



big creek, inc.

Ray City, GA

Driver's Application for Employment

Applicant Name:

Date of Application:

Company:

Address:

City:

State:

Zip:

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

TO BE READ AND SIGNED BY APPLICANT

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

- Review Information provided by 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

Signature: _____ Date: _____

FOR COMPANY USE

APPLICANT HIRED:

REJECTED:

DATE EMPLOYED:

POINT EMPLOYED:

DEPARTMENT:

CLASSIFICATION:

SIGNATURE OF REVIEWING OFFICER:

TERMINATION OF EMPLOYEE

DATE TERMINATED:

DEPARTMENT RELEASED FROM:

DISMISSED:

VOLUNTARILY OUT:

OTHER:

TERMINATION REPORT PLACED IN FILE:

SUPERVISOR:

Position(s) applied for: _____

Name: _____

Social Security Number: _____

Last

First

Middle

List your address of residency for the past 3 years.

Street

City

State

Zip Code

Phone

How Long yr/mo

Previous Addresses

Street

City

State & Zip Code

How Long yr/mo

Street

City

State & Zip Code

How Long yr/mo

Street

City

State & Zip Code

How Long yr/mo

Do you have the legal authority to work in the United States?

☐ Yes

☐ No

Date of Birth _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To: _____ Position: _____

Reason for leaving: _____ Rate of pay expected: _____

Who Referred You? _____ Name of Bonding Company: _____

Can you perform, with or without reasonable accommodation, the essential functions of the job {as described in this attached job description}?

☐ Yes

☐ No

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* In interstate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operate such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO. YR.	MO. YR.
ADDRESS:			POSITION HELD	
CITY STATE ZIP				
CONTACT PERSON: PHONE #			Reason for leaving:	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCES AND QUALIFICATIONS – DRIVER

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 of these is yes, give details _____

CLASS OF EQUIPMENT CHECK ALL THAT APPLY	CHECK TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/>	VAN, TANK, DUMP, REFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TRACTOR & SEMI TRAILER <input type="checkbox"/>	VAN, TANK, DUMP, REFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TRACTOR - TWO TRAILERS <input type="checkbox"/>	VAN, TANK, DUMP, REFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TRACTOR – THREE TRAILERS <input type="checkbox"/>	VAN, TANK, DUMP, REFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
MOTORCOACH – SCHOOL BUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/>			
MOTORCOACH – SCHOOL BUS (MORE THAN 16 PASSENGERS) <input type="checkbox"/>			
OTHER:			

List states operated in for last five years _____

Show special courses or training that will help you as a driver _____

Which state driving awards do you hold and from whom? _____

Experience & Qualifications – Other

Show any trucking, transportation or other experience that may help in your work with 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 already shown) _____

Education

Highest Grade Completed:	High School:	College:
Last School Attended:		
Name:		Date:

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

Signature: _____ Date: _____

EMPLOYMENT HISTORY

NAME: _____

NAME OF EMPLOYER		
DATES OF EMPLOYMENT	FROM:	TO:
POSITION		
KEY DUTIES		

NAME OF EMPLOYER		
DATES OF EMPLOYMENT	FROM:	TO:
POSITION		
KEY DUTIES		

NAME OF EMPLOYER		
DATES OF EMPLOYMENT	FROM:	TO:
POSITION		
KEY DUTIES		

NAME OF EMPLOYER		
DATES OF EMPLOYMENT	FROM:	TO:
POSITION		
KEY DUTIES		

NAME OF EMPLOYER		
DATES OF EMPLOYMENT	FROM:	TO:
POSITION		
KEY DUTIES		

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1	TO BE COMPLETED BY PERSPECTIVE EMPLOYEE		
I, (PRINT NAME) FIRST	MI	LAST	SOCIAL SECURITY NUMBER
HERBY AUTHORIZE:		DATE OF BIRTH:	
PREVIOUS EMPLOYER:		EMAIL:	
STREET ADDRESS:		PHONE:	
CITY, STATE, ZIP:		FAX:	
TO RELEASE AND FORWARD THE INFORMATION REQUESTED IN SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE PREVIOUS 3 YEARS FROM (ENTER APPLICATION DATE):			
TO: BIG CREEK TRUCKING INC. ATTN: Lynn Vaughn 64 PAULINE CHURCH ROAD RAY CITY, GA 31645 IN COMPLIANCE WITH 40.25(G) AND 391.23(H), RELEASE OF THIS INFORMATION MUST BE MADE WITH A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL OR LETTER			
APPLICANT SIGNATURE:		DATE:	

