



APPLICATION FOR QUALIFICATION

Instructions to Applicant: Please answer all questions. If the answer to any question is "no" or "none", do not leave item blank.

Date _____ Position applying for Contractor Company Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number(____)_____ Emergency Number(____)_____

DOB _____ Social Security Number _____

How did you hear about us? _____

Physical Exam Expiration Date (Please provide current copy): _____

Current & Three years previous addresses:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Have you worked for this company before? Yes No

If yes, give date; From _____ To _____

Reason for leaving: _____

Phone		Fax
(210) 226-3167	San Antonio	(210) 227-2285
(830) 775-3565	Del Rio	(830) 775-9420
(830) 773-9543	Eagle Pass	(830) 773-9442
(956) 725-9243	Laredo	(956) 725-9582

General Office: 3410 Belgium Lane San Antonio, TX 78219
P.O. Box 10128 San Antonio, TX 78210
www.bassetrucklinesanantonio.com

Education History

Please circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

Driving Experience (Attach page if needed)

Class of Equipment	From	To	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor- Two Trailers			
Tractor- Three Trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed: _____

List any safe driving awards you hold and from whom: _____

Accident record for past three years (Attach page if needed)

Date of Accident	Nature of accident (Head on, rear end, etc.)	Location	# of fatalities	# of people injured

Traffic convictions for the last three years, other than parking violations: (Attach page if needed)

Date	Location	Charge	Penalty

Driver's license, each license held in the past three years. (Attach page if needed)

State	License #	Type	Endorsements	Exp 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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied? YES NO
- D. Have you ever been convicted of a felony? YES NO

If the answer is yes to A,B,C,or D please give details: _____

Personal References

List three persons for references, other than family members who have knowledge of your safety habits.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Employee Personal Information and Emergency contact

Name: _____

Phone Number: _____

Address: _____

Email: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone# L _____) -----

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ -- Address _____
(Street) (City) (State/Zip)

Reason for leaving _____ Phone# (_____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address: _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone (_____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone# (_____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone# (_____) _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

To be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicants background to ascertain any and all information of concern to applicants record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, and mode of living.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualifies and hired, I may be on probationary period during which the applicant may be disqualified without recourse.

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

Applicants Signature _____ Date _____

Remarks (For office use only) _____

Request for Drivers Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Basse Truck Line
Address: 3410 Belgium Ln San Antonio, TX 78219

Contact Person: Ellen
Phone Number: 210-226-3167
FAX: 210-227-2285

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR, Parts 390 and/or 40,382&383, within the past three years, from sate shown below, I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and any errors to these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____ hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/ or my refusal to submit any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request information in connection with my application or employment with said company. I hereby release this company, and its employees, officers, directors, ad agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
Mailing Address: _____ City, State, Zip: _____
Phone number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicants Signature SSN or ID number DOB Today's Date

Section I-Past Employer to Complete (Drug & Alcohol Information)

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25

If no drug and alcohol information is available on above named applicant check here

- Any alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
- Any verified positive drug test? YES NO
- Any refusal to be drug test? YES NO
- Any other violation of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? YES NO
- If this driver did successfully complete a SAP rehabilitation referral and reprimand I your employ, did he/she have any subsequent violations for an alcohol test result of 0.04 or greater, a verified positive drug or refusal to test (including follow up tests) if they remained in your employ. YES NO
- If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation prescribed treatment and return to duty requirements.

**If this information is not available from the previous employer, you as a prospective employer must get the information from the driver/applicant.*

Drug and alcohol information needs to be kept in a separate personal and/or confidential file.

Request for Drivers Safety Performance History Information from DOT Regulated Previous Employer(s)

Section II- Past Employer to Complete Accident Information **(Attach page if needed)**

Please Provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your accident register (MCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Section III- Past Employer to complete Workers History Information

Please provide the following information on the above-name driver/applicant

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

*If employed as driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a company driver? YES NO Contractor? YES NO

Contractor's Driver? YES NO Other? YES NO

General area traveled: _____ Commodities transport: _____

*While under your employment was he/she:

a. Bonded YES NO

b. convicted of any traffic violations: YES NO

If yes, please list all, including date and type: _____

c. License (a) suspended, revoked or denied; YES NO

If yes, please list all, including date and type: _____

*Reason for leaving: _____

*Would you re-employ this person? YES NO upon Review

Please Explain: _____

Additional Comments: _____

Previous Employer Representative supplying information:

Print Name Title

Signature Date

Driver's Rights Pertaining To Release Of Driver Information Under Regulation – 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. • This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

The right to review information provided by previous employers.

The right to have errors in the information corrected by, the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver Signature _____ Date _____

Driver Name Printed: _____

CFR Part 40.25 requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions until and unless the potential employee provides documentation of successful completion of the return to duty process.

(See section 40.25 (b) (5) and (e))

Applicant Name _____ ID Number _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. YES NO
2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return to duty requirements? YES NO

My signature below certified that the information provided is true and correct.

Applicant Signature: _____ Date: _____

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 Basse Truck Line Inc. ("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 Data Qs 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 Basse Truck Line Inc. ("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 Data Qs 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.

