

Information Required For CDL Driver Qualification Files

The following items are required in the DQ files for CDL Drivers:

1. Application for Employment (§391.21)
2. Safety Performance History Records Request (§40.25 and §391.23)
3. Motor Vehicle Record (MVR) from the state of the driver's current license and any appropriate state(s) going back 3 years of hire date (§391.23)
4. Motor Vehicle Report Release (A general release is required for all states except NH, PA, and WA. These states have state specific releases)
5. DOT Annual Review of Driving Record (§391.25) (not required until employed one year)
6. Certificate of Violations (§391.27) (not required until employed one year)
7. Medical exam certificate (§391.43 (g))
8. Medical Examiner's National Registry Verification (§391.23 and §391.51)
9. Road test form and certificate (§391.31(g))
10. Copy of Driver's License
11. Entry-Level Driver Training Certificate (§380 Subpart E)

In addition to the above, CDL Drivers are required to have the following Drug and Alcohol documents in their file:

1. Previous Pre-employment Alcohol and Drug Test Statement (§40.25 (j))
2. Receipt of Company Drug and Alcohol Policy (§382.601 (d))
3. Pre-employment Drug Test Chain of Custody and Result Report (§382 Subpart C)

CDL Drivers: Drivers holding a CDL-class license and regularly or occasionally operating vehicles meeting any one of the following criteria:

- Has a gross vehicle weight rating of more than 26,000 pounds
- Has a gross combination weight rating of more than 26,000 pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds
- Is designed to transport 16 or more passengers, including the driver
- Is any size, transporting hazardous materials requiring placards

These drivers are required to maintain Driver Qualification Files and are subject to DOT Drug & Alcohol Testing Regulations.

DRIVER APPLICATION

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		APPROXIMATE NUMBER OF MILES
		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

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 J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & 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.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
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

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
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:

- | | YES | NO | |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 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 J. J. Keller & 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 J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.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.

<u>New York applicants only:</u> 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.
<u>New York City applicants only:</u> 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.
<u>Washington State applicants only:</u> 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.
<u>Minnesota and Oklahoma applicants only:</u> 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"/>
<u>California applicants only:</u> 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. J. J. Keller & 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.

* Oct, Nov, Dec, 2015
← revision date

NEW MEC (*-optional items)

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses
- Accompanied by a _____ waiver/exemption
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ Yes No

Disclaimer Statement:

