



Hammer Lane Truck Line
11105 County Road 1022 * Montgomery City, MO 63361
636-578-8981
hammerlanetruckline@yahoo.com

DRIVER QUALIFICATION FILE CHECKLIST

EMPLOYEE NAME: _____

- 1. Application for Employment (CFR 391.21) – Signed and dated employment application must include:
 - 3 years of residency information
 - 10 years of continuous employment history
 - 3 years of violation, loss of operating privileges, and accident information
 - Employee Alcohol & Drug Statement (CFR 40.25(i))
- 2. Employment Background Release Statement (on page 3 of the application)
- 3. Written request for Alcohol & Controlled Substance Records (CFR 382.413) and Safety Performance History (CFR 391.23, 391.53) – Must document a minimum of 3 attempts to obtain information
- 4. Motor Vehicle Report (MVR) (CFR 391.23, 391.25) – Pre-Hire and Annually
- 5. Copy of Commercial Driver's License – Legible copy of the front AND back of driver's current license
- 6. Violation and Review Record – Pre-Hire and Annually – (**MUST** be reviewed, signed, and dated) (391.25)
- 7. Record of Road Test & Certification (CFR 391.31) Per CFR 391.33, a copy of a CDL License may be substituted in lieu of a Road Test – applies to CDL qualified personnel only
- 8. Driver's Statement of On-Duty Hours (CFR 395.8(j)(2))
- 9. Certification of Compliance with Driver License Requirements (CFR 383.33, 391.15 (b)(2))
- 10. Driver's Medical Certification Card (CFR 391.41)
- 11. Medical Examiners National Registry Verification (391.43)
- 12. Pre-employment Drug Test Results
- 13. Drug and Alcohol Policy Receipt
- 14. W-4 Form
- 15. Employee Confidentiality Agreement
- 16. Hammer Lane Truck Line Equipment Agreement

Hammer Lane Truck Line
11105 County Road 1022
Montgomery City, MO 63361

US DOT # 2855615

Driver Employment Application

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	Phone:

Residence Past 3 Years

Address:			
City:	St.	Zip	How Long?

Address:			
City:	St.	Zip	How Long?

Experience and Qualifications - Driver

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment: Van,Flat,Tank,etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer/Other				
Tractor with Doubles/Triples				
Tractor with Tank				

Last Employer: _____

Position held: _____ From: _____ To: _____

Address: _____ City: _____ ST: _____

Telephone #: _____

Reason For Leaving: _____

While employed there were you subject to the Federal Motor Carrier Safety Regulations? [] Yes [] No

Were the duties and responsibilities designated as safety-sensitive functions in any DOT- regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? [] Yes [] No

Last Employer: _____

Position held: _____ From: _____ To: _____

Address: _____ City: _____ ST: _____

Telephone #: _____

Reason For Leaving: _____

While employed there were you subject to the Federal Motor Carrier Safety Regulations? [] Yes [] No

Were the duties and responsibilities designated as safety-sensitive functions in any DOT- regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? [] Yes [] No

Last Employer: _____

Position held: _____ From: _____ To: _____

Address: _____ City: _____ ST: _____

Telephone #: _____

Reason For Leaving: _____

While employed there were you subject to the Federal Motor Carrier Safety Regulations? [] Yes [] No

Were the duties and responsibilities designated as safety-sensitive functions in any DOT- regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? [] Yes [] No

In compliance with FMCSA regulation 391.23(i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: a) You have the right to review information provided by previous employers; b) You have 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; c) You have 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. (2) Drivers who have previous DOT-regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the previous employer. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day 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 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years? Yes No

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. Before submitting this application, this is to inform you that the information you provide in this application will be used to contact your previous employers for the purpose of investigating your previous employment and safety performance history, including your drug and alcohol testing results while employed at your previous employers. That we will contact the State(s) in which you currently or have held a Commercial Driver's License in the last 3 years to obtain a record of your driving history. We will also obtain from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration the information it has on you relating to the last 3 years of Safety and 5 years of crash history. I have authorized the release of the information indicated above.

I, _____ (print name) hereby authorize my previous employer's to release any and all information relating to my driving, operating and employment history to NASTC, Inc. as required by 49 CFR 391.23 and 391.25 and other applicable parts of the regulations.