PHYSICAL EXAM

Please be advised that as an employee of Basse Truck Line INC., you are required to be given a physical and drug test at our providers facility, the cost of this procedure for physicals and drug testing is \$190.00 (San Antonio) and \$228.00 (Del Rio, Eagle Pass, and Laredo).

It is the policy of Basse Truck Line Inc. That in order for the employer to invest this expense into our new hire employees, we require that you remain employed with Basse Truck Line Inc. for a min of 90 days by your signature below, you agree to the following terms: If the employee ceases employment with Basse Truck Line Inc. Prior to this time, Basse Truck Line, Inc. Reserves the right to deduct these charges from your paycheck.

I, _____ have read and understand the foregoing and agree to the policy.

Date: _____

COVID Screening

1. Have you experienced any of the following symptoms in the past 48 hours?:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches – Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

2. Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have a confirmed case of COVID-19 or with anyone who has any symptoms consistent with COVID-19? YES NO

3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? 4. Are you currently waiting on the results of a COVID-19 test? YES NO

Printed Name: _____

Signature: _____

Company: Basse Truck Line INC

Purpose for visit: _____

Date: _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Basse Truck Line Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (_____) to determine whether drug and alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Basse Truck Line Inc. indicates that drug or alcohol violation information about me exists in the clearinghouse, FMCSA will not disclose that information to Basse Truck Line Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Basse Truck Line Inc. to conduct a limited query of the clearinghouse, Basse Truck Line Inc. must prohibit e from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Alcohol and/or Drug Test Notification and Consent

Company Name: Bass Truck Line Inc.

Driver/ Applicant Name: _____

Print (First, M.I. Last)

As a condition of employment with Basse Truck Line Inc., Commercial motor vehicle driver applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.601, A Motor carrier must provide a negative result for the applicant driver to be eligible for employment.

If you are hired you will be subject to laws requiring additional controlled substance and alcohol testing on you under situations including, but not limited to the following, Post accident, random, Reasonable suspicion, Return to duty, & Follow up.

A driver who test positive for a controlled substance and/or alcohol test, will be immediately removed from safety sensitive positions for any motor carrier until and unless the driver completes the substance abuse professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart 0

1. Type of Test:

Alcohol

Controlled Substance

2. Reason of test: Pre-employment Random Reasonable suspicion

Post-accident

Return to duty

Follow-up

All controlled substances and alcohol testing will be conducted in accordance with Part 40 and 382 of the FMCSR.

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant Signature Date

Company Representative Date

Record of Road Test

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck Tractor Trailer

Checked From _____ To _____ Date _____

For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks. Use not applicable (NAO) for items that do not apply.

Part 1- Pre- Trip inspection and emergency equipment

- *Checks general condition approaching unit _____
- *Looks for leakage of coolants, fuel, lubricants _____
- *Checks under hood- oil, water, general condition of engine compartment, steering _____
- *Checks around unit- Tires, lights, trailer hookup, brake light lines, body, door, horn, windshield wipers _____
- *Test brake action, tractor protection valve, and parking (hand) brake _____
- *Checks horn, windshield wipers, mirrors, emergency equipment, reflector, flares, fuses, tire chains (if necessary), fire extinguisher _____
- *Checks instruments for normal readings _____
- *Checks dashboard warnings lights for proper function _____
- *Cleans windshield, windows, mirrors, lights, reflectors _____
- *Reviews and signs previous report _____

Part 2- Coupling and uncoupling

- *Lines up Units _____
- *Connects glad hands to trailer to apply trailer brakes before coupling _____
- *Connects glad hands and light line properly _____
- *Couples without difficulty _____
- *Raises landing gear fully after coupling _____
- *Visually checks king pin assembly to be certain of proper coupling _____
- *Checks coupling by applying hand valve or tractor protection valve (Trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- *Assure that surface will support trailer before uncoupling _____

Part 3 Placing vehicle in motion and use of control

A. Engine

- *Places transition in neutral before starting engine _____
- *Starts engine without difficulty _____
- *Allows proper warm-up _____
- *Understands gauges on instrument panel _____
- *Maintains proper engine speed (rpm) while driving _____
- *Does no abuse motor _____

B. Clutch and transmission

- *Starts loaded unit smoothly _____
- *Uses clutch properly _____
- *Times gearshifts properly _____
- *Shifts smoothly _____
- *Uses proper gear sequence _____

C. Brakes

- *Knows proper use of tractor protection valve _____
- *Understands low air warning _____
- *tests service brakes _____
- *Builds full air pressure before moving _____

D. Steering

- *Controls steering wheel _____
- *Good driving posture and goof grip on wheel _____

E. Lights

- *Knows lighting regulations _____
- *Uses proper headlight beam _____
- *Dim lights when meeting or following other traffic _____
- *Adjusts speed to range of headlights _____
- *Proper use of auxiliary lights _____

Part 4 Backing and parking

A. Backing

- *Gets out and checks before backing _____
- *Looks back as well as uses mirror _____
- *Gets out and rechecks conditions on long back _____
- *Avoids backing from blind side _____
- *Signals when backing _____
- *Controls speed and direction properly while backing _____

