

# DRIVER'S APPLICATION

## F & H Trucking

3601 Hwy 90  
Gautier, MS 39553  
Ph: 228-696-0570  
Fax: 228-696-0580

In compliance with Federal and State equal employment opportunity law's,  
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 \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

### List your address's of residency for the past 3 years:

#### Current Address:

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ How many years? \_\_\_\_\_

#### Previous Address(s):

|              |            |                     |                       |
|--------------|------------|---------------------|-----------------------|
| Street _____ | City _____ | State and Zip _____ | How many years? _____ |
| Street _____ | City _____ | State and Zip _____ | How many years? _____ |
| Street _____ | City _____ | State and Zip _____ | How many years? _____ |

Do you have the legal right to work in the United States?(CIRCLE) YES / NO DATE OF BIRTH (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required for Commercial Drivers)

Can you provide proof of age?(CIRCLE) YES / NO Have you worked for this Company before?(CIRCLE) YES / NO

Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay (\$) \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you now employed? (CIRCLE) YES / NO If not, how long since leaving last employment: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected (\$) \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY (can be more than one page)**

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. Please list complete dates of employment, contact person, mailing address, street number, city, state and zip.

Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce shall also provide an *additional 7 years* information on those employers for whom the applicant operated such vehicle.

**LIST PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT:**  
(Ask for additional pages if needed)

**PRINT ALL INFORMATION**

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

\* **COMMERCIAL MOTOR VEHICLE:** Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 9 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

DATES

NATURE OF ACCIDENT  
(HEAD-ON, REAR-END, UPSET, ECT)

FATALITIES

INJURIES

LAST  
ACCIDENT  
NEXT  
PREVIOUS  
NEXT  
PREVIOUS

**TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS (OTHER THAT PARKING VIOLATIONS)**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(attach sheet if more space is needed)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 9 10 11 12      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
|       |             |      |                 |

DRIVER's  
LICENSES

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? (CIRCLE) YES / NO

B. Has any license, permit, or privilege ever been suspended or revoked? (CIRCLE) YES / NO

\*\*\*\*\*IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS \*\*\*\*\*

DRIVING EXPERIENCE (If no driving experience, write NONE):

| CLASS OF EQUIPMENT        | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ECT) | DATE<br>FROM TO | APPOX. # OF MILES<br>(TOTAL) |
|---------------------------|---|-----------------|------------------------------|
| STRAIGHT TRUCK            |   |                 |                              |
| TRACTOR AND SEMII-TRAILER |   |                 |                              |
| TRACTOR-TWO TRAILERS      |   |                 |                              |
| MOTORCOACH-SCHOOL BUS     |   |                 |                              |
| OTHER                     |   |                 |                              |

LIST STATES OPERATED IN THE LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY. \_\_\_\_\_

LIST ANY COURSE OR TRAINING OTHER THAN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary at 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 employer's schools, health care providers and other personal 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 also understand that I am required to abide by all rules and regulations of the company.

➡ \_\_\_\_\_  
**Date**

➡ \_\_\_\_\_  
**Applicants Signature**

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_

REJECTED \_\_\_\_\_  
POINT EMPLOYED \_\_\_\_\_  
CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

|                         | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |     |
|-------------------------|----------|------|------|---------------|------|------------------------|-----|
| 1. APPLICATION          |          |      | [ ]  | [ ]           | [ ]  | [ ]                    | [ ] |
| 2. INTERVIEW            |          |      | [ ]  | [ ]           | [ ]  | [ ]                    | [ ] |
| 3. PAST EMPLOYMENT      |          |      | [ ]  | [ ]           | [ ]  | [ ]                    | [ ] |
| 4. WRITTEN EXAM         |          |      | [ ]  | [ ]           | [ ]  | [ ]                    | [ ] |
| 5. ROAD TEST            |          |      | [ ]  | [ ]           | [ ]  | [ ]                    | [ ] |
| 6. CRIMINAL CONVICTIONS |          | [ ]  |      | [ ]           | [ ]  | [ ]                    | [ ] |
| 7. TRAFFIC CONVICTIONS  |          | [ ]  |      | [ ]           | [ ]  | [ ]                    | [ ] |

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPT. RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT: PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

**PLEASE COMPLETE THE FOLLOWING INFORMATION & RETURN AS SOON AS POSSIBLE TO:**

|  |  |
|--|--|
| <b>F &amp; H Trucking</b><br>3601 Hwy 90<br>Gautier, MS 39571<br>Ph: 228-696-0570<br>Fax: 228-696-0580<br>Contact: Denise Miller | Sent to Attn. of _____<br>Phone: _____ Fax: _____<br>1 <sup>st</sup> attempt _____ 2 <sup>nd</sup> attempt _____ 3 <sup>rd</sup> attempt _____ |
|--|--|

## **Section 1: Previous Employee Information and Release**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
I hereby authorize \_\_\_\_\_ (Previous Employer) to release the below requested information to \_\_\_\_\_ (Requesting Company) for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including pre employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382 & 391 to furnish this information. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will greatly appreciated.

