



# Application for Employment – Commercial Driver

Equal Opportunity Employer

Elite HR Logistics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status. We comply with all Federal, State, and Local laws concerning discrimination in employment.

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Nickname or other names you have used while working: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Contact Number)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed by Elite HR Logistics before?  Yes  No

If yes, please give dates and position: \_\_\_\_\_

Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you telephone accessible?  Yes  No

Are you willing to take a drug screen according to our policy?  Yes  No

Will you release your background information inclusive of criminal records?  Yes  No

What areas are you willing to work? \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature) (Print Name) (Date)

\*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.  
\*The ability to be bonded is a condition of hire: A Photograph and a copy of your fingerprints may be required as part of or during your employment.



## NOTICE REGARDING BACKGROUND INVESTIGATION

### **Important – Please read carefully before signing acknowledgement**

Employer Elite HR Logistics may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted CDTA Your national compliance solution, 9275 Sky Park Court, Suite 105, San Diego, Ca. 888.908.2382. or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, Authorizing the industrial commission of Arizona to release worker compensation record, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

### **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**

Employer (Elite HR Logistics) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204. The source of any credit report will be [add name of credit bureau].

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.



**CALIFORNIA APPLICANTS OR EMPLOYEES ONLY**

By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

\_\_\_\_\_  
(Full Legal Name)

\_\_\_\_\_  
(Previous Names Used) (Dates Used)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth) (Social Security Number) (Current License No.) (State)

List all residential addresses for the last 7 years. Begin with your most current and continue on back of sheet if needed.

\_\_\_\_\_  
(Street Address) (City) (State & Zip)

\_\_\_\_\_  
(Street Address) (City) (State & Zip)

\_\_\_\_\_  
(Street Address) (City) (State & Zip)

\_\_\_\_\_  
(Street Address) (City) (State & Zip)

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

\_\_\_\_\_  
(Offense) (Date) (City) (State)

Do you have any criminal proceeding pending?  Yes  No

\_\_\_\_\_  
(Applicant Signature) (Print Name) (Date)

**NOTICE TO DRIVERS AND DRIVER'S CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK NOTICE TO DRIVERS**

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulation, Title 49 of the Code of Federal Regulations, as amended in a Final Rule issued on October 23, 1987 (53 Fed. Reg. 41717), carriers and drivers are to include as "on-duty time" the time a driver spends: "Performing any compensated work for any non-motor carrier entity."

**DRIVER'S CERTIFICATION OF NONMOTOR CARRIER COMPENSATED WORK:**

I hereby certify that I have read the foregoing "Notice to Drivers" and understand that any time I spend performing any compensated work for a non-motor carrier entity must be included as "on-duty time" under the federal hours of service regulation.

I further certify that: (Check appropriated box)

Currently I am **NOT** performing any compensated work for any motor carrier entity: In the event I do perform work for any non-motor carrier entity for which I have been or will be compensated, that I will immediately notify Elite HR Logistics, Inc. that such work has been or will be performed and will provide details on the nature of that work.

I **AM** performing work for a motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to \_\_\_\_\_.

\_\_\_\_\_  
(Applicant Signature) (Print Name) (Date)



## WORK EXPERIENCE

List all current and previous employment for a minimum of ten (10) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are you currently employed?  Yes  No      If 'Yes', may we contact your current employer?  Yes  No

<b>1.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ADDRESS
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		REASON FOR LEAVING	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
<b>2.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ADDRESS
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		REASON FOR LEAVING	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
<b>3.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ADDRESS
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		REASON FOR LEAVING	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
<b>4.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ADDRESS
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		REASON FOR LEAVING	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
<b>5.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ADDRESS
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY		REASON FOR LEAVING	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				



<b>6.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	REASON FOR LEAVING		
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				

<b>7.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	REASON FOR LEAVING		
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				

<b>8.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	REASON FOR LEAVING		
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				