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

**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

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck _____ Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 – PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT	PART 4 – BACKING AND PARKING
Checks general condition approaching unit	A. BACKING
Looks for leakage of coolants, fuel, lubricants	Gets out and checks before backing
Checks under hood – oil, water, general condition of engine compartment, steering	Looks back as well as uses mirror
Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers	Gets out and rechecks conditions on long back
Tests brake action, tractor protection valve, and parking (hand) brake	Avoids backing from blind side
Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher	Signals when backing
Checks instruments for normal readings	Controls speed and direction properly while backing
Checks dashboard warning lights for proper functioning	B. PARKING (City)
Cleans windshield, windows, mirrors, lights, reflectors	Does not hit nearby vehicles or stationary objects
Reviews and signs previous report	Parks proper distance from curb
PART 2 – COUPLING AND UNCOUPLING	Sets parking brake, puts in gear, chocks wheels, shuts off motor
Lines up units	Checks traffic conditions and signals when pulling out from parked position
Connects glad hands to trailer to apply trailer brakes before coupling	Parks in legal and safe location
Connects glad hands and light line properly	C. PARKING (Road)
Couples without difficulty	Parks off pavement
Raises landing gear fully after coupling	Avoids parking on soft shoulder
Visually checks king pin assembly to be certain of proper coupling	Uses emergency warning signals when required
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	Secures unit properly
Assure that surface will support trailer before uncoupling	PART 5 – SLOWING AND STOPPING
PART 3 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS	Uses gears properly ascending
A. ENGINE	Gears down properly descending
Places transmission in neutral before starting engine	Stops and restarts without rolling back
Starts engine without difficulty	Tests brakes before descending grades
Allows proper warm-up	Uses brakes properly on grades
Understands gauges on instrument panel	Uses mirrors to check traffic to rear
Maintains proper engine speed (rpm) while driving	Signals following traffic
Does not abuse motor	Avoids sudden stops
B. CLUTCH AND TRANSMISSION	Stops smoothly without excessive fanning
Starts loaded unit smoothly	Stops before crossing sidewalk when coming out of driveway or alley
Uses clutch properly	Stops clear of pedestrian crosswalks
Times gearshifts properly	PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING
Shifts gears smoothly	A. TURNING
Uses proper gear sequence	Signals intention to turn well in advance
C. BRAKES	Gets into proper lane well in advance of turn
Knows proper use of tractor protection valve	Checks traffic conditions and turns only when intersection is clear
Understands low air warning	Restricts traffic from passing on right when preparing to complete right hand turn
Tests service brakes	Completes turn promptly and safely and does not impede other traffic
Builds full air pressure before moving	B. TRAFFIC SIGNS AND SIGNALS
D. STEERING	Approaches signal prepared to stop if necessary
Controls steering wheel	Obeys traffic signal
Good driving posture and good grip on wheel	Uses good judgment on yellow light
E. LIGHTS	Starts smoothly on green
Knows lighting regulations	Notifies and heeds traffic signs
Uses proper headlight beam	Obeys "Stop" signs
Dim lights when meeting or following other traffic	C. INTERSECTIONS
Adjusts speed to range of headlights	Adjusts speed to permit stopping if necessary
Proper use of auxiliary lights	Checks for cross traffic regardless of traffic controls
	Yields right-of-way for safety

PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING CONTINUED		PART 7 - MISCELLANEOUS	
D. GRADE CROSSINGS		A. GENERAL DRIVING ABILITY AND HABITS	
Adjusts speed to conditions		Consistently alert and attentive	
Makes safe stop, if required		Adjusts driving to meet changing conditions	
Selects proper gear and does not shift gears while crossing		Performs routine functions without taking eyes from road	
Knows and understands federal and state rules governing grade crossing		Checks instruments regularly while driving	
E. PASSING		Willing to take instructions and suggestions	
Passes with sufficient clear space ahead		Adequate self-confidence in driving	
Does not pass in unsafe location: hill, curve, intersection		Is not easily angered	
Signals change of lanes		Positive attitude	
Warns driver being passed		Good personal appearance, manner, cleanliness	
Pulls out and back with certainty		Good physical stamina	
Does not tailgate		B. HANDLING OF FREIGHT	
Does not block traffic with slow pass		Checks freight properly	
Allows enough room when returning to right lane		Handles and loads freight properly	
F. SPEED		Handles bills properly	
Speed consistent with basic ability		Breaks down load as required	
Adjusts speed properly to road, weather, traffic conditions, legal limits		C. RULES AND REGULATIONS	
Slows down for rough roads		Knowledge of company rules	
Slows down in advance of curves, intersections, etc.		Knowledge of regulations: federal, state, local	
Maintains consistent speed		Knowledge of special truck routes	
G. COURTESY AND SAFETY		D. USE OF SPECIAL EQUIPMENT (Specify)	
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			

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 _____



DRIVER'S LICENSE INFORMATION REQUEST

Company Name: _____

Location Name: _____

Employee Name: _____ Employee Code: _____

FILE COPY – DRIVER'S LICENSE MISSING

Please provide J. J. Keller 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: _____



Company Name
To: Contact Name <contactemail@jjkeller.com>
CC: Contact Name <contactemail@jjkeller.com>
Escalated: Contact Name <contactemail@jjkeller.com>

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 J.J. KELLER.

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 *Driver Wellness
*Hours of Service *Whistleblower Protection

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)