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

## **Section 2: Previous Employee Work History**

- Dates of Employment from: \_\_\_\_\_ to \_\_\_\_\_ Job Duties: \_\_\_\_\_
- Did Employee drive a Commercial motor vehicle? Yes ☐ No ☐
- Types of Equipment Operated: ☐ Tractor/Trailer ☐ Straight Truck ☐ Other, List: \_\_\_\_\_
- Please List any special equipment operated: \_\_\_\_\_
- Are the dates of employment correct as stated above? ☐ YES ☐ NO  
If no, please provide correct dates of employment: \_\_\_\_\_
- Reason for leaving your employ; ☐ Discharged ☐ Resignation ☐ Lay Off

## **Section 3: Safety Performance History Per 49 C.F.R. 391.23(2)**

- Was he/she a safe and efficient driver? ☐ YES ☐ NO
- Was this employee involved in any accidents in the last three years? ☐ Yes ☐ No
- Was he/she involved in a DOT recordable accident while employed with your company? ☐ YES ☐ NO  
If yes, were any accidents preventable? ☐ Yes ☐ No
- Please provide details including dates: \_\_\_\_\_

## **Section 4: Previous Drug and Alcohol Results Per C.F.R. 40.25**

- Has this person tested positive for a controlled substance in the last two years? ☐ YES ☐ No
  - Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years? ☐ YES ☐ NO
  - Has this person refused a required test for drugs or alcohol in the last two years? ☐ YES ☐ NO
  - Did the applicant complete a substance abuse rehabilitation program, if required? ☐ YES ☐ NO
- If yes, please provide documentation of the employee's successful completion of DOT return-to-duty requirements.
- Has this person ever violated any other DOT agency drug and alcohol testing regulations? ☐ YES ☐ NO

COMMENTS: \_\_\_\_\_

Signature (of person providing information) \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone # \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to F & H Trucking  
(Prospective Employer)

For the purposes of investigation as required by Sections 391.25 and 391.23 of the Federal Motor Carrier Safety Regulations CFR 49. You are released from any and all liability, which may result from furnishing such information.



Applicants Signature



Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 ( Title II, Subtitle D, Chapter 1, of Public Law 104-208) I hereby certify the following;

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based on the report (whole or part) the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Drivers Privacy Protection Act of 1994** (Public Law 103-322, Title Section 300002(a).

Signature of Requester

Date

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of \_\_\_\_\_  
In accordance with Section 391.23 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past three years.

☐ The following named person is employed with our company in the position of \_\_\_\_\_  
In accordance with Section 391.25 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street City State Zip

FORMER ADDRESS \_\_\_\_\_  
Number and Street City State Zip

DATE OF BIRTH(M/D/Y) \_\_\_\_\_ GENDER(Circle) **MALE / FEMALE** SSN \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ STATE OF DRIVERS LICENSE \_\_\_\_\_

### REQUESTED BY:

F & H Trucking  
3601 Hwy 90  
Gautier, MS 39571  
Ph: 228-696-0570  
Fax: 228-696-0580

Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_



# Drug and Alcohol Program Consent Form

## F & H Trucking

I hereby release the company, it's officers, agents, employees and attorneys from any and all liability that may arise from, or be connected with the company's Drug and Alcohol Testing Program, Disciplinary Program, or allowing me to continue employment with the company. I specifically waive any rights of action under any theory of law and the like including specifically but not limited to theories of negligent and/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander or any like similar theory.

By my signature, I acknowledge that I have read, understand and agree to comply with the Drug and Alcohol Testing Program of **F & H Trucking**  
( Company Name)  
as well as the U.S Department of Transportation Regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered or employment and continued employment by the company that I agree to abide by the company policy. By my signature, I consent to urine and/or breath testing for controlled substance and/or alcohol prior to any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time during my employment, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random or event triggered testing as may be required by the U.S. Department of Transportation Regulations or company policy.

**Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.**

**I have read and understand this policy, and by my signature I consent to its content:**

|                       |                     |         |
|-----------------------|---------------------|---------|
| ➡ _____               | ➡ _____             | ➡ _____ |
| Print Name of Driver  | Driver's Signature  | Date    |
| ➡ _____               | ➡ _____             | ➡ _____ |
| Print Name of Witness | Witness's Signature | Date    |

**Certificate of Compliance (with drivers license requirements)**  
**F & H Trucking**

**Motor Carrier Instructions:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighting 26,001 pounds or more, can transport more than 9 people, or transports hazardous materials that require placarding.

The requirement in Part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 9 people, or transports hazardous materials that require placarding.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

**1) Possess Only One License:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

**2) Notification of License Suspension, Revocation, or Cancellation:**

Section 391.15 (b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **next business day** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued you license). The notification to both the employer and state must be in writing.

The following license is the only driver's license I will possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Driver Certification:**

**I certify that I have read and understand the above requirements.**

Driver's Name: (Printed) \_\_\_\_\_

➡Driver's Signature: \_\_\_\_\_ ➡Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Safe Haulin, LLC



## Certificate 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 parking violations) 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 of 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) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Employment \_\_\_\_\_

Home Terminal (City & State) \_\_\_\_\_ Driver's License Number \_\_\_\_\_ 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 of forfeited bond or collateral during the past 12 months.  
(If you have had no violations, circle the following: YES NO)

| 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 of Certification \_\_\_\_\_ ➡ Driver's Signature: \_\_\_\_\_

### Annual Review of Driving Record (Completed by Motor Carrier)

**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 \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS**  
**(FOR NEWLY HIRED DRIVERS)**

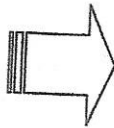
INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for this carrier (Rule 395. (j)(2) of the Federal Motor Carrier Safety Regulations). NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

SSN \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

|   |              |           |   |   |   |   |   |   |             |
|---|--------------|-----------|---|---|---|---|---|---|-------------|
|  | DAY          | 1         | 2 | 3 | 4 | 5 | 6 | 7 |             |
|   |              | YESTERDAY |   |   |   |   |   |   |             |
|   | DATE         |           |   |   |   |   |   |   |             |
|   | HOURS WORKED |           |   |   |   |   |   |   |             |
|   |              |           |   |   |   |   |   |   | TOTAL HOURS |

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

Time \_\_\_\_\_ A.M./P.M. On \_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (CIRCLE) YES / NO

At this time do you intend to work for another employer while still employed by this company? (CIRCLE) YES / NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness: \_\_\_\_\_ Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Safe Haulin, LLC

**Previous Pre-Employment Drug or Alcohol Test Disclosure:**

The following question is made necessary for employment with

**F & H Trucking**  
(Company)

by the Federal Motor Carriers Regulations Section 40.25.

*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 2 years?*

*I certify that the following is a true response to the question asked above, to the best of my knowledge:*

☐ YES, I have. If yes please provide the name of the Substance Abuse Professional (SAP) that evaluated you below, along with the name of the agency that performed your return to duty test.

SAP \_\_\_\_\_

Return to Duty Test \_\_\_\_\_

☐ NO, I have not.

\_\_\_\_\_  
Print your name

➡ \_\_\_\_\_  
Sign your name

➡ \_\_\_\_\_  
Date

**If you answered yes to the above question complete the Consent for Release of Information attached.**

## Consent for Release of Information

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Substance Abuse Professional)  
(Name of applicant) \_\_\_\_\_ Social Security No: \_\_\_\_\_

I hereby authorize you to release the following information to F & H Trucking  
(Prospective Employer)

For the purposes of investigation as required by Section 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

➡ \_\_\_\_\_  
Applicants Signature

➡ \_\_\_\_\_  
Date

The following applicant admits to having violated DOT agency drug or alcohol regulations while applying for employment with a company covered under DOT agency regulations within the past 2 years. Please forward your letter of release to safety sensitive duty, along with your follow-up testing plan to the following:

F & H Trucking  
3601 Hwy 90  
Gautier, MS 39571  
Ph: 228-696-0570  
Fax: 228-696-0580

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
(MRO or Testing Agency)  
(Name of applicant) \_\_\_\_\_ Social Security No: \_\_\_\_\_

I hereby authorize you to release the following information to F & H Trucking  
(Prospective Employer)

For the purposes of investigation as required by Section 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

➡ \_\_\_\_\_  
Applicants Signature

➡ \_\_\_\_\_  
Date

The following applicant admits to having violated DOT agency drug or alcohol regulations while applying for employment with a company covered under DOT agency regulations within the past 2 years. Please forward the above applicants return to duty test results along with any follow up test that you have for the applicant to the following:

F & H Trucking  
3601 Hwy 90  
Gautier, MS 39571  
Ph: 228-696-0570  
Fax: 228-696-0580

Safe Haulin, LLC

# Controlled Substances and Alcohol Testing Policy

F & H Trucking  
3601 Hwy 90  
Gautier, MS 39551

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 (attached).

