

DRIVER QUALIFICATION FILE
CHECK OFF LIST

- _____ DRIVERS APPLICATION
- _____ PREVIOUS EMPLOYMENT DRUG AND ALCOHOL INFORMATION REQUEST
- _____ PREVIOUS DRUG AND ALCOHOL TEST STATEMENT
- _____ SINGLE DRIVER LICENSE CERTIFICATION
- _____ STATEMENT OF ON DUTY TIME PRIOR 7 DAYS
- _____ ANNUAL REVIEW OF DRIVING RECORD
- _____ RECORD OF VIOLATIONS/DRIVERS CERTIFICATION
- _____ COPY OF DMV PRINT OUT (30) DAYS CURRENT (3) YEAR MINIMUM
- _____ W-4
- _____ PAYCHECK AUTHORIZATION
- _____ COPY OF CDL
- _____ COPY OF MEDICAL CARD – FRONT AND BACK
- _____ COPY OF SOCIAL SECURITY CARD
- _____ PRE-EMPLOYMENT DRUG SCREEN
- _____ DRUG AND ALCOHOL PROGRAM
- _____ EMPLOYEE TRAINING HANDOUT
- _____ ADDED TO PULL NOTICE PROGRAM
- _____ RECORD OF ROAD TEST
- _____ CERTIFICATE OF ROAD TEST
- _____ DRIVER PROFICIENCY AND AUTHORIZATION OF VEHICLES FORM

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE 3 YEARS PRECEDING THE DATE OF APPLICATION, SPECIFYING THE DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INURIES IT CAUSED. (LIST MOST RECENT FIRST, IF NON, WRTIE NONE)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.	FATALITIES	INJURIES
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LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) OF WHICH YOU WERE CONVICTED OR FOREITED BOND OR COLLATERAL DURING THE 3 YEARS PRECEDING THE DATE OF APPLICAION.

DATE	LOCATION	CHARGE	PENALTY
DATE	LOCATION	CHARGE	PENALTY
DATE	LOCATION	CHARGE	PENALTY

IF NECESSARY LIST ADDITIONAL ON BACK OF PAGE

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES LISTED BELOW.

STRAIGHT TRUCK: _____ FROM: _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

TRACTOR & SEMI-TRAILER: _____ FROM: _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

TRACTOR – DOUBLES: _____ FROM: _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

BUSES: _____ FROM : _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

OTHER: _____ FROM: _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

SPECIALTY EQUIP.: _____ FROM: _____ TO: _____ APPROX. NO. OF MILES : _____
Type Dates

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST ANY TRAINING SOURCES AND SAFETY AWARDS RECEIVED AND BY WHOME: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER HELD A DRIVERS LICENSE IN ANY NAME OTHER THAN THE ONE YOU LISTED ON FIRST PAGE OF THIS APPLICATION? YES _____ NO _____ IF YES, PLEASE LIST NAMES USED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN: _____

APPLICANT MUST READ AND SIGN BELOW

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE FURTHER CERTIFIES THAT I UNDERSTAND AS A MOTOR CARRIER YOU ARE REQUIRED TO CONTACT MY PREVIOUS EMPLOYERS FOR THE PURPOSE OF INVESTIGATING MY BACKGROUND AS REQUIRED BY FEDERAL CODE OF REGULATIONS PART 391.23. I HEREBY RELEASE ANY PERSON(S) OR ENTITIES FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMAITON IN CONNECTION WITH MY APPLICATION.

DATE: _____

APPLICANT SIGNATURE: _____

PLEASE LIST ALL PREVIOUS EMPLOYERS DURNING THE 3 YEARS PRECEDING THE DATE OF APPLICATION, TOGETHER WITH THE DATES YOU WERE EMPLOYED AND YOUR REASON FOR LEAVING ;

FOR THOSE DRIVERS APPLYING TO OPERATE COMMERCIAL MOTOR VEHICLES AS DEFINED BY THE FEDERAL CODE OF REGULATIONS, LIST THE NAMES AND ADDRESSES OF YOUR EMPLOYERS DURING THE 7 YEAR PERIOD PRECEDING THE 3 YEARS LISTED ABOVE, FOR WHICH YOU WERE AN OPERATOR OF A COMMERCIAL MOTOR VEHICLE, TOGETHER WITH THE DATES OF EMPLOYMENT AND THE REASONS FOR LEAVING SUCH EMPLOYMENT:

START WITH THE MOST RECENT EMPLOYER AND WORK BACK TO THE MOST DISTANT. (ADD ANOTHER SHEET IF NECESSARY)

1. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

2. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

3. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

4. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

5. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

6. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

POSITION HELD: _____ REASON FOR LEAVING: _____

PREVIOUS EMPLOYMENT, DRUG AND ALCOHOL INFORMATION REQUEST

TO FORMER EMPLOYER: Federal Motor Carrier Safety Regulations, Parts 391.23 and 382.413, require that a motor carrier obtain previous employment information. Therefore, you are hereby authorized to release to DAN PALMER TRUCKING, INC., any and all information regarding my duties, character, conduct, positive drug or alcohol results, or refusal to submit to required testing including verified adulterated or substituted test results while in your employ.