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
THE APPLICANT NAMED ABOVE WAS EMPLOYED BY US: <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYED AS (FULL NAME):				
FROM:		TO:		
DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, WHAT TYPE? <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> TRACTOR-SEMITRAILER <input type="checkbox"/> BUS <input type="checkbox"/> CARGO TANK <input type="checkbox"/> DOUBLES/TRIPLES				
REASON FOR LEAVING YOUR EMPLOY <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LAY OFF <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> OTHER				
ACCIDENTS: COMPLETE THE FOLLOWING FOR ANY ACCIDENTS INCLUDED ON YOUT ACCIDENT REGISTER (390.15(B)) THAT INVOLVED THE APPLICANT IN THE 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ABOVE, OR CHECK HERE <input type="checkbox"/> IF THERE IS NO ACCIDENT REGISTER DATA FOR THE DRIVER.				
DATE	LOCATION	# INJURIES	# 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: ANY OTHER REMARKS:				
SIGNATURE: _____				
TITLE: _____ DATE: _____				

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1	TO BE COMPLETED BY PERSPECTIVE EMPLOYEE		
I, (PRINT NAME) FIRST	MI	LAST	SOCIAL SECURITY NUMBER
HERBY AUTHORIZE:		DATE OF BIRTH:	
PREVIOUS EMPLOYER:		EMAIL:	
STREET ADDRESS:		PHONE:	
CITY, STATE, ZIP:		FAX:	
TO RELEASE AND FORWARD THE INFORMATION REQUESTED IN SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE PREVIOUS 3 YEARS FROM (ENTER APPLICATION DATE):			
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APPLICANT SIGNATURE:		DATE:	

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
THE APPLICANT NAMED ABOVE WAS EMPLOYED BY US: <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYED AS (FULL NAME):				
FROM:		TO:		
DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, WHAT TYPE? <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> TRACTOR-SEMITRAILER <input type="checkbox"/> BUS <input type="checkbox"/> CARGO TANK <input type="checkbox"/> DOUBLES/TRIPLES				
REASON FOR LEAVING YOUR EMPLOY <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LAY OFF <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> OTHER				
ACCIDENTS: COMPLETE THE FOLLOWING FOR ANY ACCIDENTS INCLUDED ON YOUT ACCIDENT REGISTER (390.15(B)) THAT INVOLVED THE APPLICANT IN THE 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ABOVE, OR CHECK HERE <input type="checkbox"/> IF THERE IS NO ACCIDENT REGISTER DATA FOR THE DRIVER.				
DATE	LOCATION	# INJURIES	# 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: ANY OTHER REMARKS:				
SIGNATURE: _____				
TITLE: _____ DATE: _____				

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1	TO BE COMPLETED BY PERSPECTIVE EMPLOYEE
I, (PRINT NAME) FIRST	MI
LAST	SOCIAL SECURITY NUMBER
HERBY AUTHORIZE:	
DATE OF BIRTH:	
PREVIOUS EMPLOYER:	EMAIL:
STREET ADDRESS:	PHONE:
CITY, STATE, ZIP:	FAX:
TO RELEASE AND FORWARD THE INFORMATION REQUESTED IN SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE PREVIOUS 3 YEARS FROM (ENTER APPLICATION DATE):	
TO: BIG CREEK TRUCKING INC. ATTN: Lynn Vaughn 64 PAULINE CHURCH ROAD RAY CITY, GA 31645 IN COMPLIANCE WITH 40.25(G) AND 391.23(H), RELEASE OF THIS INFORMATION MUST BE MADE WITH A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL OR LETTER	
EMAIL: LYNN@BIGCREEKFORESTRY.COM FAX: 706.534.2683	
APPLICANT SIGNATURE:	DATE:

