



COMPANY DRIVER APPLICATION



Driver Application File

Check List

This file must include:

<input type="checkbox"/>	DRIVER APPLICATION
<input type="checkbox"/>	PAST EMPLOYMENT VERIFICATION (driver completes one for each employer for the past three years)
<input type="checkbox"/>	COPY OF COMMERCIAL DRIVER'S LICENSE (front & back)
<input type="checkbox"/>	COPY OF MEDICAL CERTIFICATE (original card stock card) and LONG FORM
<input type="checkbox"/>	COPY MOTOR VEHICLE RECORD
<input type="checkbox"/>	CERTIFICATE OF VIOLATIONS (top half to be completed by driver)
<input type="checkbox"/>	FAIR CREDIT REPORTING ACT
<input type="checkbox"/>	CERTIFICATE OF RECEIPT FOR ALCOHOL AND CONTROLLED SUBSTANCES POLICY
<input type="checkbox"/>	DOCUMENTATION FOR FMCSR POCKETBOOK
<input type="checkbox"/>	ROAD TEST

DRIVER APPLICATION

B & C Marathon Transportation Inc

522 196TH DR NW
ELK RIVER, MN 55330
763-441-4577

Name _____ Social Security Number _____

Address _____ Date of Birth _____

City, State _____ Telephone _____

Position applying for: _____ Cell phone _____

Email Address: _____

Residence (last three years)

Street Address _____ City _____ State _____ Months/Years ____/____

Street Address _____ City _____ State _____ Months/Years ____/____

Street Address _____ City _____ State _____ Months/Years ____/____

EXPERIENCE AND QUALIFICATIONS

Driver Licenses	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet*)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet*)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No		Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No

TRAFFIC CONVICTIONS AND FORFEITURES for the past three years

Location	Date	Charge	Penalty

☐ **No Traffic Convictions or Forfeitures in the past three years (Please initial in box)**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, provide details: _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, provide details: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? YES _____ NO _____

If yes, give date and name of employer: _____

ACCIDENT RECORD for the past three years

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

☐ **No Accidents in the past three years (Please initial in box)**

TO BE READ AND SIGNED BY APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to B & C Marathon Transportation Inc: 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 B & C Marathon Transportation Inc; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to B & C Marathon Transportation Inc, 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. B & C Marathon Transportation Inc will provide this information to me within five business days of receiving my written request. If B & C Marathon Transportation Inc has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when B & C Marathon Transportation Inc receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of B & C Marathon Transportation Inc making them available, B & C Marathon Transportation Inc may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may results in my rejection or dismissal. 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.

Date

Applicant's Signature

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.

Fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ Social Security # _____

Position or Job Held _____ Dates of Employment _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to B & C Marathon Transportation Inc. I hereby release this company from any and all liability as a result of providing the requested information to B & C Marathon Transportation Inc.

I also understand that I have the following rights regarding the investigative information that will be provided to B & C Marathon Transportation Inc: 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 B & C Marathon Transportation Inc; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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Applicants Signature

Date

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This section is to be filled out by the driver.

Fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ Social Security # _____

Position or Job Held _____ Dates of Employment _____ to _____

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I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Applicants Signature

Date

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.

Fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ Social Security # _____

Position or Job Held _____ Dates of Employment _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to B & C Marathon Transportation Inc. I hereby release this company from any and all liability as a result of providing the requested information to B & C Marathon Transportation Inc.

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I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Applicants Signature

Date

522 196TH DR NW
ELK RIVER, MN 55330
763-441-4577
Fax 763-441-4779

**B & C Marathon Transportation
Inc**

Fax

To:	From: Jennifer Quiram
Fax:	Date:
Phone:	Pages: 3
Re: Past Employment Verification	CC:

☒ **Please Reply**

The driver mentioned below has applied for a driving position at **B & C Marathon Transportation Inc.**

According to Part 391.23 of the Federal Motor Carrier Safety regulations, as a previous employer you must respond to this request within 30 days after the request is received. If there is no safety performance history information to report for this driver, you are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment. You are also required to take all precautions reasonably necessary to ensure the accuracy of the records and provide specific contact information in case a driver chooses to contact you regarding correction or rebuttal of the data. You must also keep a record of this request and the response for one year.

B & C Marathon Transportation Inc will report failures of previous DOT employers to respond to an investigation to the FMCSA following procedures specified at Part 386.12 and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information as required by Part 391.23 (c) (3).

If you need to speak to me directly please call me at 763-441-4577. Thank you for your time.