Applicant Signature: _____ Date: _____

APPLICANTS DO NOT WRITE BELOW THIS LINE

To: _____ Fax: _____

Address: _____ Date: _____

Applicant Name: _____ SS#: _____

Has made application to this company for a position as truck driver and states that he/she was employed by your company as a truck driver from _____ to _____

We appreciate your help in completing this form. You can return it to fax number (530) 365-6337.

1. Are dates of employment correct as stated above? Yes ___ No ___ If no, please correct dates from _____ to _____
2. Was applicant employed: Full Time ___ Part Time ___ Seasonal ___
3. What type of tractor was driven? Semi-Tractor ___ 2 Axle ___ 3 Axle ___ Conven ___ Cabover ___
4. What type of trailer(s) pulled? Flat ___ Van ___ End Dump ___ Low Bed ___
Other: _____
5. What geographical areas did applicant travel? _____
6. Number of accidents? ___ Preventable accidents? _____
7. Do you consider this person a safe driver? Yes ___ No ___ Was his/her general conduct satisfactory? Yes ___ No ___ If no explain: _____
8. Eligible for re-employment? ___ Why did he/she leave? _____
9. Did this applicant ever test positive for a controlled substance in the last two years? Yes ___ No ___
10. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 2 years? Yes ___ No ___
11. Has applicant ever refused a required test for drug or alcohol including verified adulterated or substituted drug tests in the last 2 years? Yes ___ No ___
12. Has applicant committed other violations of DOT agency drug and alcohol testing requirements? Yes ___ No ___
13. If applicant has violated a DOT drug and alcohol regulation, do you have documentation of the employees successful completion of DOT return-to-duty requirements, including follow-up tests? Yes ___ No ___

If yes to any question 9 through 13 please forward documentation to the number listed above. Also include drug and alcohol resting information obtained from previous employers per part 40.25 of Federal Code of Regulations

Signature and Title of person completing form Date and Phone

PREVIOUS DRUG AND ALCOHOL TEST STATEMENT

Date: _____

To be completed by driver/applicant.

During the past (2) two years, have you ever Tested Positive for controlled substances including a 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 the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

During the past (2) two years, have you ever refused to test for controlled substances or alcohol including a 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 the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

During the past (2) two years, have you had a verified adulterated or substituted drug test result? Yes _____ No _____

During the past (2) two years, have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes _____ No _____

If you answered yes to any of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Date: _____

Name of Applicant: _____

Signature of Applicant: _____

Social Security No: _____ / _____ / _____

**ACKNOWLEDGEMENT OF ALCOHOL AND DRUG TESTING
POLICY & PROCEDURES**

I, _____, SSN _____,

ACKNOWLEDGE THAT IN ACCORDANCE WITH **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING INC.** I AM REQUIRED UNDER STATE LAW, AS INDICATED IN CALIFORNIA VEHICLE CODE, SECTION 34520, TO ABIDE BY THE REQUIREMENTS OF THIS POLICY. I ACCEPT AND AGREE TO COMPLY WITH THE TERMS OF THE ALCOHOL AND DRUG TESTING POLICY, AND TO BE SUBJECT TO TESTING FOR ALCOHOL AND DRUGS AS REQUIRED. I UNDERSTAND THAT IF THE TEST RESULTS INDICATE THE PRESENCE OF ANY PROHIBITED DRUG OR THE MISUSE OF ALCOHOL, I WILL BE SUBJECT TO DISCIPLINARY ACTION OR TERMINATION.

FURTHERMORE, I HAVE BEEN PROVIDED A COPY OF **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING INC.** I HAVE READ THE POLICY AND HAVE HAD ANY QUESTIONS REGARDING ITS CONTENTS ANSWERED.

Employee

Date

Designated Employee Representative

Date

SINGLE DRIVER LICENSE CERTIFICATION

FEDERAL CODE OF REGULATION REQUIREMENTS

1. Part 383.21 No person who operates a commercial motor vehicle shall at any time have more than one drivers license.

2. Part 383.31 (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State of jurisdiction which issued such license, or such conviction. The notification must be made within 30 days after the date that person has been convicted.

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

My Signature below certifies that I have read and understand the provisions of the Federal Code of Regulations listed above. My signature further certifies that the commercial vehicle license listed below is the only one held.

DRIVERS NAME: _____ SOC. SEC. # _____

DRIVERS ADDRESS: _____

LICENSE ISSUING STATE: _____ TYPE/CLASS: _____ ID NO: _____

If it applies, list any licenses you have surrendered and the State in which they were issued in the past 3 years.

STATE: _____ TYPE/CLASS: _____ ID NO: _____

STATE: _____ TYPE/CLASS: _____ ID NO: _____

DRIVERS'S SIGNATURE: _____

DATE: _____

STATEMENT OF ON DUTY TIME PRIOR 7 DAYS

Part 395.8 (j) (2) of U.S. D.O.T. Motor Carrier Safety Regulations

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 carrier.