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
THE APPLICANT NAMED ABOVE WAS EMPLOYED BY US: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYED AS (FULL NAME):	
FROM:	TO:
DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT TYPE? <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> TRACTOR-SEMITRAILER <input type="checkbox"/> BUS <input type="checkbox"/> CARGO TANK <input type="checkbox"/> DOUBLES/TRIPLES	
REASON FOR LEAVING YOUR EMPLOY <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LAY OFF <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> OTHER	
ACCIDENTS: COMPLETE THE FOLLOWING FOR ANY ACCIDENTS INCLUDED ON YOUT ACCIDENT REGISTER (390.15(B)) THAT INVOLVED THE APPLICANT IN THE 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ABOVE, OR CHECK HERE <input type="checkbox"/> IF THERE IS NO ACCIDENT REGISTER DATA FOR THE DRIVER.	
DATE	LOCATION
# INJURIES	# 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:	
ANY OTHER REMARKS:	
SIGNATURE: _____	
TITLE: _____ DATE: _____	

REQUEST FOR CHECK OF DRIVING RECORD

Note: this form may only be used in states that do not require a specific form

Caution: When using a third party to request background information on applicants or existing employees – such as motor vehicle records – information from previous employers, criminal records, or credit history – you are subject to the fair credit reporting act (FCRA) and State consumer reporting laws. Under FCRA, the THIRD-PARTY vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the federal trade commission's notice called "A summary of your rights under fair credit reporting act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I herby authorize you to release the following information to Big Creek Inc. for purposes of investigation as required by section 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.

Driver's Signature: _____ Date: _____

I also herby certify that this report request and the above driver's release notice meets the definition of "permissible uses" of state motor vehicle records under the previsions of the driver privacy protection act 1994 (public Law 103-322, Title xxx, section 300002(a)).

Driver's Signature: _____ Date: _____

TO: _____

Dear Sir/Madam:

☐ The following named person has made application with our company for the position of __driver____. In accordance with section 139.23 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 __driver____. In accordance with section 139.25 Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past three years.

NAME OF DRIVER:				
ADDRESS:				
NUMBER & STREET		CITY	STATE	ZIP
FORMER ADDRESS:				
NUMBER & STREET		CITY	STATE	ZIP
DATE OF BIRTH:	SSN:		LICENSE #:	

REQUESTED BY

NAME OF COMPANY			PRINTED NAME	
ADDRESS			TITLE	
CITY	STATE	ZIP	SIGNATURE	

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 2/11/2016

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare 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 of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

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 have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in 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 required to be listed during the past 12 months.

DATE

DRIVER'S SIGNATURE

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE

MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER'S 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 or rated 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transport hazardous materials that require placarding.

DRIVING REQUIREMENTS: Parts 383 and 391 of the Federal motor carrier safety regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15 (b)(2) and 383.33 of the Federal Motor Carrier Safety regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege.
3. **CDL DOMICILE REQUIREMENTS:** Section 383.23 (a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

DRIVER'S LICENSE NO.

STATE

EXP. DATE

DRIVER'S CERTIFICATION: I certify that I have read and understood the above requirements.

DRIVER'S NAME (PRINTED):

DRIVER'S SIGNATURE:

DATE:

NOTES:

DRIVER STATEMENT OF ON-DUTY HOURS AND LOG USAGE

(For Newly Hired Drivers)

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

To help determine if an electronic logging device (ELD) is required under section 395.8 (j)(2), the driver must indicate how often he/she needed to use logs in the past 30 consecutive days.

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

Driver Name (print): _____

ID No. _____

DAY	1 YESTERDAY	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

Were you required to use a record of duty status (driver's log) on 8 or more days within the past 30 consecutive days? Yes ☐ No ☐

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

Drug and Alcohol Clearinghouse

Consent for Limited Queries

NOTICE TO DRIVER: The commercial Driver's License (CDL) Drug and Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per 382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 382.701 (b). This consent form must be retained 3 year's after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION I, _____, hereby authorize
(Driver's printed name)

Big Creek Trucking Inc.
(Name of Employer/Motor Carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named municipality ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named municipality. I understand that if any full and/or limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the employer/motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: _____

Driver License Number: _____ Date: _____



MVR RELEASE CONSENT FORM

In conjunction with my potential &/or employment, at _____
("the company"), I (Print Name) _____ (employee/
applicant) Consent to the release of my Motor Vehicle Record (MVR) to the company. I
understand that the company will use these records to evaluate my suitability to
fulfill driving duties that may be related to the position for which I am applying. I also
consent to the review, evaluation, and other use of any MVR I may have provided to
the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq .. "Federal
Drivers Privacy Protection Act" and is intended to constitute "written consent" as
required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Last 4 of Social Security Number

Driver's License Number

License Expiration Date

Issuing State