

Driver Name \_\_\_\_\_ Hire Date: \_\_\_\_\_

1	Application Full Completed & Signed	
2	Copy of Valid Driver's License	
3	Criminal Search (with in 30 days of application)	
4	Certificate of Violation & Annual Review at Hiring	
5	Copy of Driver's Abstract at Hiring (with in 30 days)	
6	Copy of CVOR at Hiring (with in 30 days)	
7	Hours for Last 14 days at Hiring	
8	Affidavit and Promice to Report Violations	
9	Required Driver Training	
10	Training Certificate	
11	Orientation	
12	Road Test	
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21	Annual Abstract for drivers more than a year	
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23		

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Application for Driving CMV**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Province: \_\_\_\_\_

Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Any Other Driving License: \_\_\_\_\_

Has any license, permit or privilege ever been suspended, denied or revoked: YES  NO

**Three Year Home Address History:**

Address 1: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City Province Postal Code

Address 2: \_\_\_\_\_ How Long: \_\_\_\_\_

Address 3: \_\_\_\_\_ How Long: \_\_\_\_\_

**Driving Experience:**

Class of Equipment	From Date	To Date	Approx Miles/Hours
Tractor & Semi-trailer			
Straight Truck			
Tractor- Two-trailers			

**Accident Record for Past Three Years:**

Date	Nature of Accident	Fatalities	Injuries	Charges
1				
2				
3				

**Traffic Convictions and Forfeitures for Past 3 Years (Other than Parking Violations)**

Location	Date	Charge	Penalty
1			
2			
3			

Initials: \_\_\_\_\_

**Employment History**

(All applicants to drive Commercial Motor Vehicle shall provide information on all employers during preceding 10 Years)

How long have you been driving Commercial Motor Vehicle? Since \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

**Employer 1 (Most Recent)**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 2**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 3**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 4**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

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

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

Signature: \_\_\_\_\_

(All applicants to drive Commercial Motor Vehicle shall provide information on all employers during preceding 10 Years)

**Employer 5**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 6**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 7**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

**Employer 8**

Name: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Equipment Driven: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Did you drive to US: **Yes**  **No**  Were you subject to Drug & Alcohol Testing: **Yes**  **No**

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

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

Signature: \_\_\_\_\_

**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS [ 391.27 ]  
ANNUAL REVIEW OF DRIVING RECORD [391.2(2)]**

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

**Driver Requirements:** Each driver shall furnish the list as required by the motor carrier above, If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (Section 391.27(b)).

**Completed by driver - Certification of Violations - (PLEASE PRINT)**

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

**Driver # :** \_\_\_\_\_

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	OFFENSE	LOCATION	TYPE OF VEHICLE

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

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

\_\_\_\_\_  
Date

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety 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 vehicle, 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 391.15**

\_\_\_\_\_  
Date of Review

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

Safety & Compliance.

**DRIVER STATEMENT OF ON-DUTY HOURS**

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

Driver's License # : \_\_\_\_\_

Type of License: (Following documents will be filed in a separate file under safe custody)

Issuing State: ONTARIO

**Instructions:** Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the driver's total time on-duty during the immediately preceding 7/14 days and time at which such driver was last relieved from duty prior to beginning work for such carrier (see Section 395.8(j)(2) Federal Motor Carrier Safety Regulations). NOTE: Hours for any compensated work during the preceding 7/14 days, including work for a non-motor carrier entity, must be recorded on this form

DAY	14	13	12	11	10	9	8	TOTAL HOURS
DATE								7 DAYS
HOURS WORKED								
DAY	7	6	5	4	3	2	1	TOTAL HOURS
DATE								7 DAYS
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 :

Time : \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Affidavit and Promise (Reporting violations)

I \_\_\_\_\_ state on \_\_\_\_\_ day of \_\_\_\_\_, 2009 That my current license # \_\_\_\_\_ is not under suspension or invalid.

I also promise to report all traffic violations, convictions, collisions and/or license suspensions/ *Medical Condition* immediately to \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required Driver Training**  
**Rules**

In order to ensure safe operation of company's fleet vehicles, all drivers must be aware of and comply with all regulations governing their conduct

<b>Licensing</b>	<b>Initials</b>
I know that I must have a driver's license of the proper class.	
I agree to report all traffic violations to my employer in writing.	
I understand that I must not operate a vehicle while under the influence of drugs or alcohol.	