Jennifer Quiram
B & C Marathon Transportation Inc

Please provide the following information:

Driver Name: _____

- 1) Are the dates stated above correct? ___ yes ___ no If not, please state correct dates:
 - 2) What kind(s) of work did he/she do? Over the road driver? Local driver?
 - 3) What kind(s) of equipment did he/she operate?
 - 4) Did he/she have any roadside inspections in the last 12 months? If yes, when? ___ yes ___ no
 - 5) What violations were discovered? (Include all violations, not just OOS)
 - 6) Did he/she turn in accurate logs? ___ yes ___ no
 - 7) Did he/she have Hours of Service violations? ___ yes ___ no
 - 8) Did he/she work well on his/her own? ___ yes ___ no
 - 9) Did he/she work well with others? ___ yes ___ no
 - 10) Did he/she receive any traffic citations while employed by you? ___ yes ___ no
 - 11) Did he/she take good care of the equipment? ___ yes ___ no
 - 12) Did this employee have any alcohol or drug problems while in your employ? ___ yes ___ no
 - 13) Is this employee eligible for re-employment? ___ yes ___ no
 - 14) Reason for leaving your employment? ___ yes ___ no
 - 15) Did he/she, within the previous three years, violate the alcohol and controlled substances prohibitions under 49 CFR, part 382 or part 40? ___ yes ___ no
 - a) Did he/she fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP). ___ yes ___ no
 - b) If he/she did successfully complete an SAP's rehabilitation referral, and remained in your employ, please provide information on whether the driver had the following testing violations following the rehabilitation referral:
 - i) Alcohol tests with a result of 0.04 or higher alcohol concentration ___ yes ___ no
 - ii) Verified positive drug tests ___ yes ___ no
 - iii) Refusals to be tested (including verified adulterated or substituted drug test results). ___ yes ___ no
- Explanations:

Please provide the following information for any accidents that the above mentioned driver has been involved in the preceding three years (attach separate sheet if necessary).

DATE	DESCRIPTION OF ACCIDENT	
CITY/STATE	TYPE OF CMV OPERATED	PROPERTY DAMAGE \$
# OF INJURIES	# OF FATALITIES	HAZARDOUS MATERIALS RELEASED?

REMARKS:

Information provided by: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

***Please return this completed form to Jennifer Quiram at B & C Marathon Transportation Inc.**

Fax: **763-441-4779**

Or mail to: B & C Marathon Transportation Inc
522 196TH DR NW
ELK RIVER, MN 55330

<p>Office Use Only</p> <p>*Contacts, or attempts made</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

CERTIFICATE OF VIOLATIONS

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

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 required to be listed according to Part 391.27 of the Federal Motor Carrier Safety Regulations during the past 12 months.

Driver's Printed Name

Driver's Signature

Date

B & C Marathon Transportation Inc, 522 196TH DR NW, ELK RIVER, MN 55330

ANNUAL REVIEW OF DRIVING RECORD

This day I reviewed the driving record of the above named driver in accordance with Part 391.27 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. I considered the driver's 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 under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the 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.

B & C Marathon Transportation Inc, 522 196TH DR NW, ELK RIVER, MN 55330

Supervisor's Printed Name

Supervisor's Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Signature

Date

Print Name

Social Security Number

Driver's License Information

Driver's License #

Issuing State

Expiration Date of License

Date of Birth

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby consent to B&C Marathon Transportation, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent includes multiple limited queries for the duration of my employment with the company.

I understand that if the limited query conducted by B&C Marathon Transportation, Inc. indicates that drug use or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to B&C Marathon Transportation, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for B&C Marathon Transportation, Inc. to conduct a limited query of the Clearinghouse, B&C Marathon Transportation, Inc. must prohibit me from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Employee notice

1. Employee:		Address:	
Phone number:		Email address:	
Date employment began:			
2. Legal name of employer:		Main office/principal place of business address:	
Phone number:		Email address:	
Operating name of employer (if different):			
Mailing address (if different):			
3. Employment status (exempt or non-exempt):			
<input type="checkbox"/> Employee is exempt from: <input type="checkbox"/> minimum wage <input type="checkbox"/> overtime <input type="checkbox"/> other provisions of Minnesota Statutes 177			
Legal basis for exemption:			
<input type="checkbox"/> Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)			
4. Rate or rates of pay			
Paid by: Hour <input type="checkbox"/> Shift <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Salary <input type="checkbox"/> Piece <input type="checkbox"/> Commission <input type="checkbox"/> Other method <input type="checkbox"/>			
Overtime is owed after: hours			
Allowances claimed:			
\$ per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal)			
\$ per day for lodging allowance (max = 75% of one hour of adult minimum wage per day) (or fair market value)			
5. Leave benefits available:			
<input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input type="checkbox"/> Other paid time off			
How benefits are accrued: Number of hours _____ or days _____			
per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> per pay period <input type="checkbox"/> per hours worked			
Terms of use:			
6. Deductions that may be made from employee's pay and amounts:			
7. Number of days in the pay period:		Regularly scheduled payday:	
Date employee will receive first payment of wages earned:			
8. Other information relevant to this position:			
I, the employee, have received a copy of this notice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer signature	Date	Employee signature	Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Intuit Full Service Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

