



DRIVER'S APPLICATION FOR PLACEMENT

Applicant Name _____ Date: _____
(Print)

Company Name _____
Address _____
City _____ State _____ Zip _____

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

TO BE READ AND SIGNED BY APPLICANT

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

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 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 my previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree in the accuracy of the information

Signature _____ Date _____

FOR COMPANY USE

Date Applicant Hired _____	Application Denied _____
Date of Placement _____	Classification/Position <u>Driver</u>
Signature of Interviewing Officer _____	

Date Terminated _____
<input type="radio"/> Dismissed <input type="radio"/> Voluntary Quit <input type="radio"/> Other _____
Signature of Exit-Interviewing Officer _____

Applicant to Complete – Answer all questions

Name _____
Last First Middle

Social Security Number _____

Phone _____

Date of Birth ____/____/____
(Required for commercial drivers)

Emergency Phone _____

Can you provide proof of age? _____

List all addresses of residency for the past 3 years – begin with your Current Address:

Street	City	State	Zip	# of Years at this address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ If yes, complete the information below:

Dates: From _____ to _____

Position Worked: _____ Rate of Pay _____

Reason for leaving _____

Is there any reason you may be unable to perform the functions of the job for which you have applied as described in the job description provided? If yes, explain if you wish: _____

EMPLOYMENT HISTORY

Driver applicants operating in interstate commerce must provide the following information on **all employers during the previous 3 years**. Enter the information for your previous employers providing as much detail as possible. Failure to provide adequate or required detail will inhibit the ability to obtain the necessary background information.

CDL holders are required to list additional 7 years previous employer information for a total of 10 years listed on their application. Account for any breaks in employment by indicating any time not working as a result of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period of time indicated as self-employed.

Begin by entering your most recent employer. Enter in reverse order beginning with the most recent. Add another sheet of paper if necessary.

MAKE ADDITIONAL COPIES AS NECESSARY TO COVER ALL PRIOR EMPLOYERS & ANY GAPS IN EMPLOYMENT

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
Were you subject to FMCSR's while employed? Yes _____ No _____			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes _____ No _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
Were you subject to FMCSR's while employed? Yes _____ No _____			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes _____ No _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____		Position _____	
Phone Number _____		Salary _____	
Reason For Leaving _____			
Were you subject to FMCSR's while employed? Yes _____ No _____			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes _____ No _____			

PREVIOUS EMPLOYER INFORMATION	DOT #	Dates Employed	
Employer Name _____		From	To
Employer Address _____			
City _____ State _____ Zip _____			
Contact Person _____	Position _____		
Phone Number _____	Salary _____		
Reason For Leaving _____			
Were you subject to FMCSR's while employed? Yes _____ No _____			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40 Yes _____ No _____			

ACCIDENT REGISTER	DATES	DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL RELEASE
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND/OR FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE – WRITE THE WORD “NONE”

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE	YES	NO	CIRCLE TYPE OF EQUIPMENT	TO	FROM	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS						
MOTORCOACH - SCHOOL BUS						
OTHER (Describe:)						

LIST ALL STATES OPERATED IN THE PAST FIVE YEARS: _____
LIST ANY SPECIAL DRIVER RELATED COURSES OR TRAINING: _____
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____
LIST ANY SPECIAL EQUIPMENT EXPERIENCE _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4
LAST SCHOOL ATTENDED _____ STATE _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Check here if CDL accepted in lieu of Road Test

RECORD OF ROAD TEST

Driver's Name _____ Address _____
 License No. _____ St _____ Equipment Driven: Tractor _____ Trailer _____
 Checked From _____ To _____ Date _____

For those items that apply, check mark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks.

PART 1 - PRE-TRIP INSPECTION & 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 _____
 Checks horn, windshield wipers, mirrors, _____
 emergency equipment; reflectors, flares, fuses, _____
 tire chains (if necessary), fire extinguisher _____
 Checks instruments for normal readings _____
 Checks dashboard warning lights for proper _____
 functioning _____
 Cleans windshield, windows, mirrors, lights, _____
 reflectors _____
 Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

Lines up units _____
 Connects glad hands to trailer to apply trailer _____
 brakes before coupling _____
 Connects glad hands and light line properly _____
 Couples without difficulty _____
 Raises landing gear fully after coupling _____
 Visually checks king pin assembly to be _____
 certain of proper coupling _____
 Checks coupling by applying hand _____
 valve or tractor-protection valve (trailer _____
 air supply valve) and gently applying _____
 pressure by trying to pull away from _____
 trailer _____
 Assure that surface will support trailer before _____
 uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION & USE OF CONTROLS