Current Date _____ / _____ / _____

Time last relieved from duty for previous day: _____ am/pm

Enter number of hours on duty for the seven (7) previous days, last day first.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

_____ Total

_____ Usable hours today... seventy (70) hrs. minus seven (7) day total.

_____ Usable hours today... eighty (80) hrs. minus seven (7) day total.

I hereby certify by my signature below, that total hours on duty for the seven (7) previous days, as stated, are true and correct.

Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

Name of Driver: _____

Address: _____
Number & Street City State Zip

Social Security Number: _____ / _____ / _____ Date of Employment: _____

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine that driver meets the minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

CERTIFICATE OF REVIEW

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

Date	Name of Person Reviewing	Meets Minimum Requirements	Disqualified to drive a motor vehicle pursuant to Section 391.15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS CONCERNING DISQUALIFICATION:

Letter if Disqualification Issued (Yes) (No) Date: _____

Dan Palmer Trucking, Inc.
4710 Locust Rd.
Anderson, CA 96007
Phone (530) 365-6355
Fax (530) 365-4179

IMPORTANT NOTICE

If you want someone other than yourself to pick up your paycheck at the office, you must bring this notice into our office.

I hereby authorize _____ to pick up my paycheck.
This authorization will be in force until I give a written notice of any other changes.

Name: _____ Date: _____

Drivers Name: _____ Date: _____

1. PRETRIP INSPECTION
_____ Satisfactory _____ Unsatisfactory

2. COUPLING AND UNCOUPLING OF COMBINATION UNITS, IF THE EQUIPMENT HE/SHE MAY DRIVE INCLUDES COMBINATION UNITS
_____ Satisfactory _____ Unsatisfactory

3. PLACING MOTOR VEHICLES IN OPERATION
_____ Satisfactory _____ Unsatisfactory

4. USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT.
_____ Satisfactory _____ Unsatisfactory

5. OPERATING THE COMMERCIAL MOTOR VEHICLE IN TRAFFICE AND WHILE PASSING OTHER MOTOR VEHICLES.
_____ Satisfactory _____ Unsatisfactory

6. TURNING THE COMMERCIAL MOTOR VEHICLE.
_____ Satisfactory _____ Unsatisfactory

7. BRAKING AND SLOWING THE COMMERCIAL MOTOR VEHICLE BY OTHER MEANS OTHER THAN BRAKING.
_____ Satisfactory _____ Unsatisfactory

REMARKS: _____

GENERAL PERFORMANCE:
_____ Satisfactory _____ Unsatisfactory _____ Needs Training

TYPE OF EQUIPMENT QUALIFIED FOR:
_____ Truck _____ Tractor-Semitrailer _____ Other (specify) _____

The below signature certifies that the driver listed above was given a road test under my supervision from _____ to _____ consisting of _____ miles.

Examiners Signature and Title _____
Date _____

Company/Organization: DAN PALMER TRUCKING, INC

CERTIFICATE OF ROAD TEST

Date _____

Applicant/Driver Name _____

Operators or Chauffeurs CDL (License) ID # _____

State Issued _____ Type/Class of License _____

Social Security Number _____

Type of Power Unit _____

Type of Trailer (s) _____

If passenger carrier, type of Bus _____

This certificate is to certify that the above named driver was given a road test under my supervision in (Date) _____
Consisting of approximately _____ miles of driving.

It is my considered opinion that this drier possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner _____ Date _____

Company/Organization DAN PALMER TRUCKING, INC.
4710 LOCUST RD.
ANDERSON, CA 96007

DRIVER PROFICIENCY (CAC 13, 1229)
AND AUTHORIZED VEHICLES (CAC 13, 1234 (b))

_____ has demonstrated to me _____
Drivers Name Name & Title

That he/she can safely operate the below named vehicles/equipment:

- _____ Straight Truck
- _____ Tractor & Trailer Combination
- _____ Doubles/Triples
- _____ Tank Vehicle
- _____ Vehicles less than 10,000 pounds GVWR
- _____ Vehicles 10,000 pounds to 26,000 pounds GVWR
- _____ Vehicles 26,001 pounds and more GVWR
- _____ Bus with Air Brakes _____ passengers
- _____ Bus with Hydraulic Brakes _____ passengers
- _____ Standard Shift Transmission
- _____ Automatic Transmission Only
- _____ Air Brakes Endorsement
- _____ Hazardous Materials Endorsement
- _____ Special Equipment (specify) _____

<p>USE THIS FORM AS A MASTER AND COPY THE CURRENT DRIVER'S LICENSE HERE</p> <p>Optional VC 14606 (a)</p>	<p>A LONG FORM MEDICAL EXAMINATION REPORT IS PREFERRED. YOU MAY COPY A SHORT FORM MEDICAL EXAMINERS CERTIFICATE HERE.</p> <p>Optional VC 14606 (b)</p>
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