

BIFFS NEW HIRE DRIVER PACKET

NH-1

Legal First Name, Middle Name, Last Name		Date of Birth
Full Street Address	Social Security #	Application Date
City, State, Zip Code		() - Phone #
Driver Lic Expiration Date	State Issued	<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B Driver License #

Administration Only	Hire Date: / /	Started Driving Date: / /	EID#
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Applicant Instructions for NEW Hire Driver Packet – Requirements

- NH-1** Your full legal name, date of birth, social security number, driver’s license number, driver license state issued in, DL expiration date.
- NH-2** Your full legal name and social security number.
- NH-3** Pre-employment testing information(40.25(j)). Complete in full.
- NH-4.1–4.4** DOT Application, DOT is looking for a complete trail of information provided by the driver representing where they have been from date to date. Details of previous work history, addresses, and phone numbers must all be completed including **10** years if CDL holder OR **3** years if non-CDL holder. If there is any time frame for unemployment or self-employment, please list. Provide a signature and date at the bottom of the form. Read “Driver Rights” provided by Biffs, Inc.
- NH-5 top** Record of Violations form (skip bottom portion), if no violations simply check box. Fill in any moving traffic violations you have had within the past 3 years; provide a signature & date.
- NH-6** Data Driver Sheet (skip bottom portion, if hired this will be completed and signed on your first day of work), fill in your full legal name, social security number, driver’s license number, and driver license state issued in on top.
- NH-7** Driver’s Road Test, fill in your full legal name and SSN (skip rest of page).
- NH-8** Controlled Substance form– signature and date at bottom (if NON-CDL holder check the box).
- NH-9** Certificate of Compliance, read and fill in all information including signature and date.
- NH-10** Previous Employer form, only sign the top box on the first page where it states Applicant signature and date. Biffs, Inc. will send out to the previous employers listed on your driver’s application.
- Provide a clear front and back photocopy of your current driver’s license (address must be current).
- Provide a clear photocopy of your current DOT medical (health) card if you have one.

CHECKLIST FOR NEW DRIVER **DOT** over 10,001 lbs. **NON-DOT** under 10,000 lbs.

NH-2

- Permanent New Hire or Transfer to Active Driver Status**
- Temporary Driver/Leasing Company**

Legal First Name, Middle Name, Last Name				Social Security #	
Administration Only	Hire Date:	/ /	Started Driving Date:	/ /	EID#

Requirements	Form ID #	Due Date	Date Requested from driver	Date Completed <small>by driver and reviewed by management</small>
Motor Vehicle Record §391.23		Prior to Hire		
CDL holder’s negative pre-employment drug screen (completed- paperwork in hand (382.301)) + Testing info from CDL holder (40.25(j)) Results (Negative)- from MRO & completed NH-3	NH-3	Prior to Hire		
Application for Employment as a Driver §391.21	NH-4.1-4.4	Prior to Drive		
Request for Information from Previous Employer §382.413 and §391.23	NH-10	Within 30 days of Start		
Gap in Time form	NH-11	Prior to Drive		
Copy of Driver’s current Medical Card §391.43(d) *CDL HOLDERS- additional MVR showing FMCSA compliance is required (CDL/Medical/MVR or SLA)	Medical card/physical	Prior to Drive		
CDL-Medical NR-Motor Carrier Verification-391.51(b)(9)-A note verifying medical examiner is listed on the National Registry of Certified Medical Examiners required by §391.23(m)	NH-14-Medical-NRV			
Photocopy of Driver License (<u>Both Sides</u>) §391.33	Copy of DL	Prior to Drive		
Record of Road Test §391.31(g) -See §391.33 for waiver	NH-7	Prior to Drive		
Annual Review/ Record of Violations §391.25,391 27 Include MVR results	NH-5- All	Prior to Drive		
Truck Driver Data Sheet <u>and</u> Employment Status Form-- §395.8(j)(2)	NH-6	Prior to Drive		
Controlled Substance and Alcohol Policy and Training Verification §382.601	NH-8	Prior to Drive		
Subpart E- Entry Level Training: 380.503 **Applies to CDL DRIVERS ONLY a completed training certificate	NH-12	Prior to Drive		
*Driver Notice/Certificate of Compliance Commercial Motor Vehicle Act of 1986 this is an optional form but recommended-driver form	NH-9	Prior to Drive		
Federal Motor Carrier Safety Regulation Pocketbook Receipt this is an optional form	FMCSR- pocketbook	Prior to Drive		

SAFETY-SENSITIVE FUNCTION §382.107

GUIDE-1

***safety sensitive subject to 49 CFR Part 40 is required information on the application under past employment history - must be completed for each previous employer

The FMCSA originally determined that "safety-sensitive" functions (382.107) were functions performed as part of on-duty time. However, the FMCSA amended the rule to remove this complex link with on-duty time.

