HOURS OF SERVICE POLICY

EFFECTIVE: **09/29/2020**

Hours of service Requirements are detailed in CFR 49 Part of FMCSR. These regulations were written to reduce a accidents/injuries due to driver fatigue. The rules are as follows:

● ***11 HOUR RULE***	You cannot drive again until you have completed a 10 hour brake after driving 11 hour since your last 10 hour break
● ***14 HOUR RULE***	You cannot drive again until you have completed a 10 hour brake after being on duty for 14 hours since your last 10 hour break
● ***60/70 HOUR RULE***	You cannot drive again until you have hours available after having been on duty 60 hours in the past 7 days, or 70 hours in the past 8 days – to be able to be on duty again you have to be off duty for at least 34 consecutive hours
● ***34 HOUR RESET***	A 34 hour reset may be applied at any time. No 1-5 AM breaks are required and not 168 hour couonts are required between breaks.
● ***30 MINUTE BREAKS***	30-minute break is required after **driving** for a total of 8 hours (driving time does not need to be consecutive) without at least a 30-minute break. 30-minute break can also be satisfied by and "on-duty not driving period"
● ***FALSIFICATIONS***	You cannot falsify your logs or hide an hours of service violation. All fuel and toll receipts as well as any other documents with a date or time will be

DISCIPLINARY PROGRAM FOR LOG VIOLATIONS:

FIRST VIOLATION:	verbal warning / retraining
SECOND VIOLATION:	written warning / retraining
THIRD VIOLATION:	1 day off /dispatcher convenience
FOURTH VIOLATION:	3 days off / dispatcher convenience
FIFTH VIOLATION:	mandatory hours of service retraining / 5 days off / dispatcher convenience
SIXTH VIOLATION:	review of records / begin termination of employment

Driver's Signature: _____ **Printed Name:** _____ **Date:** _____

Employer Signature: _____ **Date:** _____

DRIVER EMPLOYMENT APPLICATION

OFFICE USE ONLY DATE APPROVED ________________

1. NAME____
First Middle Last

2. ADDRESS____
Street City State, Zip code

PREVIOUS ADDRESS ___________________________________
Street City State, Zip code

PREVIOUS ADDRESS ___________________________________
Street City State, Zip code

Must list all addresses for previous 3years.

3. PHONE_______________________________ **OVER AGE 24?** _____

CDL #______________________________**EXP.** ___________**Date of birth**_______________

4. 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

If you answered yes to either of the above 2 questions, attach a statement of explanation

5. TICKETS / ACCIDENTS / ETC

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty

6. IN CASE OF EMERGENCY, NOTIFY: **E-Mail:** ____________________________

____

♦♦

FOR OFFICE USE ONLY

HIRE DATE__________________________ EMPLOYEE NO. ____________________________

TYPE OF DRIVER_____________________ IF OOE, WHICH 00 ___________________________

PHYSICAL DATE______________________ DRUG SCREEN DATE __________________________

ROAD TEST DATE_____________________ MVR DATE ____________________

HAZ-MAT CERTIFICATE DATE ____________________

List all employment during the last 3 years

DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

1. **Employer:**_____ **Employed From:**_____ **To:** _____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40?____Yes____No

2. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40?____Yes____No

3. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40?____Yes____No

4. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40?____Yes____No

5. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40? ___ Yes____No

6. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?____Yes____No

7. **Employer:**_____ **Employed From:** _____ **To:**_____
Address:_____
Phone: (_____)_____ **Supervisor:**_____
Position:_____ **Reason for Leaving:**_____
Were you subject to the FMCSRs while employed?____Yes____No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug &alcohol testing requirements of 49 CFR Part 40?____Yes____No

DECLARATION OF EMPLOYMENT STATUS
this refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From:_____ To: _____

During this time, I was engaged in the following activity:

_____

_____

In addition:

_____ **I was not employed by any company or individual**

_____ **I was not convicted of any criminal act involving the use of a commercial motor vehicle ore while driving a commercial motor vehicle**

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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.

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. Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

_____ _____

Applicant's Signature Date

_____

Print Name

_____ _____

Employer Witness Company Name

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?____Yes____No

Have you ever tested positive for drugs or alcohol at any time in the last 2 years?____Yes____No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?____Yes____No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

_____ _____

Applicant's Signature **Date**

_____

Print Name

_____ _____

Employer Witness **Company Name**

Driver's authorization

To obtain past drug alcohol test results

I,_____, understand that as a condition of qualification with _____

I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol test (including any refused to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be qualified with the Company.