<b>9.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	REASON FOR LEAVING		
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				

<b>10.</b>	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCE TESTING REQUIREMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ENDING SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	REASON FOR LEAVING		
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				



## AVAILABILITY

How were you referred to our company? \_\_\_\_\_

Date you are available for work: \_\_\_/\_\_\_/\_\_\_ Salary rate: Minimum: \$\_\_\_\_\_/Hr Desired: \$\_\_\_\_\_/Hr

Type of employment accepted:  Full-Time  Part-Time  Temporary  Temp to Hire  Direct Hire  On-Call

Hours available to work:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BEGINNING TIME							
ENDING TIME							

Commercial Driving Experience: \_\_\_\_\_ years

Types of Equipment Operated: \_\_\_\_\_

Endorsements: \_\_\_\_\_

All Driver Licenses Held in the past 3 years:

STATE	LICENSE #	CLASS	EXP DATE
STATE	LICENSE #	CLASS	EXP DATE
STATE	LICENSE #	CLASS	EXP DATE

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

Do you have any relatives employed with this company?  Yes  No

If yes, please list their names and positions: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

(Such conviction will not necessarily disqualify you from the position)

Have you ever been convicted of a misdemeanor which resulted in?  Yes  No

imprisonment within the previous 2-years

(Such conviction will not necessarily disqualify you from the position)

Give record of all High Schools, Colleges, Universities, Trade or Vocational Schools you have attended.

## EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR COURSE	DEGREE OR CERTIFICATE
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			





## PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL INQUIRIES

Applicants Name: \_\_\_\_\_

By signing below I attest that I:

- I HAVE NOT TESTED POSITIVE, or refused to test, on any pre-employment drug and/or alcohol test administered by any previous potential employer that which I applied for but did not obtain a safety sensitive position or function as defined by the DOT.
- I TESTED POSITIVE, or refused to test, on any pre-employment drug and/or alcohol test administered by any previous potential employer that which I applied for but did not obtain a safety sensitive position or function as defined by the DOT.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

*ELITE HR LOGISTICS is an equal opportunity employer.*

*I authorize the above named employer and assigned agents to investigate my background to ascertain any and all information of concern to my record, whether same is of the record or not.*

*By signing below I authorize the above listed employer and assigned agents to investigate my background not limited to employment history, criminal record history and drug and alcohol information. I further understand that misrepresentation or omission of facts call for in this employment application may if hired result in termination of employment. In addition, I hereby grant Elite HR Logistics my permission to release my medical and background investigation information to any interested employer without notice.*

*I acknowledge that any employment offered by the employer has no specified term and may be terminated by the employer or the employee at will with or without cause. I further acknowledge that this at will statement is not alterable except by a written agreement signed by the company president and myself.*

*Our company is an Equal Employment Opportunity Employer, which prohibits discrimination against any employee or applicant for employment because of race, color, religion, sexual orientation, age, handicap or status as a disabled veteran or veteran of the Vietnam War. I hereby certify that I have not knowingly withheld any information that may adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure the employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.*

*I certify that this application was completed by me and that all entries on it and information documented by the applicant are true and complete,*

**I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS UPON WHICH THIS OFFER OF EMPLOYMENT IS MADE.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)





## ATTENTION COMMERCIAL DRIVERS

According to Sections 391.43 and 649-F of the Federal Motor Carrier Safety Regulations, Elite HR Logistics is required to keep a copy of all commercial drivers' Medical Examination Reports in their DOT file. If the driver does not provide this form, the cost of obtaining it will be debited from their paycheck.

I have read and understand the above information regarding my Medical Examination Report, and I understand that, in signing below, I am agreeing to allow Elite HR Logistics to debit the cost of obtaining my Medical Examination Report out of my paycheck.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## ACKNOWLEDGEMENT OF AVAILABLE MODIFIED DUTY

Elite HR Logistics desires to provide our injured employees with the most expedient and quality medical care for their work related injuries.

Elite HR Logistics has developed a modified duty program that will allow our injured workers to return to work on a modified duty status by making accommodations for any work restrictions as outlined by a company authorized physician.

I understand that failure to report for modified duty will be considered an unexcused absence, and I will not be paid for any days missed.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)

## ACKNOWLEDGMENT OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS

To maintain compliance with section 395 of the Federal Motor Carrier Safety Regulations, drivers are required to turn in all time exemption logs / timecards as well as log books filled out in accordance with Federal Motor Carrier Safety Regulations in order to have your check released to you. If these are not turned in Elite HR Logistics will hold your check until we receive the documents we are required to have. If documents are turned in, but not completed correctly, we will provide you with any and all training necessary to be compliant with the Federal Motor Carrier Safety Rules.

I understand that this is a condition of my employment with Elite HR Logistics and the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)

## CERTIFICATION OF ROAD TEST

Instructions to Carrier; If the road test is successfully completed, the person who gave it must complete this certificate of road test in duplicate, retain the original in the files of the employing carrier, and provide a copy to the person examined. (see 391.31 © (f) (g) (1) (2) of the Motor Carrier Safety Regulations)

\_\_\_\_\_  
(Driver's Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Operator's or chauffeur's License No.)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Type of Power Unit)

\_\_\_\_\_  
(Type of Trailer(s))

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)



# MOTOR VEHICLE DRIVER'S CERTIFICATION VIOLATION AND REVIEW RECORD

\_\_\_\_\_  
(Driver Name)

\_\_\_\_\_  
(Location)

**I. CERTIFICATION OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations and accidents (other than parking violations) for which I have been involved in, during the past twelve (12) months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
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 during the past 12 months. I hereby authorize my employer to contact any State Agency to acquire a Motor Vehicle Record, and that said record be made part of my Driver's Qualification File.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**II. REVIEW AND EVALUATION OF DRIVER'S RECORD**

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27 has been reviewed for the past twelve (12) months.

**ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Reviewed-By Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

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

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

\_\_\_\_\_  
(Driver's Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(License No.)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Endorsements)

\_\_\_\_\_  
(Restrictions)

\_\_\_\_\_  
(Class)

DAY	1 (Yesterday)	2	3	4	5	6	7	
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: TIME \_\_\_\_\_ AM or PM ON (date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Elite HR Logistics for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicles records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

\_\_\_\_\_  
(Driver's Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(License No.)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Current Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State & Zip)

\_\_\_\_\_  
(Former Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State & Zip)

### REQUESTED BY

Elite HR Logistics  
2331 Capitol Ave  
Sacramento, Ca 95816

\_\_\_\_\_  
(Requester Signature)

\_\_\_\_\_  
(Requester Print Name)

\_\_\_\_\_  
(Requester Title)



## DRIVER RECEIPT OF DOT DRUG AND ALCOHOL EDUCATIONAL MATERIALS

*INSTRUCTIONS: [382.601] DOT requires the company to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of DOT which apply to the Company's drivers. Each representative of a driver organization is also required to receive this information. This form should be used to document receipt of the required materials.*

*To the Drivers: DOT requires that each driver and/or organization must sign this form certifying receipt of these materials. Any driver refusing to sign this form will be considered insubordinate and subject to discipline. The original of this form will be retained for an indefinite time period in a separate file along with other company records maintained on the DOT drug and alcohol testing program. Drivers may request a copy of this certification.*

### *DRIVER'S CERTIFICATION:*

*The undersigned hereby certifies that he/she received the educational materials which the Company is required to provide me in accordance with 49 C.F.R. 382.601. I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT regulations regarding alcohol and drug use testing. I also understand that, because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the Company being able to give me prior notice. Nonetheless, I agree to comply with the DOT's regulations and the Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT's regulations and/or the Company's policies. I have been advised any questions with regard to these materials should be addressed to the Corporate Safety Director.*