Safety-sensitive function –

means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

- All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer; *This includes employees who are "eligible" at work to drive a CMV at any time, e.g., salesperson, clerks, secretaries, supervisors.*
- All time inspecting equipment as required by 392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 393.76 of 393.76 this subchapter);
- All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

NOT-Safety-Sensitive

- All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident or follow-up testing required by part 382 when directed by an employer.
- Performing any other work in the capacity of or in the employ or service of a common, contract or private employer.

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT - Part 40.25(j).

NH-3

(This form is used to fulfill the requirement of **Part 40.25(j)**). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

Date: _____

To be completed by driver/ applicant.

During the past (2) two years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

During the past (2) two years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Print Your Legal Name	
Signature	
Print Name of Manager/ Witness	
Signature of Manager/ Witness	

NH-4.1

APPLICATION FOR EMPLOYMENT AS A TRUCK DRIVER (\$391.21)

Legal First Name, Middle Name, Last Name		Date of Birth
Full Street Address	Social Security #	Date Available to Start
City, State, Zip Code		Phone #
How long at this address?		

If you have been at your current address less than 3 years, list additional addresses for the 3 years preceding the date of this application.

Dates (list)	Street Address	City	State	Zip

DRIVER LICENSE INFORMATION

Please include your CURRENT, valid license plus past 3 years including permits. REQUIRED INFORMATION

State	Driver's License Number	Class and Endorsements	CDL Class <u>Y/ N</u> (Put X) required		Expiration Date
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DRIVING EXPERIENCE & CDL DATE REQUIRED

Need date the CDL license (Commercial A or B or C) was first obtained. The nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

MY CDL (Commercial A or B or C) LICENSE was FIRST OBTAINED ON:	MONTH	DAY	YEAR
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Type of Equipment	Period of Time	Nature and Extent

MOTOR VEHICLE ACCIDENTS

List all motor vehicle accidents in which you were involved during the 3 years preceding the date that the application is submitted. Include the date, location, nature of accident, fatalities or personal injuries.

If NONE- check box: **No-accidents in past 3 years**

Date of incident		Location:	
Details:			
Date of incident		Location:	
Details:			

EDUCATION				NH-4.2
Type of School Attended	School name and location	Did you graduate YES/ NO	Diploma/ Degree	Major Course of Study
High School: highest grade completed				
Technical or Vocational				
College or University				
Graduate School				
Professional Seminars, or Additional Training				

EMPLOYMENT EXPERIENCE					
List names and addresses where you were employed during the last 10 years "This is a DOT requirement , (391.21(10&11)) **You must include the complete address including street, city, state, zip code and phone number**					
PRINT CLEARLY. ANSWER EACH SAFETY SENSITIVE QUESTION (YES OR NO) UNDER EACH EMPLOYER RECORDED					
1. Past Employer		Dates Employed From / TO (mm/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary			
		Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. Past Employer		Dates Employed From / TO (mm/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary			
		Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. Past Employer		Dates Employed From / TO (mm/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary			
		Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. Past Employer		Dates Employed From / TO (mm/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary			
		Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT EXPERIENCE CONTINUED

5. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed		NH-4.3	
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed			
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed			
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed			
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed			
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed			
Address		from	To				
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final					
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40		YES <input type="checkbox"/>	NO <input type="checkbox"/>

TRAFFIC VIOLATIONS- LAST 3 YEARS			NH-4.4
List all motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application.			
If NONE- check box: <input type="checkbox"/> No-violations in past 3 years			
Date	Violation	Location-City and State	In CMV- (check box)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVOCATIONS AND SUSPENSIONS		
Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide facts and circumstances in detail below.		
Date	Violation	Explanation

SPECIAL SKILLS AND QUALIFICATIONS	
Summarize special job-related skills and qualifications acquired from employment and other experience.	

Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) 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;
- (i)(1)(iii) 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. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Biffs, Inc.** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form, I authorize **Biffs, Inc.** to obtain a Motor Vehicle Report pursuant to **§391.23** requirements.

Applicant's Signature

Date

RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)

Each motor carrier shall 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 forfeited bond or collateral during the **preceding 3 years (at the time of employment)** and then at least once every 12 months thereafter. By signing this form I authorize Biff's Inc. to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Legal Name of driver (please print)	Social Security Number	Birth Date	
Driver's License Number	License Expiration Date	Hire Date	State

Check box if you have no violations in the past twelve months

*If new driver applicant or transfer to active - **need to complete for the past 3 years including last year.**

Date	Offense	Location	Type of Vehicle

I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.