A. ENGINE
 Places transmission in neutral before _____
 starting engine _____
 Starts engine without difficulty _____
 Allows proper warm-up _____
 Understands gauges on instrument panel _____
 Maintains proper engine speed (rpm) while _____
 driving _____
 Does not abuse motor _____

B. CLUTCH AND TRANSMISSION
 Starts loaded unit smoothly _____
 Uses clutch properly _____
 Times gearshifts properly _____
 Shifts gears smoothly _____
 Uses proper gear sequences _____

C. BRAKES

Knows proper use of tractor protection valve _____
 Understands low air warning _____
 Tests service brakes _____
 Builds full air pressure before moving _____

D. STEERING

Controls steering wheel _____
 Good driving posture & good grip on wheel _____

E. LIGHTS

Knows lighting regulations _____
 Uses proper headlight beam _____
 Dims lights when meeting or following _____
 other traffic _____
 Adjusts speed to range of headlights _____
 Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

Gets out and checks before backing _____
 Looks back as well as uses mirror _____
 Gets out and rechecks conditions on _____
 long back _____
 Avoids backing from blind side _____
 Signals when backing _____
 Controls speed and direction properly _____
 while backing _____

B. PARKING (City)

Does not hit nearby vehicles or stationary _____
 objects _____
 Parks proper distance from curb _____
 Sets parking brake, puts in gear, chocks _____
 wheels, shuts off motor _____
 Checks traffic conditions and signals when _____
 pulling out from parked position _____
 Parks in legal and safe location _____

C. PARKING

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 restarts without rolling back _____
 Tests brakes before descending grades _____
 Uses brakes properly on grades _____
 Uses mirrors to check traffic to rear _____
 Signals following traffic _____
 Avoids sudden stops _____
 Stops smoothly w/o excessive fanning _____
 Stops before crossing sidewalk when coming _____
 driveway or alley _____
 Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING & TURNING

A. TURNING

Signals intention to turn well in advance _____
 Gets into proper lane well in advance of turn _____
 Checks traffic conditions and turns only when intersection is clear _____
 Restricts traffic from passing on right when preparing to complete right hand turn _____
 Completes turn promptly and safety & does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary _____
 Obeys traffic signal _____
 Uses good judgement on yellow light _____
 Starts smoothly on green _____
 Notices and heeds traffic signs _____
 Obeys stop signs _____

C. INTERSECTIONS

Adjusts speed to permit stopping if necessary _____
 Checks for cross traffic regardless of traffic controls _____
 Yields right-of-way for safety _____

D. GRADE CROSSINGS

Adjusts speed to conditions _____
 Makes safe stop if required _____
 Selects proper gear and does not shift gears while crossing _____
 Knows and understands federal & state rules governing grade crossing _____

E. PASSING

Passes with sufficient clear space ahead _____
 Does not pass in unsafe location: hill, curve, intersection _____
 Signals change of lanes _____
 Warns driver being passed _____
 Pulls out and back with certainty _____
 Does not tailgate _____
 Does not block traffic with slow pass _____
 Allows enough room when returning to right lane _____

F. SPEED

Speed consistent with basic ability _____
 Adjusts speed properly to road, weather, traffic conditions, legal limits _____
 Slows down for rough roads _____
 Slows down in advance of curves, intersections, etc. _____
 Maintains consistent speed _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____

Signature of Examiner _____

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certificate of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31(e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____
 Social Security # _____ Type of Trailer(s) _____
 Operator's License No. _____ St _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ / _____ / _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial vehicle listed above.

Signature of Examiner _____ Organization _____
 Title _____ Address of Examiner _____

G. COURTESY AND SAFETY

Uses defensive driving techniques _____
 Yields right-of-way for safety _____
 Goes ahead when given right-of-way by others _____
 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

A. GENERAL DRIVING ABILITY & HABITS

Consistently alert and attentive _____
 Adjusts driving to meet changing conditions _____
 Performs routing functions without taking eyes from road _____
 Checks instruments regularly while driving _____
 Willing to take instructions and suggestions _____
 Adequate self-confidence in driving _____
 Is not easily angered _____
 Positive attitude _____
 Good personal appearance, manner, cleanliness _____
 Good physical stamina _____

B. HANDLING OF FREIGHT

Checks freight property _____
 Handles and loads freight property _____
 Handles bills properly _____
 Breaks down load as required _____

C. RULES AND REGULATIONS

Knowledge of company rules _____
 Knowledge of regulations: federal, state, local _____
 Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

**Motor Vehicle Driver's
CERTIFICATE OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 385 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weight 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 motor vehicle operator's license.
If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.,
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**
Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 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, 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 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: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Thank God 4 Trucking, LLC Compliance Representatives for the purpose 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.

Applicants Name

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 4996 (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 adverse action based on whole or 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 his report request and 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 103-332, Title XXX, Section 300002(a)).

Signature of Requester

Date

Dear Sir/Madam:

- The above applicant has made application for the position of commercial driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the applicant's driving record for the past three years.

Name of Driver Applicant: _____

Applicant Address _____
Number and Street City State Zip

Former Address _____
Number and Street City State Zip

Date of Birth _____ SSN _____ License # _____

Requested by: Thank God 4 Trucking, LLC Compliance Services

On Behalf of: _____

Drivers Statement of On-Duty Hours For Newly Hired Drivers

Federal Motor Carrier Safety Regulations – § 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.

Note: Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

Please Print

Driver Name _____ Social Security No. _____

Driver's License: State _____ Number _____ Class _____

Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at _____ AM PM on _____.
(Time) (Day) (Month) (Year)

Driver's Signature

Date

Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9) – 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:

- (8) Performing any other work in the capacity, employ or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier.

Are you currently working for another employer? Yes _____ No _____

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

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

Driver's Signature

Date

Witness: _____
Company Representative

Date

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug 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).

Prospective Driver Printed Name: _____

Prospective Driver SS or ID Number: _____

The Prospective employee is required by Sec. 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?

Check one: **Yes** **No**

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

Check one: **Yes** **No**

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

Prospective Driver Signature: _____ Date: _____

Motor Carrier Representative
Witness Signature: _____ Date: _____

Record Retention

If **"yes"** was the response to question 1, you must retain this document and related documents for 5 years.

If **"no"** was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination. DQ Files are maintained throughout the driver's service and for a full 2 year period following the driver's termination 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>

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.

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space
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Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. 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

STOP! *Employer Completes Next Page* STOP!



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
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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		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
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: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration 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
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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:			
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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.

FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer _____ may request for lawful purposes, background

Company Name

information about me from a consumer reporting agency in connection with my employment and/or insurance application as applicable. These background reports may be obtained at any time after receipt of this authorization and, if hired or engaged by the company, throughout my employment or contract period.

The types of information that may be obtained include, but are not limited to, social security number verification, address history, criminal records and history, public court records, driving records, accident history, prior drug and alcohol history, workers compensation claims, educational history verification (e.g., dates of attendance, degrees obtained), employment history verifications (e.g., dates of employment, reasons for termination, etc.), professional and/or personal reference checks, professional licensing and certification checks, drug/alcohol testing results, drug/alcohol history in violations of law and/or company policy, other information bearing my character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private, public record sources, appropriate government agencies, educational institutions, former employers, and other information sources.

I know I may request more information about the nature and scope of any investigative consumer reports by contacting the Company. My signature below certifies my receipt of my summary of rights under the Fair Credit Reporting Act.

Driver Signature

Date

REFERENCES:

Federal Motor Carrier Safety Regulations: Sections 392.413, 391.23, and 391.26

Fair Credit Reporting Act: Sections 604 (b) (A) and 607, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-206)

3909 N. Classen
Oklahoma City, OK 73118
Mailing Address: PO Box 18109
Oklahoma City, OK 73154



800-207-7661 - 405-528-4490
Fax 405-488-1279
compliance@tbsokc.com
www.truckersbookkeepingservice.com

Previous Employer Name: _____

SAFETY PERFORMANCE HISTORY RECORDS RELEASE AUTHORIZATION

DRIVER NAME (*Printed*): _____

I do hereby authorize the release of my safety performance history involving the operation of a commercial motor vehicle and/or where I was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing within the past 3 years to Linda Baggett, CDS/Transportation Safety Specialist for TRUCKERS BOOKKEEPING & COMPLIANCE SERVICES.

In accordance of 49 CFR §40.25 and 391.23 we are hereby requesting you supply us with the Safety performance History of this individual. Under DOT rule §391.23(g) you must respond to this inquiry within 30 days of receipt.



Driver Signature: _____

Prior Employer: Please complete Section II of the attachment and return it per the signed consent of the driver indicated above.

