



5724 Hwy 43 N
 Carriere, MS 39426
 Office: 601.799.1335
 Fax: 601.799.1336

APPLICANT INFORMATION

| | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|
| Last Name | | First | | M.I. | Date | |
| Street Address | | | | Apartment/Unit # | | |
| City | | | State | | ZIP | |
| Phone | | | E-mail Address | | | |
| Date Available | | | Social Security No. | | Desired Salary | |
| Position Applied for | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | |

EDUCATION

| | | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|
| High School | | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| College | | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Other | | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |

ADDRESSES FOR THE PAST THREE YEARS (PRIOR TO DATE OF APPLICATION)

Please list three professional references.

| | | | |
|----------------|--|--------------|--|
| Street Address | | City | |
| State and Zip | | How Long? | |
| Street Address | | Relationship | |
| State and Zip | | Phone | |
| Street Address | | City | |
| State and Zip | | How Long? | |

DRIVING LICENSE FOR PAST (3) YEARS PRIOR TO APPLICATION DATE:*Complete for each license/permit*

| | | | |
|-----------------|--|----------------|--|
| State of Issue | | License Number | |
| Expiration Date | | Class | |
| Endorsements | | | |
| State of Issue | | License Number | |
| Expiration Date | | Class | |
| Endorsements | | | |
| State of Issue | | Relationship | |
| Expiration Date | | Phone | |
| Endorsements | | | |

DRIVING EXPERIENCE IN THE OPERATION OF A MOTOR VEHICLE*Private Vehicle and Commercial Vehicle*

| Equipment Operated | Equipment Type (Please Specify) | # of Years Experience | Approximate Number of Miles Driven (Total) |
|--------------------|---------------------------------|-----------------------|--|
| Tractor Trailer | | | |
| Straight Truck | | | |
| Bus/Van | | | |
| Dump Truck | | | |
| Other: | | | |
| Other: | | | |

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST (3) YEARS PRIOR TO APPLICATION DATE:*Private Vehicle and Commercial Vehicle (Please Do Not list Parking Tickets)*

| Conviction Date | Location (State Traffic Conviction was listed) | Charge | Penalty |
|-----------------|--|--------|---------|
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ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE:*Attach additional sheet if more space is needed*

| Accident Date (Most Recent) | Injuries/Fatalities | Post-Accident Drug Test/Alcohol? | Nature of Accident (What Happened) |
|--------------------------------|---------------------|----------------------------------|------------------------------------|
| | | | |
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| | | | |
| | | | |
| | | | |

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES OR NO
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE EVER SUSPENDED OR REVOKED? YES OR NO
IF YES, PLEASE EXPLAIN:

EMPLOYMENT HISTORY FOR THE PAST (10) YEARS PRIOR TO APPLICATION DATE FOR INTERSTATE OR INTERSTATE DRIVERS. PLEASE LIST IN REVERSE ORDER BEGINNING WITH MOST RECENT.

| | | | |
|---|--|---|--------|
| Company: | | Phone: | |
| Address: | | Fax: | |
| Job Title: | | Supervisor: | Email: |
| Reason for Leaving: (Circle One) Resignation Lay Off Termination Other (Please Explain) | | | |
| Hire Date: Month____ Year____ | | Termination Date: Month ____ Year____ | |
| Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No | | | |
| Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No | | | |
| Company: | | Phone: | |
| Address: | | Fax: | |
| Job Title | | Supervisor: | Email: |
| Reason for Leaving: (Circle One) Resignation Lay Off Termination Other (Please Explain) | | | |
| Hire Date: Month____ Year____ | | Termination Date: Month____ Year____ | |
| Where you subject to Federal Motor Carrier Safety Regulation while employed by this employer? (Please Circle One) Yes or No | | | |
| Was this job designated as a safety sensitive function in | | | |

| | | |
|--|--------------------|---|
| any D.O.T regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Please Circle One) Yes or No | | |
| Company: | | Phone: |
| Address: | | Fax: |
| Job Title | Supervisor | Email: |
| Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain) | | |
| Hire Date | Month____ Year____ | Termination Date: Month____ Year____ |
| Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No | | |
| Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No | | |