<b>Hours of Work</b>	<b>Initials</b>
I have been informed of and understand the hours of work regulations.	
I am aware that I must schedule work to comply with the regulations.	
I agree to submit a record of all on duty hours accumulated while working for others operators.	

<b>Pre-Trip Inspections</b>	<b>Initials</b>
I am aware of the pre-trip inspection requirements and understand them.	

<b>Load Security</b>	<b>Initials</b>
I have been informed of and understand the load security regulations. (i.e. Ensure that load is tarped and blocked as required)	

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

Signature : \_\_\_\_\_

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

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

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



## ORIENTATION TRAINING

#	ITEMS	PROCEDURE
1	Accident Procedure	Take pictures, get details, Witness, Call Company immediately
2	Border Crossing	Manifest, No Smuggling, Declare Food Items like Citrus
3	Company Policies	Disciplinary Action, Incentives, No Passenger, No Vehicle Unattended
4	Tickets and Inspections	Report Immediately before moving away, Penalty for violations
5	C-TPAT	Seal, Vehicle and Load Inspection, Log stops before border, Spare Seal
6	Communication Dispatch	Call twice; 8-10am and 3-5pm.
7	Safe Driving	No distraction, Driver Fatigue, Compliance to Hours of Service, Safety Triangle method of Observation, Mirror Adjustment, Follow Distance, House Keeping in Tractors
8	Reporting Defects	Do not drive defective vehicle, Report any damages
9	Speeding	Zero tolerance
10	Time Markers	Match all time markers; fuel, border crossings, tax, repairs, Bill of lading, Inspections etc.
11	Pre-trip Inspection	Defect Codes, Demonstrate thorough inspection of Tractor and Trailer
12	Trip Planning	Time management, Keep sufficient time for unforeseen

DRIVER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVING LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXP: \_\_\_\_\_