B&C Marathon Transportation, Inc.522 196th DR NW

Elk River, MN 55330

Phone: 763-441-4577

Fax: 763-441-4779

The U.S. Department of Transportation (FMCSA) has decided to ban hand-held cell phones. B&C Marathon Transportation Inc. complies with FMCSA rules and regulations. As a driver for B&C Marathon Transportation, Inc. you are not allowed to talk on cell phone while driving unless you have a hands-free head set. Drivers for B&C Marathon who are caught using a hand-held cell phone while driving will not only receive \$2750 fine but will also be terminated from B&C Marathon. Text messaging while driving was banned in September 2010. As a driver for B&C Marathon you are not allowed to text while driving. If you are contacted by B&C Marathon office personnel while operating/driving B&C Marathon equipment please find a safe place to pull over before calling back or responding via text. If any driver from B&C Marathon receives a fine for talking/texting on their phone he/she will be responsible for payment of that fine and driver will be terminated effective immediately. B&C Marathon Transportation is a safety first company and does not take this topic lightly. This policy goes into effect November 28, 2011.

By signing below you are agreeing that you will not talk on your hand-held cell phone or text illegally while driving for B&C Marathon per FMCSA regulations and B&C Marathon cell phone policy. Also by signing below you are accepting that if you receive a fine for using your cell phone improperly while driving you take full responsibility for payment of that fine.

Print

Sign

Date

SAFE FOLLOWING DISTANCE POLICY

- Always maintain a safe distance between your vehicle and the vehicle ahead of you. The method for determining a safe following distance is to follow the “Six-Second Rule” in normal highway driving conditions.

This distance must be increased for adverse weather conditions, poor road conditions, vehicle/cargo circumstances or if you are fatigued.

- When the vehicle ahead passes an object, such as, a tar strip or shadow on the road; start counting 1001, 1002, 1003, 1004, 1005, 1006. If you cross the spot on the road before 1006, you are following too close.
- In rush-hour traffic, it is recommended by professional drivers to drive 3-5 mph slower than the flow of traffic. This practice allows other vehicles to pull away from you, increasing the following distance. It is impossible and certainly unsafe to keep other vehicles out of your lane. Driving a bit slower is the best technique to practice in your goal of protecting other motorists.
- Following other vehicles too close, called tail-gaiting, endangers other motorists and is “not acceptable”. Violations of this policy and becoming involved in preventable, rear-end crashes will result in disciplinary action against you, including termination of employment, if necessary.
- We expect our drivers to keep a safe following distance between other company vehicles and not run in close following convoys.
- If you are too tired to drive, we require you to pull off the road immediately and get some rest in a safe area.
- Please drive as if you family was in the vehicle ahead of you! It is your responsibility to “protect” other motorists on our highways.
- I understand this policy and agree to protect other motorists.

Signature: _____ Date: _____

B&C Marathon Transportation Rider Policy

If you decide to have a rider B&C Marathon will not be responsible for any accidents and/or injuries that happen to the rider. As the driver of the truck you will be responsible for any and all injuries that may potentially happen as a result of your choice to bring a rider with you. If any claims (e.g. insurance, civil, etc.) filed against B&C Marathon Transportation from a rider or there are any reported injuries to a rider the rider policy will be terminated effective immediately.

Dogs are the only acceptable pet/animal that will be allowed in the truck. If you choose to bring a dog with you a \$250 deposit will be taken out of your paycheck immediately following you receiving an authorization form to bring a dog with you. If the dog damages the truck in any way the deposit will not be returned. If the dog you choose to bring with you damages the truck and it exceeds the \$250 deposit B&C Marathon reserves the right to deduct any damages out of your paycheck/s until paid in full. If no damages are found upon your separation with B&C Marathon; or if you no longer wish to bring a dog with you in the truck the \$250 deposit will be returned to you. If you choose to bring a dog in the truck and the dog is somehow injured or harmed in any way B&C Marathon Transportation will not be held liable.