Driver's Signature: _____ Date: _____

Bottom Section for Administration Only: **COMPLETED BY COMPANY – ANNUAL & INITIAL REVIEW OF MVR RECORD**

Biffs, Inc., shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, Biffs, Inc. must consider any evidence that the driver has violated applicable provisions of the FMCSR. Biffs, Inc. must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR.

*This review should occur at the time of employment for the last 3 years of driving history and at least once every twelve months thereafter. NOTE: Include a copy of the MVR results with this review process.

On date / month / year I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that this driver;

Check One:

Meets minimum requirements for safe driving

Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR

Reviewed by:	Signature	Date
	Printed name	Title

TRUCK DRIVER DATA & EMPLOYMENT STATUS- DRIVER DATA SHEET

Driver's Legal Name:				Effective Date of Change:	
Location:					
License Number	License Type	Issuing State:	SSN		
Home Address					
City, ST ZIP:					
Person Completing Form:- Management			Phone:	Fax:	

Please check reason for preparation of this form and include location above:
 * Upon return new forms may be needed; to bring driver back into compliance.

- New Hire—DOT Driver:** Pre-employment drug-screening is necessary. **Fill in hours of service below ++.**
 HR Define check: **NOT** added to DOT D&A Program **ADDED** to CDL DOT Random D&A Program
- Re-Employed Driver*:** Pre-employment drug screening is necessary. **Fill in hours of service below ++.**
 HR Define check: **NOT** added to DOT D&A Program **ADDED** to CDL DOT Random D&A Program
- Transfer TO Driver Status*:** Transferred from other duties. **Pre-employment drug screening is necessary.**
 HR Define check: **NOT** added to DOT D&A Program **ADDED** to CDL DOT Random D&A Program
 Fill in hours of service below ++ Transferred to: _____
- Transfer FROM Driver*:** Not presently driving; performing other duties within our company's employment;
 HR Define check; **Was NOT subjected** to DOT D&A Program **REMOVED driver** from CDL Random D&A Program
- Termination of Driver:** Permanent Layoff* Suspension* until _____
- Medical Leave*:** Driver on long term medical leave until _____.
 HR Define check; **Was NOT subjected** to DOT D&A Program **REMOVED driver** from CDL Random D&A Program
 *Upon return new forms may be needed; to bring driver back into compliance.
- Military Leave*:** Driver on active military duty until _____.
 HR Define check; **Was NOT subjected** to DOT D&A Program **REMOVED driver** from CDL Random D&A Program
 *Upon return new forms may be needed; to bring driver back into compliance.
- Other*:**

Complete lower portion of this form only if hired and at the beginning of your first day of work

HOURS OF SERVICE (6395.8(i)(2))

* Complete all sections below if the above named employee starts driving and/or returns to driver status for our company.
 ** All hours worked, (Includes all paid employment/compensation time) and dates in any employment status during the past 7 consecutive days must be recorded.
 ++Please record below the information for the 7 days prior to becoming (or beginning driving) for this employer. If your employment hours were zero for some reason please note reason under employer's name.++

**Total hours worked last seven days (7 consecutive) - prior to driving for company initially or returning to driver status- REQUIRED								
DAY	1	2	3	4	5	6	7	TOTAL Hours
DATE (00/00/00)								
HRS WORKED								
List employers name below for the hours listed for the last 7 days. If no employer name applies: write in reason (example) unemployed.								
Employer's name:								
Address:								
City, State, Zip								

I hereby certify the information provided above is correct to the best of my knowledge and belief.

Driver Signature: _____ date: _____

Supervisor/Witness: _____ date _____

DRIVER'S ROAD TEST EXAMINATION/ CERTIFICATE OF ROAD TEST

CHECK THIS BOX WHEN COMPANY WAIVES-ROAD TEST REQUIREMENT (§391.33)

****Driver MUST HAVE A CDL License for this exception: with a copy of DL license must be attached+++**

Plus: (Signature & Date required below- by company management in order to waive requirement)

Driver's Legal Name		Social Security #:	
Driver's License Number:	License Class:	State Issue:	

Straight Truck
 Tractor
 Trailer
 School Bus
 Coach
 Other _____

Power Unit Type and # : _____ Trailer Type and # : _____

If passenger carrier, type of bus: _____ Capacity: _____

****Fill in passed or unsatisfactory for each category.**

RATING OF PERFORMANCE	PLACE AN -P- FOR PASSED AND A -U- FOR UNSATISFACTORY. ALL UNSATISFACTORY PERFORMANCES MUST BE DETAILED IN THE REMARKS SECTION.
	The pre-trip inspection (As required by Section §392.7)
	Coupling and uncoupling of combination units, if applicable.
	Placing the equipment in operation.
	Use of vehicle's controls and emergency equipment.
	Operating the vehicle in traffic and while passing other vehicles.
	Turning the vehicle.
	Braking, and slowing the vehicle by means other than braking.
	Backing, and parking the vehicle.