<p><b>PRE-TRIP INSPECTION</b></p> <p><b>Under Hood Inspection:</b></p> <p>Air compressor _____</p> <p>Coolant _____</p> <p>Loose wires _____</p> <p>Engine leaks _____</p> <p>Frame _____</p> <p>Shock Absorber _____</p> <p>U Bolts _____</p> <p>Leaf Springs _____</p> <p>Shackle pins _____</p> <p>Brake and Components _____</p> <p>Inside Rim _____</p> <p>Tire inside and outside _____</p> <p>Outside Rim _____</p> <p>Hub oil _____</p> <p>Valve Stem _____</p> <p>Steering Rod _____</p> <p>Steering Box _____</p> <p>Pitman Arm _____</p> <p>Drag Link _____</p> <p>Tie Rod _____</p> <p>Steering Oil _____</p> <p>Engine Oil _____</p> <p>Windshield Washer Fluid _____</p> <p><b>Circle check:</b></p> <p>Valid safety stickers _____</p> <p>Air Tanks _____</p> <p>Grab Handles / Steps _____</p> <p>Fuel Tanks / Straps _____</p> <p>Emergency Exits _____</p> <p>Seat Belts _____</p> <p>Tires / Rims _____</p> <p>Brakes _____</p> <p>Windows _____</p> <p>Windshield / Wipers _____</p> <p>Hood / Grill / Bumper _____</p> <p>License Plate / sticker _____</p> <p>Headlights / Signals _____</p> <p>No Space at Fifth Wheel _____</p> <p>Air / Electrical lines _____</p> <p>Landing Gear / Handle _____</p> <p>Trailer Damage Free _____</p> <p>Trailer Tires / Brakes _____</p> <p>Brake / Turn / Marker Lights _____</p> <p>Doors / Load Secure _____</p> <p>License Plate Light _____</p> <p>Bumper _____</p>	<p>Mirror Adjustment _____</p> <p>Logbook completed _____</p> <p>Cab documents _____</p> <p>Post Trip inspection _____</p> <p><b>SHIFTING TECHNIQUE</b></p> <p><b>Take-Offs:</b></p> <p>4 Brake checks _____</p> <p>Correct Use of Clutch _____</p> <p>Demonstrates Progressive Shifting _____</p> <p>Maintains Rolling Momentum _____</p> <p>Selects Correct Gear For Take-Offs _____</p> <p>Understands Shifting Bands _____</p> <p>Zero Throttle Used For Take-Offs _____</p> <p><b>Driving Along:</b></p> <p>Coasting _____</p> <p>Correct Downshifting Technique _____</p> <p>Correct Gears / RPM'S Used For Road Speed _____</p> <p>Correct Up shifting Technique _____</p> <p><b>MANEUVERING THE VEHICLE</b></p> <p><b>Turns / Corners:</b></p> <p>Button hook Turn appropriate _____</p> <p>Continually Aware of Surrounding Area _____</p> <p>Correct Timing For Canceling Signals _____</p> <p>Correct Timing For Signals _____</p> <p>Does Not Cut Corners _____</p> <p>Does Not Turn Too Wide _____</p> <p>Finishes Turns Into Correct Lane _____</p> <p>Maintains Rolling Momentum During Turns _____</p> <p>Proper Road Speed / Gears For Turns _____</p> <p>Proper Set Ups For Turns _____</p> <p>Remains in Gear During Turns _____</p> <p><b>Lane Changes:</b></p> <p>Confirms With Mirrors During Lane Change _____</p> <p>Correct Timing For Canceling Signals _____</p> <p>Drives in Right lane _____</p> <p>Ensure Way Is Clear, Observe twice _____</p> <p>Signals In Advance _____</p> <p>Smooth Transition Into Lane _____</p> <p><b>Curves / Bends:</b></p> <p>Does not Brake During Curve _____</p> <p>Ensure Smooth Steering During Curve _____</p> <p>Identifies Curves In Advance _____</p> <p>Proper Timing For Acceleration Out of Curve _____</p> <p>Sets Up Correctly For Curves _____</p> <p>Slows Down For Curve _____</p> <p><b>Intersections:</b></p> <p>Cover's Brakes _____</p> <p>Observes both sides _____</p>	<p><b>Ramps:</b></p> <p>Blocks/observes acceleration lane _____</p> <p>Changes signals on entrance _____</p> <p>Does not cross white line _____</p> <p>Observes for violators _____</p> <p>Speed below posted limit _____</p> <p>Stays consistent on ramp _____</p> <p><b>SAFETY WHILE DRIVING</b></p> <p><b>General Safety:</b></p> <p>3-Point Contact Used _____</p> <p>Both Hands On Wheel _____</p> <p>Braking Technique(5-3 rule) _____</p> <p>Courteous To Other Users _____</p> <p>Does Not Impede Traffic _____</p> <p>Driving According To Speed _____</p> <p>Gets easily distracted _____</p> <p>Proper Lane Management _____</p> <p>Proper Space Management _____</p> <p>Reads Road Signs _____</p> <p>Rolling Stops _____</p> <p>Seat Belt On At All Times _____</p> <p>Stop line distance proper _____</p> <p><b>Seeing Habits/Observation:</b></p> <p>Aims High In Steering _____</p> <p>Ensures Being Seen _____</p> <p>Gets Big Picture _____</p> <p>Keeps Eyes Moving _____</p> <p>Leaves An Out _____</p> <p><b>Backing :</b></p> <p>4-Way Flashers Used _____</p> <p>Checks Path _____</p> <p>Continually Uses Mirrors _____</p> <p>Correct Set Ups _____</p> <p>Does Not Over Steer _____</p> <p>Horn _____</p> <p>Zero Throttle Used _____</p> <p><b>Reefer:</b></p> <p>Check belts _____</p> <p>Battery _____</p> <p>Coolant _____</p> <p>Fuel _____</p> <p>Oil _____</p> <p><b>x Areas needing work</b></p> <p><b>✓ Satisfactory</b></p>
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REMARKS: \_\_\_\_\_

EVALUATOR'S SIGNATURE / NAME: \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Worker's Drug and Alcohol statement

In accordance with 49 CFR, 40,25(j), as the operator, you must ask any prospective worker, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a company to which the driver applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules dating the past two years.

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

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

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

Driver's License #: \_\_\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If the worker admits that he or she had a positive test or refusal to test, you must not use the worker to perform safety-sensitive functions for you, until and unless the worker documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(a)). [The return to-duty process is outlined in Subpart 0 of part 4a].