If you have questions about this controlled substances and alcohol testing contact Denise Miller (DER), the designated company official to answer questions.

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing.

The definition of driver Safety Sensitive Function is found in 49 CFR Section 382.107 (attached). Safety sensitive Function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

## **Safety sensitive function shall include:**

- (1) All time at any employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by 392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All time spent at the driving controls of a commercial motor vehicle in operation;
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth( a berth conforming to the requirements of 393.76 of this subchapter);
- (5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

**Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B (attached)**

- 382.201 No driver shall report for duty requiring the performance of a safety sensitive function with an alcohol concentration of 0.04 or greater.
- 382.205 No driver shall use alcohol while performing a safety sensitive function.
- 382.207 No driver shall perform a safety sensitive function within 4 hours after using alcohol.
- 382.207 No driver required to take a post accident alcohol test under 49 CFR 382.209 shall use alcohol for 8 hours following the accident.
- 382.211 No driver shall refuse to submit to any required alcohol or controlled substances test.
- 382.213 No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR 382.107 . This must not interfere with the driver's ability to perform a safety sensitive function.
- 382.215 No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive for controlled substances.

**The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C (attached).**

- 382.301 Pre-employment testing
- 382.303 Post Accident testing
- 382.305 Random testing, Per the prevailing rate as required by the U.S. DOT
- 382.307 Reasonable Suspicion testing
- 382.309 Return to duty testing
- 382.311 Follow up testing

All definition, regulations, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382. They are incorporated into this policy and are attached.

All CDL drivers who drive CMV=s are required to submit to alcohol and controlled substances testing.

Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR 382.107 (attached)

**Refusal to submit (to an alcohol or controlled substances test) means that a driver:**

- 1) Fail to appear for any test (except a Pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner operator) to appear for a test when called by a C/TPA;



- 2) Fail to remain at the testing site until the testing proceeds is complete. Provided, that an employee who leaves the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;
- 3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen because he/she has left the testing commences on a pre-employment test is not deemed to have refused the test;
- 4) In case of a directly observed or monitored collection in a drug test fail to permit the observation or monitoring of the drivers provision of a specimen;
- 5) Fail to provide a sufficient amount of urine specimen when directed, and it has been determined that there was no adequate medical explanation for the failure;
- 6) Fail or declines to take a second test the employer or the collector has directed the driver to take;
- 7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193 (d). In the case of a pre-employment test, the employee is deemed to have refused to test on this basis only if the pre-employment is conducted following a contingent offer of employment;
- 8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or
- 9) Is reported by the MRO as having a verified adulterated or substituted test result.

Note: In reference to item 1 for the FMCSA immediate means that the employer shall ensure that the driver ceases to perform the safety sensitive function and proceeds to the testing site as soon as possible.

**The consequences for violators of Subpart B are incorporated and found in 49CFR Part 382 Subpart E (attached).**

- 1) All CDL drivers will be removed from any safety sensitive position.
- 2) The driver must see a Substance Abuse professional to ever drive again, anywhere.
- 3) The driver must take a Return to Duty test with a Negative result and/or an Alcohol test with results below 0.02.

The consequences for CDL drivers tested for Alcohol with results at .02 but below .04 are the driver will be removed from any safety sensitive position for 24 hours. 49 CFR Section 382.505(a) (attached).

**Information concerning the effects of drug use and alcohol abuse is attached.**

**Company Policy**

\*\*\*Any driver that violates 49 CFR Part 382 Subpart B shall be terminated for cause\*\*\*

**Controlled Substance & Alcohol Testing Policy Receipt**

**F & H Trucking**

I \_\_\_\_\_ have received a copy of  
(PRINT Name of driver)

**F & H Trucking** Controlled Substances and Alcohol Testing  
(Name of Company)

Policy. By my signature, I acknowledge that I have read and understand this Policy.

➡ \_\_\_\_\_

Signature

➡ \_\_\_\_\_

Date

**LIST OF SUBSTANCE ABUSE PROFESSIONALS**

**Doug Knapp  
228-604-0099**

# DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before September 2010.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts- 40, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
F & H TRUCKING  
COMPANY

\_\_\_\_\_  
COMPANY SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
NOTE: This receipt shall be read and signed by the driver.  
\_\_\_\_\_