B. Parking

- *Does not hit nearby vehicles or stationary objects _____
- *Parks proper distance from curb _____
- *Sets parking brake, puts in gear, chocks wheel, shuts off motor _____
- *Checks traffic conditions and signals when pulling out from parked position _____
- *Parks in legal and safe location _____

C. Parking (Road)

- *Parks on pavement _____
- *Avoids parking on soft shoulder _____
- *Uses emergency signal when required _____
- *Secures unit properly _____

Part 5 Slowing and stopping

- *Uses gears properly ascending _____
- *Gears down properly descending _____
- *Stops and restarts without rolling back _____
- *Tests brakes before descending grades _____
- *Uses brakes properly on grades _____
- *Uses mirrors to check traffic to rear _____
- *Signals following traffic _____
- *Avoids sudden stops _____
- *Stops smoothly without excessive fanning _____
- *Stops before crossing sidewalk when coming out of a driveway or ally _____
- *Stops clear of pedestrian crosswalk _____

*** Continue to next page ***

Part 6 Operating in traffic passing and turning

A. Turning

- *Signals intention to turn well in advance ____
- *Gets into proper lane well in advance of turn ____
- *Checks traffic conditions and turns only when intersection is clear ____
- *Restricts traffic from passing on right when preparing to complete right hand turn ____
- *Completes turn promptly and safely and does not impede other traffic ____

B. Traffic signs and signals

- * Approaches signal prepared to stopping necessary ____
- *Obeyes traffic signal ____
- *Uses goof Judgment on yellow light ____
- * Starts smoothly on green ____
- *Notices and heeds traffic sign ____
- *Obeyes "Sop" Sign ____

C. Intersections

- *Adjusts speed to permit stopping if necessary ____
- *Checks for cross traffic regardless of traffic controls ____
- * Yields right of way for safety ____

D. Grade Crossings

- *Adjusts speed to conditions ____
- *Makes safe stop, if required ____
- *Selects proper gear and does not shift gears while crossing ____
- *Knows and understands federal and state rules governing grade crossing ____

E. Passing

- *Passes with sufficient clear space ahead ____
- *Does not pass in unsafe location: Hill, curve, intersection ____
- *Signals change of lanes ____
- *Warns driver being passed ____
- *Does not tailgate ____
- *Does not block traffic with slow pass ____
- *Allows enough room when returning to right lane ____

F. Speed

- *Speed consistent with basic ability ____
- *Adjusts speed properly to road, weather, traffic conditions, legal limits ____

- *Slows down for rough roads ____
- *Sows down in advance of curves, intersections, etc. ____
- *Maintains consistent speed ____

G. Courtesy and safety

- *Uses defensive driving techniques ____
- *Yields right of way for safety ____
- *Goes ahead when given right of way by others ____
- *Does not crowd other drivers or force way through traffic ____
- *Allows faster traffic to pass ____
- *Keeps right and in own lane ____
- *Uses horn only when necessary ____
- *Generally courteous and uses proper conduct ____

Part 7 Miscellaneous

A. General Driving ability and habits

- *Consistently alert and attentive ____
- *Adjust driving to meet changing conditions ____
- *Performs routine functions without taking eye from road ____

- *Checks instruments regularly while driving ____
- *Willing o take instructions and suggestions ____

B. Handling of freight

- *Adequate self confidence in driving ____
- *Is not easily angered ____
- * Positive attitude ____
- *Good personal appearance, manner, cleanliness ____
- *Good physical stamina ____

C. Rules and regulations

- *Knowledge of company rules ____
- *Knowledge of regulations, federal, state, and local ____
- *Knowledge of special truck routes ____

D. Use of special equipment (Specify) _____

Remarks : _____

General Performance : Satisfactory ____ Needs Training ____ Unsatisfactory ____

Qualified for : Truck ____ Tractor-Semi-Trailer ____ Other (Specify) _____

Signature of Examiner

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.

Driver Name: _____ Type of Power Unit _____

Social Security No. _____ Type of Trailer _____

Operators or Chauffer's Lic No. _____ State _____

This is to certify that the above named driver was given a road test under my supervision on _____ consisting of approximately _____ Miles of driving.

Signature of examiner

Organization

Certificate of Driver's Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e) (f) (g))

Drivers Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____ State _____

Type of Unit _____ Type of Trailer _____

This is to certify that the above- named driver was given a road test under my supervision on _____ 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.

Examiner First & Last Name

Signature of Examiner

Date

BASSE TRUCK LINE INC

MISSION STATEMENT

Here at Basse Truck Line Inc. our employees are our best and most valuable asset.

We take every possible step to protect the health and wellbeing of our employees along with the public through an extensive safety training program.

Our employees, supervisors and the managers are individually and collectively responsible for making sure we strictly adhere to a very disciplined culture of safety.

With this commitment I welcome all employees to share in this common ground and take pride that you are part of our team at Basse Truck Line Inc.

Sincerely

Scott A. Basse

President