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By (Signature)

\_\_\_\_\_  
Date

*Alcohol And Drug Employee's Certified Receipt*

Employee's Name

Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

- \_\_\_\_\_ 1. The designated person to answer questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers subject to Part 382.
- \_\_\_\_\_ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- \_\_\_\_\_ 4. Specific information concerning prohibited driver conduct.
- \_\_\_\_\_ 5. Circumstances under which a driver will be tested.
- \_\_\_\_\_ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- \_\_\_\_\_ 7. The requirement that tests are administered in accordance with Part 382.
- \_\_\_\_\_ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- \_\_\_\_\_ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart O procedures.
- \_\_\_\_\_ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- \_\_\_\_\_ 11. Information on the affects of alcohol and controlled substances use on:
  - an individual's health
  - work
  - personal life
  - signs and symptoms of a problem
  - available methods of intervening when a problem is suspected
- \_\_\_\_\_ 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

**ORIGINAL - RETAIN IN EMPLOYEE'S  
CONFIDENTIAL FILE**

872-FS-C2 6 793



**CERTIFICATE OF RECEIPT**

I certify that I have received the written copy of controlled substances and alcohol policies and procedures (Alcohol and drug use policy) prepared by ..... I have read and understood the policy and have clarified all my doubts in this regard from my employer.

I understand that as a part of my employment, I would be abiding with the contents of this policy and failure to comply shall be construed as breach of terms of my employment for which I may be terminated from my services .Further I would also be liable for any civil/criminal action which my employer is entitled to institute against me.

I understand that I will be responsible for the cost of testing and other related costs associated with the use of Alcohol and drugs while in the employment of the company.

Signed in the City of .....on.....day of  
..... 200

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Signatures

Employee's Identification:  
Type of Identification: .....

Identification Number.....

\_\_\_\_\_  
Witness's Name

\_\_\_\_\_  
Witness's Signatures



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

SIN # \_\_\_\_\_

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

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

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

**Please Complete the following:**

Employed from \_\_\_\_\_ To \_\_\_\_\_ As \_\_\_\_\_

What type of vehicle did he drive:  Semi-Trailer  Straight Truck  Other

Was he/she a safe and efficient driver?  Yes  No Punctual?  Yes  No

Reason for Leaving?  Discharged  Resigned  Layoff

CHARACTERISTICS	SATISFACTORY	AVERAGE	UNSATISFACTORY
Safety Habits			
Customer Service Skills			
Attitude & Resourcefulness			
Driving Skills, Technical Skills			
Follow Company Policy & Procedures			

CVOR Points: \_\_\_\_\_

Accident/Claims: \_\_\_\_\_

Would you consider rehiring, if not please explain? \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Form 413

**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS**  
in accordance with 49 CFR 382.413 and 49 CFR 40.25

**PURPOSE OF THIS FORM:** Under 49 CFR 382.413 which refers to 49 CFR 40.25 of DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with the 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 prequalification provisions under the regulation in accordance with 49 CFR part 40 subpart 0

\_\_\_\_\_ has applied to \_\_\_\_\_ for a safety-sensitive position outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 49 CFR 40.25, we are hereby requesting copies of records regarding this individual's involvement with your company with safety-sensitive position as outlined in the 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 49 CFR 40.25 we are hereby requesting copies of records of this individual's involvement with your company's drug and alcohol testing program.

**Consent to release this information follows:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
In accordance with 49 CFR 382.405 (f), by my signature below, I authorize you to release any and all information regarding drug & alcohol testing done on myself including any and all information on this form and responses to the questions set out on this form, while in your employ, acting as your agent under contract with you, or acting as your representative in any capacity during the preceding two years from the above date. This information is to be released only to \_\_\_\_\_  
Signature: \_\_\_\_\_ SIN #: \_\_\_\_\_

**Please Complete The Following:**

**Was the applicant subject to drug and alcohol testing under DOT regulations?**

Yes  No

Testing History (FORM 413)

1. Has this person ever tested positive as verified by MRO for a controlled substance test in last 2 Years?  Yes  No
2. Has this person ever tested with Breath Alcohol Concentration of 0.04 or greater in last 2 Years?  Yes  No  
(including verified adulterated or substituted drug test results)
3. Has this person ever refused a DOT required test for drugs or alcohol in last 2 Years?  Yes  No
4. Has this person ever violated DOT drug and alcohol testing regulations other than 1-3?  Yes  No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional?  Yes  No
  - A) Was the person referred to SAP?  Yes  No

**If employment with your company continued:**

- B) Was the person evaluated by SAP?  Yes  No
- C) If Yes, did the SAP recommend treatment and/or education?  Yes  No
- D) Did the person complete SAP determined treatment or education?  Yes  No
- E) Did the person undergo a return-to-duty?  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 follow-up testing?  Yes  No

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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