1. Any and all information relating to my employment history
2. Any and all information relating to my driving and accident history
3. Any and all information relating to drug and alcohol tests
4. My driving record from the State(s) in which I currently have or have had a Driver's License in the last 3 years
5. Roadside Inspection and Crash Data from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration dating back to five years
6. At least once every twelve (12) months hereafter, obtain a driving record from each state in which I hold a driver's license during that period.

Applicant's Signature

Date

Annual Violation and Driving Review Certification
49 CFR 391.25 and 391.27

Driver's Name: _____

SSN: _____

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

Date of	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 during the past 12 months.

Date of Review _____ **Driver Signature** _____

On this day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier and Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited 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

Concurrence:

Date of Review _____ Motor Carrier Name _____ Address _____

Reviewed by: Signature and Title

Note: This form is required each 12 months. A current MVR is also required and must be obtained and review prior to completing this form. After the review of the MVR and the completion of this form make both this document and the MVR a part of the Driver's Qualification file as required by 49 CFR 391.51.

Driver's Statement of Driver's On-Duty Hours

(Previous 7 days statement)

Instructions: 49 CFR 395.8(j)(2) Motor carriers, when using a driver for the first time or intermittently, shall 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 motor carries.

49 CFR 395.2 On duty time includes driving and working time for another motor carrier and/or performing any compensated work for a person who is not a motor carrier.

Driver's Name (please print) _____

Social Security No. (last 4 numbers only) _____

Day	1	2	3	4	5	6	7
Date							
Hours Worked							

I hereby certify that the information given above is true and correct. I was last relieved from duty at

_____ am pm on _____

Time Day Month Year

 Driver's Signature Date

Driver Certification for Other Compensated Work

Are you currently working for another employer? Yes _____ No _____

Do you intend to work for another employer while employed?
 by this company? Yes _____ No _____

I hereby certify that the information provided above is correct and I understand that if I am employed by any other employer(s) for compensation I must inform this company immediately as stated in Section 395.2 of the Federal Motor Carrier Safety Regulations.

Driver's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier: As stated in FMCSR Part 383.3: "The rules in this part apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States."

Drivers: The Federal Motor Carrier Safety Administration requires that you must comply with the following:

1. **You may possess only one license.** Part 383.21 states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."
If you have more than one license you must notify the state that issued the license to inform them you no longer wish to be licensed by that state.

2. **Notifications of convictions for driver violations:** Part 383.31 states: "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify 1) an official designated by the State or jurisdiction which issued such license AND 2) his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license". The notification to the State official and the employer **MUST** be made in writing.

Notification of driver's license suspensions: Part 383.33 states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."

Please indicate below the only license you will possess:

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

By signing this form: I certify that I have read and understand the requirements listed above.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

MEDICAL EXAMINERS' NATIONAL REGISTRY VERIFICATION FORM

THIS INFORMATION IS REQUIRED FOR DOT COMPLIANCE

INSTRUCTIONS FOR MOTOR CARRIER: Beginning May 21, 2014, motor carriers must verify and include verification of the medical examiner's National Registry listing in the driver's qualification file. This requirement is prescribed in FMCSA Regulations 391.23 and 391.51.

FMCSA REGULATION 391.23 (m)(1) INVESTIGATION AND INQUIRIES: An original or copy of the medical examiner's certificate issued in accordance with 391.43, along with any variance on which the certification is based, must be obtained by the motor carrier. The motor carrier must also verify the medical examiner who certified the driver was listed on the National Registry of Certified Medical Examiners as of the date the certificate was issued. The records consisting of the medical examiner's certificate and verification of the medical examiner must be placed in the driver qualification file before the driver is allowed to operate a CMV (391.23(m)(1)).

FMCSA REGULATION 391.51 (B)(9) GENERAL REQUIREMENTS FOR DRIVER QUALIFICATION FILES:

Documented verification relating to the listing of the medical examiner on the National Registry of Certified Medical Examiners as required by 391.23(m) and 391.5(b)(9).

VERIFICATION BY MOTOR CARRIER: The medical examiner listed below has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance noted on the medical examiner's certificate presented by the below named driver.

Driver's name: _____ Identification No.: _____

Medical Examiner's Name: _____

National Registry Number: _____

Motor Carrier Name: _____

Address: _____

Verified By: _____ Date: _____

Motor Carrier Representative