You will need to have the "Authorization to Transport Passenger" document in order to have a rider. To obtain an authorization form you will need to contact Jennifer during regular business hours. Authorization forms will be active for a minimum of 1 day or up to a maximum of 2 weeks. You are responsible for keeping your authorization form current if you wish to continue to have a rider. For each new rider you have, you will need a new form.

If any driver is found with a rider (dog/person) without proper written permission from the office the driver will be terminated effective immediately. All passengers (people) must be at least 10 years of age or older. You can only have 1 rider (person/dog) with you in the truck; the person must be sitting in the front seat and buckled in while the truck is in motion. If driver is found with both a dog and a person or multiple people in the truck he/she will be terminated effective immediately.

B&C Marathon Transportation reserves the right to terminate the rider policy for any reason without notice.

I have read and understand the above information and agree to the terms and stipulations of the B&C Marathon Transportation Rider Policy.

Signature

Printed Name

Date

ROAD TEST EXAMINATION

Driver's Name: _____

CDL Number: _____ State _____ Class _____

Equipment used for testing: _____

Length of examination: _____ miles Start time: _____ End time: _____

From _____ to _____

Weather Conditions: _____

Examiner: Mark boxes with either a \checkmark for satisfactory or **X** got unsatisfactory

PRE-TRIP INSPECTION

- ☐ Checks general condition when approaching.
- ☐ Checks fuel, oil and coolant.
- ☐ Checks around unit (tires, lights, trailer hook-up and inspect for body damage).
- ☐ Tests steering, brake action, tractor protection valve and parking brake.
- ☐ Checks horn, windshield wipers, mirrors, emergency equipment (reflectors & fire-extinguisher).
- ☐ Checks instruments for normal readings.
- ☐ Cleans windshield windows, mirror, lights & reflectors.
- ☐ Completes pre-trip inspection report & review previous report.

PLACING VEHICLE IN MOTION & USE OF CONTROLS

Engine

- ☐ Starts engine without difficulty.
- ☐ Checks instruments at regular intervals.
- ☐ Maintains proper engine RPM's while driving.

Brakes

- ☐ Understands and properly uses tractor protection valve, trailer brakes, parking brakes and foot brakes.
- ☐ Tests service brakes before leaving yard.
- ☐ Builds full air pressure before moving.

Clutch & Transmission

- ☐ Starts unit smoothly.
- ☐ Uses clutch properly.
- ☐ Uses clutch at all times when shifting.
- ☐ Places transmission in neutral & disengages clutch before starting.
- ☐ Understands proper use of clutch brake.

SLOWING & STOPPING

- ☐ Uses clutch & gears properly.
- ☐ Gears down properly before descending hills.
- ☐ Starts truck without rolling back.
- ☐ Tests brakes before descending grades.
- ☐ Uses brakes properly on grades.

- ☐ Plans stops far enough in advance to avoid hard braking.
- ☐ Stops clear on intersections, crosswalks & railroad crossings.
- ☐ Properly uses engine brake

OPERATING IN TRAFFIC

Turning

- ☐ Signals intention to turn well in advance.
- ☐ Gets into proper lane well in advance.
- ☐ Checks traffic conditions and turns only when intersection is clear.
- ☐ Restricts traffic passing on the right when making turn.
- ☐ Completes turns safely and does not impede traffic.

Traffic & Signals

- ☐ Plans stops in advance and adjusts speed accordingly.
- ☐ Obeys all traffic signs and signals.
- ☐ Comes to a complete stop at all stop signs.

Intersections

- ☐ Properly yields right-of-way.
- ☐ Checks for cross-traffic regardless of traffic controls.
- ☐ Enters all intersections prepared to stop if necessary.

Speed

- ☐ Observes all speed limits.
- ☐ Drives speeds that are consistent with ability.
- ☐ Adjusts speed properly to road, traffic & weather.
- ☐ Slows down in advance of curves, danger zones and intersections.
- ☐ Maintains a constant speed when possible.

Courtesy & Safety

- ☐ Yields right-of-way.
- ☐ Consistently alert & attentive.
- ☐ Drives defensively, anticipating problems.
- ☐ Performs routine functions without taking eyes from the road.
- ☐ Maintains proper road alignment.
- ☐ Remains calm under pressure.

REMARKS:

GENERAL PERFORMANCE: Satisfactory ☐ Needs Training ☐

Explain: _____

QUALIFIED FOR: Straight Truck ☐, Tractor-Semi trailer ☐, Twin Trailers ☐, Other Combination ☐

Special Equipment: _____

Examiner's Signature: _____ Date: _____