning
	. Maintains proper engine speed while driving		. Tests brakes before starting trip
	. Basic knowledge of motors - gas diesel		<b>D. STEERING</b>
	. Does not abuse motor		. Controls steering wheel
	<b>B. CLUTCH AND TRANSMISSION</b>		. Good driving posture and good grip on wheel
	. Starts loaded unit smoothly		<b>E. LIGHTS</b>
	. Uses clutch properly		. Knows lighting regulations
	. Times gearshift properly		. Uses proper headlight beam
	. Shifts gears smoothly		. Dims lights when meeting or following other traffic
	. Uses proper gear sequence		. Adjusts speed to range of headlights
			. Proper use of auxiliary lights

**PART 4 - BACKING AND PARKING**

	<b>A. BACKING</b>		<b>B. PARKING (CITY)</b>
	. Gets out and checks before backing		Does not hit nearby vehicles or stationary objects
	. Looks back as well as uses mirror		Parks proper distance from curb
	. Gets out and rechecks conditions on long back		Sets parking brake, puts in gear, chocks wheels,

		shuts off motor
	. Avoids backing from blind side	Checks traffic conditions and signals when pulling out from parked position
	. Signals when backing	Parks in legal or safe location
	. Controls speed and direction properly while backing	<b>C. PARKING (ROAD)</b>
		Parks off pavement
		Avoids parking on soft shoulder
		Uses emergency warning signals when required
		Secures unit properly

**PART 5 - SLOWING AND STOPPING**

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

**PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING**

<b>A. TURNING</b>	<b>E. PASSING</b>
Gets in proper lane well in advance	Passes with sufficient clear space ahead
Signals well in advance	Does not pass in unsafe location: hill, curve, intersection
Checks traffic conditions and turns only when way is clear	Signals lane changes
Does not swing wide or cut short while turning	Warns driver being passed
<b>B. TRAFFIC SIGNS AND SIGNALS</b>	Pulls out and back with certainty
Approaches signal prepared to stop if necessary	Does not tailgate
Obeys traffic signal	Does not block traffic with slow pass
Uses good judgment on yellow light	Allows enough room when returning to right lane
Starts smoothly on green	<b>F. SPEED</b>
Notices and heeds traffic signs	Speed consistent with basic ability
Obeys "Stop" signs	Adjusts speed properly to road, weather, traffic conditions , legal limits
<b>C. INTERSECTIONS</b>	Slows down for rough roads
Adjusts speed to permit stopping if necessary	Slows down in advance of curves, intersections, etc.
Checks for cross traffic regardless of traffic controls	Maintains consistent speed
Yields right-of-way for safety	<b>G. COURTESY AND SAFETY</b>
<b>D. GRADE CROSSINGS</b>	Uses defensive driving techniques
Adjusts speed to conditions	Yields right-of-way for safety
Makes stop, if required	Goes ahead when given right-of-way by others
Selects proper gear and does not shift gears while crossing	Does not crowd other drivers or force way through traffic
	Allows faster traffic to pass
	Keeps right and in own lane
	Uses horn only when necessary
	Generally courteous and uses proper conduct

**PART 7 - MISCELLANEOUS**

<b>A. GENERAL DRIVING ABILITY AND HABITS</b>	<b>B. HANDLING OF FREIGHT</b>
Consistently alert and attentive	Checks freight properly

Adjusts driving to meet changing conditions	Handles and loads freight properly
Performs routine functions without taking eyes from road	Handles bills properly
Checks instruments regularly while driving	Breaks down load as required
Willing to take instructions and suggestions	<b>C. RULES AND REGULATIONS</b>
Adequate self-confidence in driving	Knowledge of company rules
Is not easily angered	Knowledge of regulations: Federal, state local
Positive attitude	Knowledge of special truck routes
Good personal appearance, manner, cleanliness	<b>D. USE OF SPECIAL EQUIPMENT (SPECIFY)</b>
Good physical stamina	

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>GENERAL PERFORMANCE</b>		<b>QUALIFIED FOR:</b>	
<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Truck
<input type="checkbox"/>	Needs Training	<input type="checkbox"/>	Tractor-Semitrailer
<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	Other: _____

Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_

