

Company Name: \_\_\_\_\_ Location: Region/District/Branch: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

### TO BE READ AND SIGNED BY APPLICANT

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 current/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 statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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

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

Social Security Number Phone Number Date of Birth Hire Date

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year Residency: \_\_\_\_\_  
Street City State Zip Number of Years

: \_\_\_\_\_  
Street City State Zip Number of Years

### Employment History

(Use Additional Employment History Information form if necessary)

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

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**PLEASE COMPLETE NEXT PAGE**

**EXPERIENCE AND QUALIFICATION**  
Attach separate sheet if more space is needed.

**Driving Experience**

If no driving experience in the last 3 years, check here:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

**OR**

APPROXIMATE NUMBER OF MILES

**Accident History (3 years)**

If no driving experience in the last 3 years, check here:

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years, check here:

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

**License Information**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle:  Yes  No

If yes, give details: \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked:  Yes  No

If yes, give details: \_\_\_\_\_

**Applicant Certification**

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.

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

\_\_\_\_\_ Date

This form is made available with the understanding that BBR Transport LLC & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. BBR Transport LLC & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that 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.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name) _____	First, M.I., Last _____	Social Security Number _____
hereby authorize:		Date of Birth _____
Previous Employer: _____	Email: _____	
Street: _____	Telephone: _____	
City, State, Zip: _____	Fax No.: _____	
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ .		
(date of employment application)		
To:		
Prospective Employer: _____		
Attention: _____	Telephone: _____	
Street: _____		
City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____		_____
Applicant's Signature		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____		Telephone: _____
Signature: _____		Date: _____
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here  and return. Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

- Within the past 3 years from the application date shown on SIDE 1:
- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |                          |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <ul style="list-style-type: none"> <li>• An alcohol test with a result of 0.04 or higher alcohol concentration.</li> <li>• A controlled substances test result of positive, adulterated, or substituted.</li> <li>• A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.</li> <li>• Alcohol use while performing or within 4 hours before performing safety-sensitive functions.</li> <li>• Alcohol use after an accident, in violation of §382.303.</li> <li>• Controlled substances use while on duty, except as allowed under §382.213.</li> </ul> |                          | <b>N/A</b>               |                          |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's 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 be tested?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

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

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

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

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and additional state/city-specific notices and Summary of Rights and certify that I have read and understand those documents. I hereby authorize the evaluation of my driver file by BBR Transport LLC & Associates, Inc. for compliance with state and federal laws and the acquisition of "consumer reports" (i.e., driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e., employment and/or education verification) by **the Employer** (as listed below) at any time after receipt of this authorization and throughout my employment, if applicable. In addition, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, current and past employer, or insurance company to furnish any and all background information requested by BBR Transport LLC & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.bbrtransportllc.com](http://www.bbrtransportllc.com), and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<b><u>New York applicants only:</u></b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box. <input type="checkbox"/> By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.
<b><u>New York City applicants only:</u></b> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.
<b><u>Washington State applicants only:</u></b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
<b><u>Minnesota and Oklahoma applicants only:</u></b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<b><u>California applicants only:</u></b> Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received. <input type="checkbox"/>

**Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon:** State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
(MM/DD/YY)

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

### **BACKGROUND INFORMATION**

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle\* \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

#### **\*Required Information**

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. BBR Transport LLC & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**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).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box –  None.)**

DATE	OFFENSE	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.

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

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**Motor Carrier's**  
**MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION**

**MOTOR CARRIER INSTRUCTIONS:** For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

**§391.23 Investigation and inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

**§391.51 General requirements for driver qualification files. (b)(9)(i)** For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(1). **(b)(9)(ii)** Until June 22, 2018, for drivers required to have a CDL, a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m)(2).

**RETENTION:** This form is to be kept in the driver's qualification file for 3 years.

**MOTOR CARRIER VERIFICATION:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name:  Driver's Identification Number:   
(e.g., driver's license, employee ID)

Expiration Date of Medical Certificate:

Medical Examiner's Name:

National Registry Number:

NRCME Certification Date:

Motor Carrier:

Location:

Verified By:  Date:

Motor Carrier Representative Signature

REMARKS:

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

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

QUALIFIED FOR: Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

\_\_\_\_\_

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 Certification 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)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name \_\_\_\_\_ Type of Power Unit \_\_\_\_\_

Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State \_\_\_\_\_

If Passenger Carrier, Type of Bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ 20 \_\_\_\_\_  
consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill  
to operate safely the type of commercial motor vehicle listed above.

Signature of examiner \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_ Address of examiner \_\_\_\_\_



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

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

Employee Name: \_\_\_\_\_ Employee Code: \_\_\_\_\_

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**FILE COPY – DRIVER'S LICENSE MISSING**

Please provide BBR Transport LLC with a clear photocopy of the front and back of an updated license in the space below:

In addition to the driver's license copy above, please complete the following information exactly as it appears on the driver's license:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State of License/Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Class: \_\_\_\_\_  CDL  Non CDL

Company Representative Signature: \_\_\_\_\_

**Location Name**

**Employee Name**

**Employee Code**

**Form Name (FORM)**

**Notification: 1 of 1**

**ENTRY-LEVEL DRIVER TRAINING CERTIFICATE MISSING**

COMPLETE EITHER THE ENTRY-LEVEL TRAINING CERTIFICATE OR VERIFICATION AND FORWARD TO BBR TRANSPORT LLC. \*\*\*\*\*

If the driver listed above was hired on or after July 20, 2003 and does not have one year or more experience as a CDL driver in the areas of Driver Qualification, Hours of Service, Driver Wellness, and Whistleblower Protection, provide the required Entry-Level Driver Training and complete the following certificate.

**ENTRY-LEVEL DRIVER TRAINING CERTIFICATE**

I certify \_\_\_\_\_ has completed training requirements set forth in the  
(Name of driver)  
Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503.

\_\_\_\_\_  
(Training provider) (Person attesting that the driver received required training - Printed)

\_\_\_\_\_  
(Mailing address) (Signature)

\_\_\_\_\_  
(City, State, Zip) (Date of certificate issuance)

\*\*\*\*\*  
Complete this verification if the driver listed above has been a CDL driver for more than 1 year.

**ENTRY-LEVEL DRIVER TRAINING VERIFICATION**

I verify that \_\_\_\_\_ has been a CDL driver for more  
(Name of driver)  
than 1 year and has gained sufficient experience in the areas of:

- \*Driver Qualification
- \*Hours of Service                      \*Whistle

and meets the training requirements set forth in the Federal Motor Carrier Safety Regulations Part 49 CFR 380.503.

\_\_\_\_\_  
Supervisor Signature                      Date

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 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 Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

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 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)