Below I have listed all of the companies for which I worked as a driver, or to which applied as a driver during the past two (2) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company , the following information concerning my drug and alcohol test: (I)all positive drug test results during the past two (2) years; (II) all alcohol test results of 0.04 or greater during the past two (2) years; (III) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years;(IV) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past two (2) years.

The following is a list of all of the companies which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years:

Company Name	Dates worked for / applied to
_____	_____
_____	_____
_____	_____
_____	_____

Driver's certification:
I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past two years.

_____	_____	_____
Print Name	Signature of Driver	Date

DRIVER'S ROAD TEST EXAMINATION

Name_____ **Phone** _____

Driver's Address _____

City_____ State_____ Zip Code _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of
Performance

_____ The pre trip inspection (as required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicle's controls and emergency equipment.

_____ Turning the vehicle.

_____ Braking, and slowing the vehicle by means other then braking.

_____ Backing, and parking the vehicle.

_____ Other, Explain: _____

_____

Type of equipment used in giving test: _____

Date_____ 20_____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks _____

MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate. Interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or hazardous materials that require place carding.

The requires in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require place carding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. There requirements are in effect as of July 1st 1987 . They are as follows:

1) You as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

   If you currently have more than one license, you should 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 records in the state that issued it; you must notify the state. If a multiple has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed in that state.
2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations required that you notify you employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No._____State_____ Expiration Date _____

Driver's Name_____Driver's Signature _____

Notes: _____

HOURS OF SERVICE RECORD

FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name:_____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

Total _____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From:_____ **To:** _____

_____ _____

Signature **Date**

This form is to be completed on the day before or day of driver's first dispatch.

Seatbelt Usage Policy
September 22, 2004

We value the lives and safety of our employees and contractors. Seatbelts are proven to greatly reduce the risk of dying or being seriously injured in a motor vehicle crash. Of course, seatbelt usage is also a federal requirement for commercial drivers under FMCSR 392.16. Because of our commitment to employee safety and compliance with the law, our company has adopted the following policy regarding employee seatbelt usage.

All employees, are required to use a seatbelt when traveling in any vehicle while in the course of conducting company business. This policy applies to employees, independent contractor truck drivers, and those who operate other company vehicles.

Failure to abide by this stated policy will be considered a violation of our company policy and will subject the person who is in violation to disciplinary action, which could include suspension and possible termination of employment or termination of lease.

Thank you,

_____ _____

Driver Signature **Date**

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First, M.I., Last Date of Birth

Herby authorize:
Previous Employer:_____Telephone: _____

Street:_____Fax No.: _____

City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from_____To:_____
(date of employment application)

Attn:_____Phone: _____

Prospective Employer:
Street:
City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

_____ _____
Applicant's Signature

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY
The applicant named above was employed by us. _ Yes _ No

Employed from (m/y)_____to (m/y) _____

1. Did he/she drive motor vehicle for you? _ Yes _ No If yes, what type? _ Straight Truck _ Tractor Trailer_ Other (Specify) _____
2. Reason for leaving your employ: _ Discharged _ Resignation _ Lay Off _ Military Duty
If there is no safety performance history to report, check here _, sign below & return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here _ if there is no accident register data for this driver.

	Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

_____

Signature:_____Title:_____Date:_____**Section**

Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR part 391.23 & 40.25.
If no drug and alcohol information is available on above named applicant check here. □

	Yes	No
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	□	□
2. Any verified positive drug test?	□	□
3. Any refusals to be tested (including verified adulterated or substituted drug test results	□	□
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	□	□

5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employment, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employment.

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name:_____Telephone: _____

Company: _____

Street:_____City:_____State:_____ Zip: _____

Section 3 completed by (Signature)_____Date: _____

Section 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Getting along				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Section 5: TO BE COMPLETED BY COMPANY

1st Attempt
This form was (check one) _ Faxed to previous employer _ Mailed _ Other_____By:_____Date: _____

2nd Attempt
This form was (check one) _ Faxed to previous employer _ Mailed _ Other_____By:_____Date:_____

3rd Attempt
This form was (check one) _ Faxed to previous employer _ Mailed _ Other_____By:_____Date: _____

Information was received by: _ Fax _ Mail _ Other_____Date received: _____

ANNUAL REVIEW OF DRIVING RECORD

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.
Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)
I certify that the following is a true and complete list of traffic violations required to be listed 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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature_____Date of Certification _____

Driver's license #:_____State:_____Exp. Date: _____

Part B – MVR (attached)

Part C – Carriers Annual Review

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any 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 controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, 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.

_____ _____
Motor Carrier's Name Motor Carrier's Address

_____ _____ _____
Reviewed By: Signature Title Date