Return the completed background request by either the secure fax or email indicated below:

Attn. TBS Compliance Services
Fax #: 405-488-1279
Email: compliance@tbsokc.com

Questions? Please dial (405) 576-3196

Note: TBS is a DOT Compliance Provider and has been contracted to process the DOT Driver Qualification Files for our clients. This transmission is CONFIDENTIAL and should be treated in a manner that ensures confidentiality.

Previous Employer: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The individual identified in Section 1 below has indicated you employed and/or used him/her within the capacity of operating a commercial motor vehicle and/or that he/she was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing. In accordance of 49 CFR §§40.25, 40.321 (b), and 391.23, we are hereby requesting you supply us with the Safety Performance History of this individual. Under DOT rule §§391.23(g), you must respond to this requester in Section 2 within 30 days of the date of this request. **For Non-DOT Previous Employers, please complete Section 3 only as drug/alcohol testing was not required.**

SECTION 1 - TO BE COMPLETED BY DRIVER APPLICANT

Applicant Name: _____ **Date of Birth:** _____ **SSN:** _____

I, _____, do hereby authorize the release of my employment safety performance history for the past 3 years to TBS representative, Linda Baggett, CDS. This authorization includes information pertaining to my employment background and any DOT regulated drug/alcohol testing. In accordance with §40.25(b, g), 40.321 (b), and 391.23(h), release of this information must be made in a manner that ensures confidentiality.

Date: _____ **Signature** _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant above was/is employed by us from: _____ to _____
Month/Year Month/Year

Job Title: _____ **Check here if the person above did not have a DOT driving position with your company**

Did he/she drive a motor vehicle for you? Yes No

If so, what type vehicle? Please check all that apply

Straight Truck	<input type="checkbox"/>	Cargo Tank	<input type="checkbox"/>
Tractor	<input type="checkbox"/>	Doubles	<input type="checkbox"/>
Trailer	<input type="checkbox"/>	Bus	<input type="checkbox"/>
		Triples	<input type="checkbox"/>

Please complete any information from your accident register (§390.15(b) involving the applicant listed above within the prior 3 years of the authorization release date noted above. If there is not accident data please initial here. _____

Date	Location	# Fatalities	# Injuries	# Towed	HM Spill

Person Completing the Request **Title** **Date**

DRUG AND ALCOHOL HISTORY

If the Applicant above **WAS NOT** subject to DOT testing under 49 CFR while in your employ; initial here _____
While completing this request, include any required DOT drug/alcohol testing information you obtained by prior employers within the past 3 years of this request

Has this person violated an of the below drug/alcohol prohibitions under 49 CFR Part 40 or Subpart 382: YES NO

- An alcohol test with a result of 0.04 or higher alcohol concentration
- A controlled substance test result f positive, adulterated, or substituted
- A refusal to submit to a random, post accident, reasonable suspicion, or alcohol test
- Alcohol use while performing or within 4 hours of a safety sensitive function
- Alcohol use after an accident, in violations of §382.203

If this person violated a DOT drug/alcohol test, did he/she fail to begin or complete SAP rehabilitation? YES NO

If this person successfully completed a rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to test? YES NO

PLEASE RETURN THIS REQUEST TO:

TBS COMPLIANCE **E-mail: compliance@tbsokc.com**
Fax: 405-488-1279 **Phone: 405-576-3196**

THIS TRANSMISSION IS CONFIDENTIAL AND SHOULD BE HANDLED IN A MANNER THAT ENSURES CONFIDENTIALITY

Make sure you have added the following items to your Driver Qualification File:

- Copy of the driver's Driver License.
- Copy of the driver's social security card or verification of the ability to work within the U.S.
- Copy of the driver's current medical card – the long form physical must be kept on the driver's person while driving and does not belong in the Driver Qualification File.
- **Any medical card obtained AFTER May 21, 2014** must have been issued by a Physician registered on FMCSA's National Registry of Certified Medical Examiners. If the driver obtained their medical card from a physician who is not part of the National Registry, the driver is **NOT A QUALIFIED DRIVER!**
- **The Motor Carrier is required to** verify the driver obtained their medical certification by a physician on the National Registry and place a note in the Driver Qualification File indicating they verified the physician was on the National Registry. **Failure to verify or place a note in the DQ File is a violation.**
- **Verify your driver has merged their Medical Card with their CDL.** This should appear on the driver's Motor Vehicle Record. A CDL Driver who has not merged their medical card with their CDL **can be placed Out of Service immediately by law enforcement.**
- Pre-employment drug screen test result letter and carbon copy of the custody and control form as verification the chain of custody was maintained.