| | | |
|--|--------------------|---|
| Company: | | Phone: |
| Address: | | Fax: |
| Job Title | Supervisor | Email: |
| Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain) | | |
| Hire Date | Month____ Year____ | Termination Date: Month____ Year____ |
| Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No | | |
| Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No | | |

| | | |
|---|--------------------|---|
| Company: | | Phone: |
| Address: | | Fax: |
| Job Title | Supervisor | Email: |
| Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain) | | |
| Hire Date | Month____ Year____ | Termination Date: Month____ Year____ |

| | | | |
|--|------------|----------|--|
| <p>Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No</p> <p>Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No</p> | | | |
| Company: | | Phone: | |
| Address: | | Fax: | |
| Job Title | Supervisor | | Email: |
| <p>Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain)</p> | | | |
| Hire Date | Month____ | Year____ | Termination Date: Month____ Year____ |
| <p>Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No</p> <p>Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No</p> | | | |
| Company: | | Phone: | |
| Address: | | Fax: | |
| Job Title | Supervisor | | Email: |
| <p>Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain)</p> | | | |
| Hire Date | Month____ | Year____ | Termination Date: Month____ Year____ |
| <p>Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No</p> <p>Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No</p> | | | |
| Company: | | Phone: | |
| Address: | | Fax: | |
| Job Title | Supervisor | | Email: |
| <p>Reason for Leaving: (Circle One) Resignation Lay Off Termination Other(Please Explain)</p> | | | |

| | | |
|--|--------------------|--------------------------------------|
| (Circle One) | | |
| Hire Date | Month____ Year____ | Termination Date: Month____ Year____ |
| <p>Were you subject to the Federal Motor Carrier Safety Regulation while employed by this employer? (Circle One) Yes or No</p> <p>Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle One) Yes or No</p> | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|--|------|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> | |
| Signature | Date |

| NOTIFICATION OF DRIVER APPLICANT'S RIGHTS REGARDING SAFETY PERFORMANCE HISTORY | |
|---|--|
| HISTORY INVESTIGATIONS | |
| <p>According to 49 CFR Part 391.21(d) and 391.23(i) the prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years that he or she has the following rights regarding the investigative information that will be provided to the prospective employer.</p> <ul style="list-style-type: none"> • The right to review information provided by previous employers; • 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; • 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. <p>Driver who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information 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 if denial of employment. The prospective employer must provide this information to the applicant within five (5) 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 day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) 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. For the requirements of drivers and employers regarding these request see 49 CFR Part 391.23 (j).</p> | |

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO **HRL Contracting, Inc.**
FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR PART 391.23 AND 40.321(B) OF THE FEDERAL MOTOR
CARRIER SAFETY REGULATIONS. YOU ARE HEREBY RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM
FURNISHING SUCH INFORMATION.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

MOTOR CARRIER

PREVIOUS EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILED, DATE: _____ REPLY DATE: _____

FAXED, DATE: _____ REPLY DATE: _____

RECEIVED BY PHONE: _____ REPLY DATE: _____

NAME OF CONTACT PERSON: _____

APPLICANT: _____ **SOCIAL SECURITY NO.** _____

HAS SUBMITTED AN APPLICATION TO THIS COMPANY FOR THE POSITION OF _____

AND STATES THAT HE/SHE WAS EMPLOYED WITH YOUR COMPANY AS A _____

FROM _____ **TO** _____

PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN AS SOON AS POSSIBLE TO:

HRL Contracting, Inc.
5724 Hwy 43 N
Carriere, MS 39426
Office: 601.799.1335
Fax: 601.799.1336
candus@hrlcontracting.com

