

Standard Hiring Procedures for New Drivers

- Driver completes all paperwork included in Driver Application Packet
- Company makes GOOD LEGIBLE copies of CDL, SS Card and Medical Card
- All the above is faxed to Truck Safety Consulting at 419-219-9558
or emailed to safety@trucksafe.org
- MVR and PSP reports will be pulled (usually within 30 minutes)
- Upon review, recommendation will be provided to motor carrier
- Driver is sent for drug test if carrier is offering employment
- Results are back usually within 24-36 hours

**NO DRIVER TO DRIVE OR BE DISPATCHED
UNTIL NEGATIVE RESULTS ARE RECEIVED**

Drivers Application for Employment

Company ARMSTEAD LOGISTICS LLC
Address 881 Markham Ave
City Cuyahoga Falls State OH Zip 44221

Applicant Information

DATE: _____ Position applying for: Driver
NAME _____
PHONE () _____ EMERGENCY PHONE () _____
AGE _____ DATE OF BIRTH ____/____/____ SS# ____ - ____ - ____
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)
PHYSICAL EXAM EXPIRATION DATE ____/____/____ CDL# _____ State _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

Address	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____

☐ If yes, give dates: From _____ to _____
Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed: 7 8 9 10 11 12 College: 1 2 3 4 P o s t Graduate: 1 2 3 4

Have you ever been convicted of a felony? YES _____ NO _____

(Conviction does not automatically disqualify from employment)

Have you tested positive or refused a drug test in the past 3 years? YES _____ NO _____

If the answers to any questions listed above are "yes", give details _____

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Drivers Application for Employment

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of **ALL** employment for the past three (3) years, including any unemployment or self-employment periods, and **all commercial driving experience for the past ten (10) years.**

Present or Last Employer From _____ To _____
Name _____
Reason for leaving _____ Company phone () _____
Were you subject to the FMCSR's while employed here? ☐ YES _____ NO _____
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES _____ NO _____

Next Employer From _____ To _____
Name _____
Reason for leaving _____ Company phone () _____
Were you subject to the FMCSR's while employed here? ☐ YES _____ NO _____
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES _____ NO _____

Next Employer From _____ To _____
Name _____
Reason for leaving _____ Company phone () _____
Were you subject to the FMCSR's while employed here? ☐ YES _____ NO _____
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES _____ NO _____

Next Employer From _____ To _____
Name _____
Reason for leaving _____ Company phone () _____
Were you subject to the FMCSR's while employed here? ☐ YES _____ NO _____
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES _____ NO _____

Next Employer From _____ To _____
Name _____
Reason for leaving _____ Company phone () _____
Were you subject to the FMCSR's while employed here? ☐ YES _____ NO _____
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES _____ NO _____

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Drivers Application for Employment

DRIVING EXPERIENCE

List states operated in within last five (5) years: _____

List any driving awards or recognitions received: _____

List all accidents involved in for past three (3) years”

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for past three (3) years (Do not include parking violations)

Date	Location	Charge	Penalty

List all drivers' licenses held for past three (3) years

State	License	Type	Endorsements	Expiration Date

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

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? ☐ YES ☐ NO _____

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Drivers Application for Employment

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

Applicant Signature _____ **Date** _____

**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 ARMSTEAD LOGISTICS LLC ("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 ARMSTEAD LOGISTICS LLC ("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 be used in its entirety. The language may NOT be altered in any way.

Last Updated 12/22/15

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 391.125 of the Federal Motor Carrier Safety Regulations.

Applicant Signature

Date

DRUG AND ALCOHOL HISTORY RELEASE

I, (Print Name) _____, IN COMPLIANCE WITH 49 CFR§§ 40.25 (g) AND 391.23 (N) Hereby authorize the release and forward of the information requested concerning my Alcohol and Controlled Substance Testing records to:

Truck Safety Consulting Inc

Safety and Compliance Agent for: ARMSTEAD LOGISTICS LLC

5650 W. Central Ave., Ste D6

Toledo, OH 43615

419-812-2300

419-219-9558

safety@trucksafe.org

Confidential Fax_

Confidential Email

Applicant Signature

Date

Print Name

Social Security Number

Certification of Compliance with Driver License Requirements For Commercial Drivers

Section A *Driver/Applicants please read*

By State and Federal Motor Carrier Safety Regulations 49 CFR §383 and §391, all commercial drivers operating motor vehicles with a Gross Vehicle Weight Rating (GVWR) of 10,001 lbs. or greater, operating vehicles designed to transport 15 or more passengers, or transporting hazardous materials in a great enough quantity to require placarding (1) must possess the correct license type for the vehicles they operate including the proper endorsements (2) may possess only one driver's license and (3) this license must be valid and not under suspension, revocation or cancellation.

Section B *Completed by Driver/Applicants*

By your signature, you are indicating that you are in compliance with the Federal Motor Carrier driver's license requirements and understand the conviction reporting regulations stated in this Section.

1. Single license requirement:

By State and Federal Motor Carrier Safety Regulations, 49 CFR §383.21(a), a commercial driver may possess no more than one valid driver's license. A commercial driver may have no other driver's licenses in any other state under his/her name and SSN that are still officially active other than the one in current possession.

2. Legal action/suspension/revocation of license

It is the legal responsibility of commercial drivers to divulge information to their employer(s) or potential employer concerning any legal action against their Commercial Driver's License, suspension, revocation or cancellation.

The following license is in force and the only one I possess

Driver's license number _____ State _____ Expiration date _____

3. Conviction reporting requirements:

I understand that, by **State and Federal Motor Carrier Safety Regulations 49 CFR§ 383.31 & §391.15**, I am required to:

- (a) Report to my employer by the **next business** day the **suspension, revocation or cancellation** of my driver's license.
- (b) Report to my employer within **30 days**, the conviction of any traffic offenses (other than parking tickets) in any state and in any type of vehicle, commercial or private.
- (c) Report traffic convictions I receive in any other state to the state which issued my license within 30 days of conviction.

Drivers name (please print) _____

Signature _____ Date _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j) (2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____

Employee ☒ ID No _____

	1	2	3	4	5	6	7
DAY	(yesterday)						
DATE							
HOURS WORKED							TOTAL HOURS

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

_____ A.M.
_____ P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

(Check one)

Are you currently working for another employer?

☐ Yes ☐ No

At this time do you intend to work for another employer while still employed this company?

☐ Yes ☐ No

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

Driver's Signature Date

Witness: _____
Company Representative Date

ARMSTEAD LOGISTICS LLC
DRUG AND ALCOHOL POLICY
TERMINATION UPON FIRST VIOLATION OF POLICY

RECEIPT OF
ARMSTEAD LOGISTICS LLC
DRUG AND ALCOHOL POLICY

I have received a copy of the **ARMSTEAD LOGISTICS LLC** Drug and Alcohol policy and have read and understand the policy as written.

I agree to the provisions of the testing requirements set forth in the **ARMSTEAD LOGISTICS LLC** Drug and Alcohol Policy.

Employee Sign

Date

Witness

Date

ARMSTEAD LOGISTICS LLC

RECEIPT FOR SAFETY MANUAL

I hereby certify that I have received the **ARMSTEAD LOGISTICS LLC** safety manual and that I have read and understand all the information contained therein. I further agree to abide by the provisions that are set forth in the manual.

Driver Name: (Print)

Driver Signature:

Date: