

DRIVER: \_\_\_\_\_

Item #	Pages		Completed on Date:
1	3-6	Driver Application:	
2	7-9	Request for Information from Previous employer:	
3	10	Request for Check of Driving Record:	
4	11	Record of Road Test:	
5	12	Certification of Violations:	
6	13	Certification of Compliance:	
7	14	Driver's Statement of On Duty Hours:	
8	15	Drug Screen Consent From:	
9	16	Certification of Drug Abuse Awareness Training:	
10	17	Health Insurance:	
11	18	Commission Deduction Settlement Authorization:	
17	19	W-9 or W-4	
13	20	Copy of Social Security Card:	
14	20	Copy of MVR:	
15	21	Physical Exam <b>Long Form</b> (Copy):	
16	22	Copy of Chain of Custody Form	
17	23	Drug Screen Results:	
18	24	Added to Insurance:	
19	25	Added to Health:	
	A	Added to Clifford Account	
	B	Added to Fuelman Account	
	C	Added to 635 list	
	D	Added to Trinium	
	E	Added to Camera System	
	F	Added to GeoTab log System	
	G	Truck assigned	
	H	Equipment Assigned	
	I	Payroll Paperwork Completed	
	J	Policy Manual and Drug Manual Issued	

DOT Packet Completion Date: \_\_\_\_\_

\_\_\_\_\_  
Steve Sperbeck

\_\_\_\_\_  
Paul Liccardo

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

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

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

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

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

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

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

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

**AUTHORIZATION**

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

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

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

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

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

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

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

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

*LAST UPDATED 12/22/2015*

Every individual that operates a vehicle that requires a class "A" commercial driver's license must meet the following criteria:

- 1) The individual must be at least 25 years old
- 2) The individual must have at least 2 years class "A" experience
- 3) The individual must pass a pre-employment drug screen
- 4) The individual must possess a current DOT Physical card
- 5) The individual must complete a DOT packet
- 6) The individual must have no at fault accidents in the past 5 years
- 7) The individual must not have any DUI convictions in the past 4 years
- 8) The individual must have a satisfactory MVR
- 9) The individual must undergo a criminal background check
- 10) NO more than 3 speeding tickets in the last 3 years. No more than 1 speeding ticket in the past 12 months.
- 11) The individual cannot have any Major Violations on his driving record for the past 36 months.

**Contractor Information**

ERL INTERMODAL INC.  
36 WURZ AVE  
UTICA, NY 13503  
315-735-9870

(ANSWER ALL QUESTIONS. PLEASE PRINT)

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_  
Position(s) Applied For \_\_\_\_\_  
Name \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
          LAST          FIRST          MIDDLE  
Social Security No \_\_\_\_\_ Email \_\_\_\_\_  
License Number & State \_\_\_\_\_ State \_\_\_\_\_

List your addresses of residence for the past three years.

Current \_\_\_\_\_  
          STREET                          CITY                          STATE ZIP          YEARS THERE  
Previous \_\_\_\_\_  
          STREET                          CITY                          STATE ZIP          YEARS THERE  
\_\_\_\_\_  
          STREET                          CITY                          STATE ZIP          YEARS THERE  
\_\_\_\_\_  
          STREET                          CITY                          STATE ZIP          YEARS THERE  
\_\_\_\_\_  
          STREET                          CITY                          STATE ZIP          YEARS THERE

Do you have the legal right to work in the Unites States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
REQUIRED FOR TRUCK DRIVERS

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of pay: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since last employment: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
If yes, explain if you wish  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle (includes having a GVWR of 26,001 pounds or more, vehicles designed to transport fifteen or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle.

List employers in reverse order, starting with the most current.

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALIES	INJURIES
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PASST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**  
**List ALL DRIVER LICENSES YOU HAVE EVER POSSESSED**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_  
\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

\_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires 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, healthcare providers and other persons from all inability 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OF COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1.APPLICATION						
2.INTERVIEW						
3.PAST EMPLOYMENT						
4.WRITTEN EXAM						
5.ROAD TEST						
6.CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICIAL \_\_\_\_\_

#### TRANSFERS

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

DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

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

DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

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

DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

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

DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



# REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

ERL INTERMODAL.

for the purpose of investigation

(Prospective Employer)

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

Previous Employer Address:

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

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

*Paul Liccardo*

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at a wage or salary of \_\_\_\_\_.
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_, Or OTHER (specify) \_\_\_\_\_.
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay-Off \_\_\_\_\_ Military Duty \_\_\_\_\_
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for the past three (3) years \_\_\_\_\_

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

## CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing an (X) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks: \_\_\_\_\_

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Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(PRINT NAME) \_\_\_\_\_ Social Security Number \_\_\_\_\_
FIRST M.I. LAST

Hereby authorize that:
(Previous Employer) \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing Records to:

Prospective Employer: ERL INTERMODAL INC.

Attention: Paul Liccardo

Telephone: (315) 735-9870

Street: 36 WURZ AVE

Fax Number: (315) 735-9871

City, State, Zip: UTICA, NY 13503

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is in compliance with §382.405 (f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosures by the subsequent employer are permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employees consent.

§382.413(a)(b)(d)(e)(f)(h) further state:

§382.413 Inquiries for alcohol and controlled substances information from previous employers.

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers during the preceding (3) years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1) (i) through (iii) of this subpart:

- (i) Alcohol tests with a result of 0.04 alcohol concentrator or greater
(ii) Verified positive controlled substances test result and
(iii) Refusals to be tested.

(2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but not later than 14-calander days after the first time a driver performs safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired

SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here: [ ] , sign below and return. Under Part 382 testing requirements:

- 1. Has this person ever tested positive for a controlled substance in the last (2) two years? YES NO
2. Has this person ever had an alcohol test with Breath Alcohol Concentration 0.04 or greater In the last (2) two years? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the last (2) years? YES NO

\*Please include information received from other previous employers.

If YES to any of the above questions, please give the Substance Abuse Professionals name, address and phone number for further reference.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Section 2 Completed by: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

This form was (check one) \_\_\_\_\_ Faxed to previous employer. \_\_\_\_\_ Mailed. Date: \_\_\_\_\_

Information received from: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Method: \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_ Personal Interview Date: \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to ERL INTERMODAL Inc. (prospective employer) for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

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

- .....
1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
  2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

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

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

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

Sir/Madam:

The following named person has made application with our company for the position of \_\_\_\_\_ . As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past (3) three years.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_

**REQUESTED BY:**

**STEVE SPERBECK 36 WURZ AVE**

## CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.13 (e)(f)(g)(1)(2) of the Federal Carrier Safety Regulations.

Driver's Name: \_\_\_\_\_ Type of Power Unit: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Type of Trailer(s): \_\_\_\_\_

Operator's or Chauffeur's License No.: \_\_\_\_\_ If Passenger Carrier, Type of Bus \_\_\_\_\_

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: \_\_\_\_\_ Organization: ERL INTERMODAL Inc.

Title: \_\_\_\_\_ Address of Examiner: \_\_\_\_\_

MOTOR VEHICLE DRIVER'S

**Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has fortified bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or fortified bond or collateral of any violation that must be listed, he/she shall so certify (Section 391.27)

**COMPLETED BY DRIVER- CERTIFICATION OF VIOLATIONS**

HOME TERMINAL (CITY AND STATE): \_\_\_\_\_

DRIVER'S LICENSE NUMBER, STATE, & EXPIRATION DATE: \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I provided under Part 383) for which I have been convicted or fortified bond or collateral during the past 12 months. (If you have had **NO** violations, please initial here: \_\_\_\_\_ **NONE**)

DATE	OFFENSE	LOCATION	CDL OR NON-CDL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or fortified bond or collateral on account of any violation (other than those provided under Part 383) required to be listed during the past 12 months.

Date of Certification: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):  
\_\_\_\_\_ Meets minimum requirements for safe driving \_\_\_\_\_ is disqualified to drive a motor vehicle pursuant to Section 391.15  
\_\_\_\_\_ Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Motor Carrier Name: ERL INTERMODAL INC

Motor Carrier Address: 36 WURZ AVE UTICA, NY

Maintain this document in the Driver's Qualification file. This document may be purged after 3 years from date of execution.

**Motor Vehicle Driver's  
CERTIFICATION OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENT**

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 transports hazardous materials that require placarding.

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

**1) POSSESS ONLY ONE LICENSE:**

You, as a commercial vehicle driver, may not possess more than one motor Vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been stolen, lost or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

**2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:**

Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ EXP. Date: \_\_\_\_\_

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE REQUIREMENTS.

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

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired and Reactivated 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 Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Motor Vehicle Operator's License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

DAY	1 Yesterday	2	3	4	5	6	7	
DATE								
HOURS WORKED								<b>TOTAL HOURS</b>

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. or P.M. On \_\_\_\_\_  
 Time DAY MONTH YEAR

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DRIVER CERTIFICATION FOR OTHER COMPENSTAED 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, also performing any compensated work for any non motor entity.

- |   |            |                       |
|---|------------|-----------------------|
|   | <b>YES</b> | <b>NO (check one)</b> |
| 1. Are you currently working for another employer:  | _____      | _____                 |
| 2. At this time, do you intend to work for another employer while still employed by this company? | _____      | _____                 |

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: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## DRUG SCREENING CONSENT FORM

**NAME** \_\_\_\_\_  
**SOCIAL SECURITY #** \_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_\_  
**LOCATION** \_\_\_\_\_

I understand that in accordance with Federal Motor Carrier Safety Regulations Part 391-81 (H) and EMPIRE RECYCLING LOGISTICS INC. policy all contractors/drivers prior to contracting with EMPIRE RECYCLE LOGISTICS must undergo a drug test urinalysis to detect the presence of drugs.

It is also agreed that I will undergo testing on a **random basis** according to Part 391.109 (H). I will voluntarily consent to provide a urine specimen at a collection site designated by ERL INTERMODAL.

I am also in agreement that if I am involved in an accident while driving for ERL INTERMODAL INC, I will undergo testing no later than 24 hours post accident. Part 391.113 (H).

Failure to pass the initial, biannual, post accident, or random urinalysis testing, or voluntarily requested will automatically disqualify me as a contractor/driver for ERL INTERMODAL INC.

I acknowledge that I will be charged for each urinalysis procedure.

CONTRACTOR/DRIVER: \_\_\_\_\_ DATE: \_\_\_\_\_

ERL INTERMODAL INC: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMPIRE RECYCLE LOGISTICS INC.**

**CERTIFICATION OF RECEIPT, UNDERSTANDING OF, AND CONSENT TO COMPLY  
WITH THE COMPANY SUBSTANCE ABUSE PROGRAM**

The Company is vitally concerned with those situations where the use of illegal drugs or the illegal use of legal drugs, and the misuse of alcohol can seriously interfere with an individual's health and job performance and the company's business operations, and is a hazard to the safety and welfare of other employees or the public at large.

The Company has established a Substance Abuse Program for the purpose of maintaining a drug and alcohol free work place, in accordance with Federal Regulations and Company Policy. All existing covered persons and new applicants for covered positions must be drug and alcohol free in accordance with DOT Regulations and the Company Substance Abuse Program.

I hereby certify that I have received a copy of the Company Substance Abuse Program; that I have read and understand its contents; and understand that I must be drug and alcohol free as a condition of employment.

I hereby authorize the Company to obtain my DOT drug and alcohol test results from my employers for the previous two (2) years, in accordance with the Federal Regulations and understand that those test results will be kept strictly confidential.

I understand the Company has designated a third party to act as its "Designated Agent" for the purpose of receiving and processing individual drug and alcohol test results administered to its employees and job applicants.

I hereby authorize the Company's "Designated Agent" to receive my drug and alcohol test results direct from the Company's drug testing laboratories and alcohol testing facilities, and to process and report such test results to the Company in a confidential manner.

NAME (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**SOCIAL SECURITY CARD AND DRIVER'S LICENSE**

Place copy of Social Security Card here

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place copy of your Driver's License here

**Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

Is your driver's license address different from your home address? YES / NO  
If Yes, Why?

\_\_\_\_\_

\_\_\_\_\_

Do you possess a driver's license from any other state? YES / NO

Driver Signature \_\_\_\_\_

Date \_\_\_\_\_

**Affix a copy of the driver's current MVR on this page.  
All prospective contractors must submit a current MVR for  
consideration.  
(Less than 30 days old)**