PLEASE CIRCLE THE CORRECT ANSWER

1. ARE THE DATES OF EMPLOYMENT CORRECT AS STATED ABOVE? **YES OR NO**
IF NO, PLEASE PROVIDE CORRECT DATE OF EMPLOYMENT:

2. DID THE APPLICANT DRIVE A COMMERCIAL MOTOR VEHICLE FOR YOUR COMPANY? **YES OR NO**
3. WAS THE APPLICANT A SAFE AND EFFICIENT DRIVER? **YES OR NO**
4. WAS THE APPLICANT INVOLVED IN ANY VEHICLE ACCIDENTS WHILE EMPLOYED WITH YOUR COMPANY?
YES OR NO
5. REASON FOR LEAVING OUR EMPLOYMENT: **RESIGNATION DISCHARGE LAY OFF**
6. HAS THE APPLICANT TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO (2) YEARS?
YES OR NO
7. HAS THE APPLICANT HAD AN ALCOHOL TEST WITH B.A.C. OF 0.04 OR GREATER IN THE LAST TWO (2) YEARS?
YES OR NO
8. HAS THE APPLICANT REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO (2) YEARS?
YES OR NO
9. DID THE APPLICANT COMPLETE A SUBSTANCE ABUSE REHABILITATION PROGRAM, IF REQUIRED? **YES OR NO**
10. HAS THIS PERSON EVER VIOLATED ANY OTHER D.O.T. AGENCY DRUG AND ALCOHOL TESTING REGULATIONS?
YES OR NO

SIGNATURE: _____ TITLE: _____ DATE: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to HRL Contracting, Inc. for the purposes of investigation as required by 49 CFR 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____

Date: _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 51-908, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, 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 federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report 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 hereby certify that this report request and the above applicants release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322. Title XXX, Section 300002 (a)).

Requester's Signature: _____ Date: _____

Printed Name: _____

HRL Contracting, Inc.
5724 Hwy 43 N
Carriere, MS 39426
Office: 601.799.1335
Fax: 601.799.1336
candus@hrlcontracting.com

The following named person has made application with our company for the position of _____. In accordance with 49 CFR 91.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with applicant's driving record for the past three (3) years.

The following named person is employed with our company in the position of _____. In accordance with 49 CFR 391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with applicant's driving record for the past year.

Name of Applicant/Employee: _____

Address: _____

Former Address: _____

Date of Birth: _____ Social Security No: _____

Driver's License No. _____ Driver's License State: _____

The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a GVWR of 26,001 lbs. or more, can transport (16) or more people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS

Part 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. MUST POSSESS ONLY ONE LICENSE:

You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operators license.

If you have more than one license, keep the license from your state of residence and return the additional license 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 that 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 violation), you must report it within 30 days to: 1. Your employing motor carrier, and 2. The state that issued you license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Expiration: _____

I hereby certify that I have read and agree to the above stated requirements.

Driver's Name: (printed) _____

Driver's Signature: _____

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

Motor Carriers using a driver for the first time shall obtain from the driver a signed statement giving the total 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 motor carrier. This regulation is located in 49 CFR Part 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, must be recorded on this form.

DRIVER APPLICANT

Driver's Name (print): _____ SSN: _____

Driver's License No. _____ State: _____ Class: _____

Endorsement(s): _____
Restriction(s): _____

| DAY | 1 (Yesterday) | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|------------------|---|---|---|---|---|---|-------------|
| DATE | | | | | | | | Total Hours |
| HOURS WORKED | | | | | | | | |

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

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

MOTOR CARRIER REQUIREMENTS

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 and other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing and compensated work for any non-motor carrier entity.

DRIVER APPLICANT

Are you currently working for another employer? (Please Circle One) Yes or NO

At this time do you intend to work for another employer while still employed by this company? (Please Circle One) Yes or No

I hereby certify that the information given above is accurate 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.

Driver's Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT CONTROLLED SUBSTANCE OR ALCOHOL TEST DISCLOSURE

| | |
|--|---|
| <p>The following question is made necessary for employment with HRL Consulting, Inc. by the Federal Motor Carrier Regulations, Section 40.25.</p> | |
| <p>Have you ever 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 (2) years?</p> | <p>CIRCLE THE ANSWER:</p> <p>Yes or No</p> |
| <p>If YES, have you successfully completed the return to duty process?</p> | <p>Yes or No</p> |
| <p>If YES, you must provide documentation from Substance Abuse Professional before any safety sensitive transportation function work. PLEASE LIST INFORMATION.</p> | <p>Substance Abuse Professional: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Return to Duty Test: _____</p> |

DRUG AND ALCOHOL PROGRAM CONSENT FORM

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 HRL Consulting, Inc. , as well as the U.S. Department of Transportation as contained in 49 CFR Part 382.