*Prior to signing this Receipt, I read it carefully and had an opportunity to ask questions regarding its content.*

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

*Elite HR Logistics agrees to pay all fees for a DOT or pre-employment drug screen with the following exceptions: If any employee **No Shows/No Calls\*** on any day within the first week of an ongoing assignment and cannot furnish information as to why no attempt was made to contact Elite HR Logistics or the Client Company; also if you **Fail a drug screen**, 100% of the drug screen fee will be deducted from his/her wages.*

*\* No Shows/No Calls being defined as not reporting to work as scheduled or not calling in un-available to Elite HR Logistics or to the Client Company prior to the scheduled day of work.*

*I agree to the above agreement and the exception to the agreement.*

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



# NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

## I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provision of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such convictions within 30 days.
3. Any person applying for a job as commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$25,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must notify the motor carrier the next business day after receiving notification of such action.

## II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

\_\_\_\_\_  
(Driver's Name)                      (Social Security Number)                      (License No.)                      (Class)                      (State)

\_\_\_\_\_  
(Street Address)                      (City)                      (State & Zip)

I further certify that the above commercial vehicle license is the only one held: or that I have surrendered the following licenses to the state indicated.

\_\_\_\_\_  
(License No.)                      (Class)                      (State)

\_\_\_\_\_  
(License No.)                      (Class)                      (State)

\_\_\_\_\_  
(Applicant Signature)                      (Print Name)                      (Date)



# MEDICAL EXAMINATION REPORT

## FOR COMMERCIAL DRIVER FITNESS DETERMINATION

### 1. DRIVER'S INFORMATION

DRIVER'S NAME (LAST, FIRST, MIDDLE)				<input type="checkbox"/> NEW CERTIFICATION <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/> FOLLOW UP		DATE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NO.		LICENSE CLASS	STATE OF ISSUE
STREET ADDRESS					STATE	ZIP	

### 2. HEALTH HISTORY

YES  NO – Any illness or injury in the last 5 years?  
 YES  NO – Head/Brain injuries, disorders or illnesses  
 YES  NO – Seizures, epilepsy  
      Medication \_\_\_\_\_  
 YES  NO – Eye disorders or impaired vision (except corrective lenses)  
 YES  NO – Ear disorders, loss of hearing or balance  
 YES  NO – Heart disease or heart attack; other cardiovascular condition  
      Medication \_\_\_\_\_  
 YES  NO – Heart surgery (valve replacement/bypass, angioplasty, pacemaker)  
 YES  NO – High blood pressure  
      Medication \_\_\_\_\_  
 YES  NO – Muscular disease  
 YES  NO – Shortness of breath  
 YES  NO – Lung disease, emphysema, asthma, chronic bronchitis  
 YES  NO – Kidney disease, dialysis  
 YES  NO – Liver disease  
 YES  NO – Digestive problems  
 YES  NO – Diabetes or elevated blood sugar controlled by:  
      Diet  
      Pills  
      Insulin  
 YES  NO – Nervous or psychiatric disorders, e.g., severe depression  
      Medication \_\_\_\_\_  
 YES  NO – Loss of, or altered consciousness  
 YES  NO – Fainting, dizziness  
 YES  NO – Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring  
 YES  NO – Stroke or paralysis  
 YES  NO – Missing or impaired hand, arm, foot, leg, finger, toe  
 YES  NO – Spinal injury or disease  
 YES  NO – Chronic low back pain  
 YES  NO – Regular, frequent alcohol use  
 YES  NO – Narcotic or habit forming drug use

FOR ANY **YES** ANSWER, INDICATE ONSET DATE, DIAGNOSIS, TREATING PHYSICIAN'S NAME AND ADDRESS, AND ANY CURRENT LIMITATION. LIST ALL MEDICATIONS (INCLUDING OVER THE COUNTER MEDICATIONS) USED REGULARLY OR RECENTLY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.*

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

