



Driver Employment Checklist

Name: _____ Social Security #: _____

- _____ **Application (10 years work history must be noted, check for signature)**
- _____ MVR Consent Form
- _____ **Current MVR (Must be within last 30 days before hire, done by HR)**
- _____ Previous Employment Check Form
- _____ **Previous Employment Check (Past 3 years, done by HR)**
- _____ Pre-Employment Urinalysis Form
- _____ Split Sample Form
- _____ **Pre-Employment Drug Screen Results**
- _____ I-9 Form
- _____ **Copy of CDL (Class A, H & T (or X) endorsements) (MUST BE LEGIBLE)**
- _____ Check SS Card (MUST BE LEGIBLE)
- _____ **Copy of current DOT Physical or card (MUST BE LEGIBLE)**
- _____ **Road Test**
- _____ **Road Test Certificate**
- _____ Rights Page
- _____ **Certificate of Violations/Annual Review**
- _____ **Hours of Service certification**
- _____ Receipt Sheet from Substance Abuse Policy
- _____ Post Accident Drug Screen Release
- _____ National Registry Verification Form
- _____

Personnel File Forms

- _____ Federal W-4
- _____ State Tax Form (not required in SC, TN or FL)
- _____ Direct deposit form with voided check/deposit slip
- _____ Job Description
- _____ Receipt for copy of DOT Regulations
- _____
- _____
- _____

Employee# _____

Terminal # _____

Hire Date _____



**TRIPLE C TRANSPORTATION
SERVICES, INC.**

2481 US Hwy 421
Mountain City, TN 37683
423-727-4320

Driver's Application For Employment

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

Date of Application: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number (_____) _____ Alternate Phone Number (_____) _____

Date of Birth ____/____/____

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

Have you worked for this company before? _____ **Where?** _____

Dates From: _____ To _____ Position _____

Reason for leaving _____

Who Referred you? _____

Are you now employed? _____ **If not, how long since leaving last employment?** _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain _____

Employment History

(Attach a Separate Sheet if More Space is Needed)

List employment for last 10 Years, applicants to drive commercial motor vehicles in intrastate or interstate commerce must provide 10 year information on previous employers:

Last Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Second Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Third Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Fourth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Fifth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Sixth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Seventh Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

Eighth Employer Name: _____

Address _____ **Phone** _____

Position Held _____ **From:** _____ **To:** _____

Reason For Leaving: _____

Were you subject to FMCSR* while employed? ___ Yes ___ No Were you subject to drug/alcohol testing? ___ Yes ___ No

* Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle that is over 10,000 lbs, is designed to transport 9 or more passengers OR is any size used to transport hazardous materials requiring placarding.

Accident Record For Past 3 Years: (CMV Only) If None, write None.

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations in any vehicle) If None, write None.

Dates	Nature of Accident	Fatalities	Injuries

Driver's License(s) Information (Past 3 Years)

State	Driver's License #	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Tank, Van, Flat)	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Experience and Qualifications

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle? **Yes** ___ **No** ___

B. Do you have a pending charge or past conviction for driving while intoxicated? **Yes** ___ **No** ___

C. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ___ **NO** ___

2. Did the employee have verified positive drug tests? **YES** ___ **NO** ___

3. Did the employee refuse to be tested? **YES** ___ **NO** ___

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ___ **NO** ___

5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ___ **NO** ___

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ___ **YES** ___ **NO** ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must 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.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes ___ **No** ___

Applicants Signature

Date

To Be Read And Signed By Applicant

I authorize TRIPLE C TRANSPORTATION SERVICES, INC. to make such investigations and inquires of my personal, employment, financial, PSP or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by 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.

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.

Applicants Signature

Date

Triple C Transportation Services, Inc.

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Please Include All Information

Driver's Name as it appears on current license

Driver's License Number _____

State Issued _____

Driver's SSN _____

Driver's Date of Birth _____

Dear Sirs:

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding 3 years of every state in which an applicant/driver has held a motor vehicle operator's license or permit during those 3 years. Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

Signature of driver

Date:

Triple C Transportation Services, Inc.
 2481 US Hwy 421
 Mountain City, TN 37683
 423-727-4320

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE

Fax# (423) 727-1545

To (Previous Employer): _____ **Date** _____

Applicant Name: _____ **SS#** _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer.
Please complete the following items and return to us as soon as possible.

Carrier Representative: **Kristy Herman** Title: **DER**

Dates of Employment: From _____ To _____ **Position:** _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____

Please explain:

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? ___ ___

Had an alcohol test result with a breath alcohol concentration of .04 or greater? ___ ___

Refused to submit to an alcohol or drug test? ___ ___

Had any other violations of DOT agency drug and alcohol testing regulations? ___ ___

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional Telephone Date Referred

Address City State Zip

Signature of person supplying information Title/Date

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

 Applicant Signature / Date Witness Signature / Date

FAX _____ PHONE _____ MAIL _____ EMAIL _____

Pre-Employment Urinalysis
Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver\applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

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I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date

Notice to Drivers:
DOT Required Split Sample Testing

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost **\$275.00.**

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

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Signature of Driver

Print Name

Date

Driver's Road Test Examination

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test

Rating of Performance.

_____ **The pre-trip inspection (as required by Sec. 392.7)**

_____ **Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.**

_____ **Placing the equipment in operation.**

_____ **Use of vehicles controls and emergency equipment.**

_____ **Operating the vehicle in traffic and while passing other vehicles.**

_____ **Turning the vehicle.**

_____ **Braking, and slowing the vehicle by means other than braking.**

_____ **Backing, and parking the vehicle.**

_____ **Other, Explain: _____**

Type of equipment used in giving the test: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

Date: _____ 20__ Examiners' Signature _____

Certificate of Driver's Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original copy of the certificate in the employing motor carrier driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g).

Certificate of Road Test

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____

State: _____

Type of Power Unit: _____

Type of Trailer(s): _____

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.

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Signature of Examiner

Title

Organization and Address of Examiner

Driver's Certification of Violations Annual Review of Driving Record

Date	Offense	Location	Type of Vehicle Operated

I certify that the above 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.

Driver's Name: _____

Driver's Signature: _____

Date of Certification: _____

Annual Review

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 Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles 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 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

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Date of Review: _____

Reviewed By: _____

Signature & Title

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____

Day	Total Time On Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

Total: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was from:

_____ to _____
Hour/Date **Hour/Date**

Signature _____ **Date** _____

Triple C Transportation Services, Inc.

2481 US Hwy 421

Mountain City, TN 37683

423-727-4320

Receipt

I hereby acknowledge receipt of the

“Substance Abuse Policy - Drivers Information Packet”

This package contains educational material and policy concerning the use of alcohol and drugs.
Department of Transportation Regulation § 382.601 (d)

Signature

Print Name

Date

*** To be maintained in the Driver Qualification File ***

Rights

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date

National Registry Verification Form

<https://NationalRegistry.fmcsa.dot.gov>

The National Registry of Certified Medical Examiners (National Registry) is a Federal Motor Carrier Safety Administration (FMCSA) program. All commercial drivers whose current medical certificate expires on or after May 21, 2014, at expiration of that certificate must be examined by a medical professional listed on the National Registry of Certified Medical Examiners. Only medical examiners that have completed training and successfully passed a test on FMCSA's physical qualification standards will be listed on the National Registry.

On ____ / ____ / ____, verification of certification by the National Registry was performed for the following:

Medical Examiner : _____

Registry Number: _____

Name of person verifying: _____