I also understand and agree that I may not be under any degree of influence of alcohol or controlled substance/mind altering drugs at any time during my employment. Should any level of alcohol or controlled substance/mind altering drugs 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 be required by the U.S. Department of Transportation Regulations or company policy.

ANY POSITIVE TEST RESULT OR REFUSAL TO SUBMIT TO ANY TYPE OF TEST SHALL CONSTITUTE MY AUTOMATIC RESIGNATION FROM THIS COMPANY.

I have received a copy of HRL Consulting, Inc. controlled substance and alcohol policies and procedures.

Applicant Name (Please Print): _____ LICENSE NUMBER: _____

Applicant Signature: _____ DATE: _____

DISCIPLINARY POLICY OF NON-COMPLIANCE WITH FMCSR PART 395 (HOUR OF SERVICE)

It is the policy of HRL Contracting, Inc. to ensure that all of its drivers comply with all parts of the Federal Motor Carrier Safety Regulations. HRL Contracting, Inc. does not permit or require any driver to operate a commercial motor vehicle in excess of hours of service regulations, Part 395 FMCSR.

§395.5 Maximum driving time for passenger-carrying vehicles.

Subject to the exceptions and exemptions in § 395.1:

(a) No motor carrier shall permit or require any driver used by it to drive a passenger-carrying commercial motor vehicle, nor shall any such driver drive a passenger-carrying commercial motor vehicle:

- (1) More than 10 hours following 8 consecutive hours off duty; or
- (2) For any period after having been on duty 15 hours following 8 consecutive hours off duty.

(b) No motor carrier shall permit or require a driver of a passenger-carrying commercial motor vehicle to drive, nor shall any driver drive a passenger-carrying commercial motor vehicle, regardless of the number of motor carriers using the driver's services, for any period after—

- (1) Having been on duty 60 hours in any 7 consecutive days if the employing motor carrier does not operate commercial motor vehicles every day of the week; or
- (2) Having been on duty 70 hours in any period of 8 consecutive days if the employing motor carrier operates commercial motor vehicles every day of the week.

§395.3 Maximum driving time for property-carrying vehicles.

(a) Except as otherwise provided in § 395.1, no motor carrier shall permit or require any driver used by it to drive a property-carrying commercial motor vehicle, nor shall any such driver drive a property-carrying commercial motor vehicle, regardless of the number of motor carriers using the driver's services, unless the driver complies with the following requirements:

- (1) *Start of work shift.* A driver may not drive without first taking 10 consecutive hours off duty;
- (2) *14-hour period.* A driver may drive only during a period of 14 consecutive hours after coming on duty following 10 consecutive hours off duty. The driver may not drive after the end of the 14-consecutive-hour period without first taking 10 consecutive hours off duty.

(3) *Driving time and rest breaks.* (i) *Driving time.* A driver may drive a total of 11 hours during the 14-hour period specified in paragraph (a)(2) of this section.

(ii) *Rest breaks.* Except for drivers who qualify for either of the short-haul exceptions in § 395.1(e)(1) or (2), driving is not permitted if more than 8 hours have passed since the end of the driver's last off-duty or sleeper-berth period of at least 30 minutes.

(b) No motor carrier shall permit or require a driver of a property-carrying commercial motor vehicle to drive, nor shall any driver drive a property-carrying commercial motor vehicle, regardless of the number of motor carriers using the driver's services, for any period after—

- (1) Having been on duty 60 hours in any period of 7 consecutive days if the employing motor carrier does not operate commercial motor vehicles every day of the week; or
- (2) Having been on duty 70 hours in any period of 8 consecutive days if the employing motor carrier operates commercial motor vehicles every day of the week.

(c)(1) Any period of 7 consecutive days may end with the beginning of an off-duty period of 34 or more consecutive hours that includes two periods from 1:00 a.m. to 5:00 a.m.

(2) Any period of 8 consecutive days may end with the beginning of an off-duty period of 34 or more consecutive hours that includes two periods from 1:00 a.m. to 5:00 a.m.

(d) A driver may not take an off-duty period allowed by paragraph (c) of this section to restart the calculation of 60 hours in 7 consecutive days or 70 hours in 8 consecutive days until 168 or more consecutive hours have passed since the beginning of the last such off-duty period. When a driver takes more than one off-duty period of 34 or more consecutive hours within a period of 168 consecutive hours, he or she must indicate in the Remarks section of the record of duty status which such off-duty period is being used to restart the calculation of 60 hours in 7 consecutive days or 70 hours in 8 consecutive days.

e) *Short-haul operations—*

(1) 100 air mile radius driver. A driver is exempt from the requirements of § 395.8 if:

- (i) The driver operates within a 100 air-mile radius of the normal work reporting location;
- (ii) The driver, except a driver salesperson, returns to the work reporting location and is released from work within 12 consecutive hours;
- (iii)—

(A) A property-carrying commercial motor vehicle driver has at least 10 consecutive hours off duty separating each 12 hours on duty;

(B) A passenger-carrying commercial motor vehicle driver has at least 8 consecutive hours off duty separating each 12 hours on duty;

(iv)(A) A property-carrying commercial motor vehicle driver does not exceed the maximum driving time specified in § 395.3(a)(3) following 10 consecutive hours off duty; or

(B) A passenger-carrying commercial motor vehicle driver does not exceed 10 hours maximum driving time following 8 consecutive hours off duty; and

(v) The motor carrier that employs the driver maintains and retains for a period of 6 months accurate and true time records showing:

- (A) The time the driver reports for duty each day;
- (B) The total number of hours the driver is on duty each day;
- (C) The time the driver is released from duty each day; and
- (D) The total time for the preceding 7 days in accordance with § 395.8(j)(2) for drivers used for the first time or intermittently.

It is the company policy to require every driver to submit records of duty status to the main office within 13 days. All records of duty status will be audited and noted violations recorded. Drivers will be required to supply and incomplete information and to complete any incomplete records. Multiply violations of the hours of service regulations could result in disciplinary action up to and including termination of employment.

Applicant (please print): _____ **Date:** _____

SIGNATURE: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH
FMCSR PART 396 DRIVER VEHICLE INSPECTION REPORT**

It is the policy of HRL Contracting, Inc. to ensure that all of its drivers comply with all parts of the Federal Motor Carrier Safety Regulations. HRL Contracting, Inc. requires all drivers to prepare a post-trip inspection report (Driver's Vehicle Inspection Report) at the end of each driving day. The DRIVER IS RESPONSIBLE for preparing such a report for each vehicle driven. The report must list any condition that the driver either found or had reported to him/her that would affect the safety of operation or cause a breakdown. If no defect or deficiency is reported or found, the report should state this. The DRIVER MUST SIGN the report in all cases.

Before starting out, the driver must be satisfied that the motor vehicle is in safe operating condition. If the last driver vehicle inspection report notes any deficiencies, the driver must review and sign to acknowledge that necessary repairs have been made.

Company policy requires that a POST-TRIP INSPECTION of your truck must be completed at the end of each work day along with completion of the POST-TRIP INSPECTION REPORT (DRIVER VEHICLE INSPECTION REPORT). The POST-TRIP INSPECTION (DRIVER'S VEHICLE INSPECTION REPORT) is part of your daily paperwork. Failure to complete a daily Post-Trip Inspection Report (DRIVER'S VEHICLE INSPECTION REPORT) will result in a delay of your in your weekly pay check.

I have read and understand the above disciplinary policy for Part 396 of the Federal Motor Carrier Safety Administration. I have received a copy of Part 393 detailing the parts and accessories necessary for safe operation.

Applicant (please print): _____ **Date:** _____
SIGNATURE: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH FMCSR PART
392.82 (a) (2) RESTRICTING THE USE OF CELLULAR PHONES**

It is the policy of **HRL Contracting, Inc.** to ensure that all of its drivers comply with all parts of the Federal Motor Carrier Safety Regulations. HRL Contracting, Inc. does not permit or require any driver to operate a commercial motor vehicle while using a hand held cellular phone or any other type of hand held mobile telephone as per Part 932.2 (a) (2), 49 CFR Part 383, 384, 390, and 392 FMCSR.

Any violation of the use of the cellular phones or any other type of hand-held mobile telephone regulation could result in disciplinary action up to and including termination of employment.

HRL Contracting, Inc. also has a copy of this regulation on file. I have read and understand the above policy. I will comply with all parts of the Federal Motor Carrier Safety Regulations.

Applicant (please print): _____ **Date:** _____
Signature: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH FMCSR PART
392.16 USE OF SEAT BELTS**

It is the policy of **HRL Contracting, Inc.** to ensure that all of its drivers comply with all parts of the Federal Motor Carrier Safety Regulations. **HRL Contracting, Inc.** requires all drivers that operates a commercial vehicle which has a seat belt assembly installed at the driver's seat to properly restrain himself/herself with the seat belt assembly as required by 392.16 of Federal Motor Carrier Rules and Regulations.

Any violation of the 392.16 (Use of Seat Belt Regulation) could result in disciplinary action up to and including termination of employment.

I have read and understand the above policy. I understand that in the event the seat belt assembly does not function properly, it is my responsibility to note the defects on the Driver's Daily Vehicle Report. I understand that I am responsible for all D.O.T. fines/traffic violations that I receive for failure to comply with this regulations.

Applicant (please print): _____ **Date:** _____
Signature: _____

CERTIFICATION OF VIOLATIONS-ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER REQUIREMENTS

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 (391.27)

**CERTIFICATION OF VIOLATIONS
(COMPLETED BY DRIVER/APPLICANT)**

Driver Name: _____ Social Security No. _____

Driver's License Number: _____ Driver's License State: _____

I certify that the following is true and complete list violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are listed below.

I have had no violations.

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Driver's Signature: _____ Date of Certification: _____

**ANNUAL REVIEW OF DRIVING RECORD
(COMPLETED BY MOTOR CARRIER)**

I have hereby reviewed the driving record of the above named driver in accordance with 391.25 and find that he/she:

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

Action taken with driver: _____

Reviewed by: _____ Date: _____
 Signature

Printed Name: _____ Title: _____

DRIVER FILE CHECKLIST

1. ___ Application for employment completed, signed and dated **(pg 6)** with
Three years driving history with completed contact information. **(Pg 1-6)**
2. ___ Request for Information from previous employer sheet signed and dated. Verify
3. ___ previous employer within 5 days of hire. **(Pg 7)**
4. ___ Request for check of driving record (MVR) signed and dated. **(Pg 8)**
5. ___ Driver requirements signed and dated. **(Pg 9)**
6. ___ Statement of on Duty Hours. **(Pg 10)**
7. ___ Previous Pre-Employment Controlled Substance or Alcohol Test Disclosure **(Pg 11)**
8. ___ Disciplinary Policy of Non-Compliance With FMCSR Part 395 **(Pg 12)**
9. ___ Disciplinary Policy for Non-Compliance With FMCSR Part 396 **(Pg 13)**
___ Disciplinary Policy for Non-Compliance with FMCSR Part 392.82 (a) (2)
___ Disciplinary Policy for Non-Compliance with FMCSR Part 392.16
10. ___ Employee Drug and Alcohol Testing Policy **(This is the Driver's Copy)**

DOCUMENTS LOCATED ON LEFT SIDE OF FOLDER

1. ___ Copy of CDL Driver's License. Replace upon expiration
2. ___ Copy of Medical Card. Replace upon expiration
3. ___ Copy of Motor Vehicle Driver's Certification of Violations/Annual
Review of Driving Record signed and dated. Updated Annually **(Pg. 14)**
4. ___ Copy of Motor Vehicle Report (MVR). Updated Annually