****More detailed road test next page- use as guidance to determine if driver meets all requirements.**

Remarks: _____

Mileage started: Mileage ended: TOTAL Miles Traveled:

CERTIFICATE of ROAD TEST 391.31 This certifies that the above-named driver completed a road test under my supervision on date (as printed below) consisting of approximately miles of driving. It is my considered opinion that this driver possesses sufficient driving skill(s) to operate safely the type of commercial motor vehicle listed above for our company, Biff's Inc..

PRINTED name of examiner **OR** **PRINTED** name of Management with authorization to waive road test

* DATE -fill in date → ROAD TEST EXAM CERTIFIED Miles traveled are REQUIRED to be filled in	DATE -fill in date +++ → WAIVING ROAD TEST CDL ID LICENSE PROOF REQUIRED
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SIGNATURE _____ **TITLE** _____

PART 1: PRE-TRIP INSPECTION

yes	no	n/a	
			checks general condition as approaches unit
			looks for leakage of fuel, oil, and coolants
			checks fluids, steering, all under hood conditions
			checks horn, windshield wipers, lights, body, doors,
			brake & electrical lines, flashers, trailer connections
			tests all brakes, tractor protection valve
			checks for jacks, tools, chains, spare fuses,
			warning triangles, fire extinguisher, first aid kit
			checks instruments
			checks windows, windshield, lights, mirrors etc.

PART 2: PLACING THE VEHICLE IN MOTION

yes	no	n/a	Motor:
			starts motor without difficulty
			utilizes proper warm-up period
			comprehends instrumentation
			maintains proper engine speed under load
			know what type of fuel to use: gas or diesel
			does not abuse the engine

yes	no	n/a	Transmission:
			starts loaded unit smoothly
			uses clutch properly
			shifting is smooth & timely
			uses proper gear sequence

yes	no	n/a	Brakes:
			tests brakes before starting drive
			understands principle of air brakes
			knows use of tractor protection valve
			understands low air warning

yes	no	n/a	Lights:
			knows lighting regulations
			uses proper headlight beam
			dims lights when meeting/following
			adjusts speed to range of headlights
			proper use of auxiliary lights
			controls the steering wheel
			maintains good posture and grip on the wheel

PART 3: BACKING AND PARKING

yes	no	n/a	Backing:
			gets out and checks first
			looks back and uses mirror
			gets out and rechecks conditions on long backs
			signals when backing
			controls direction and speed while backing

yes	no	n/a	Parking (city driving):
			does not hit objects
			proper distance from curb
			sets parking brake, puts in gear, turns off, chocks
			checks traffic and signals upon existing
			parks in safe, legal location

yes	no	n/a	Parking (rural):
			parks off pavement
			avoids soft shoulder
			uses emergency warning signals
			secures unit properly

PART 4: COUPLING AND UNCOUPLING

yes	no	n/a	(tractor/ trailer)
			lines up tractor and trailer
			connects brake and electrical lines
			secures trailer from movement
			backs under trailer slowly
			checks hookup visually
			tests hookup with power
			handles landing gear properly
			proper hookup of full trailer
			secures tractor against moving

PART 5: SLOWING & STOPPING

yes	no	n/a	
			uses ascending gears properly
			uses descending gears properly
			stops and restarts without rolling backwards
			tests brakes at the top of hills before going down
			uses brakes properly on grades
			uses mirrors to check following traffic
			signals intentions to following traffic
			avoids sudden stops
			stops smoothly
			stops before exiting an alley or driveway
			stops clear of pedestrian crosswalks

PART 6: OPERATING IN TRAFFIC

yes	no	n/a	Turning:
			gets into proper lane well in advance
			signals intentions well in advance
			checks traffic conditions and turns only when safe
			does not cut short or swing wide in turns

yes	no	n/a	Traffic signs & signals
			approaches signal ready to stop as needed
			obeys all traffic signals
			uses good judgement on yellow lights
			watched for pedestrians
			smooth start on green light
			observes and obeys traffic signs
			comes to full halt at "STOP" signs

yes	no	n/a	Intersections:
			allows an adequate clear space for a safe pass
			does not attempt passing in unsafe areas
			does not tailgate
			signals before changing lanes to pass
			does not impede other traffic with a slow pass
			does not exceed the speed limit during a pass
			allows adequate clearance when returning

yes	no	n/a	Passing:
			adjusts speed to allow stopping if needed
			checks for cross-traffic
			yields right-of-way as needed for safety
			keeps to the right and in own lane
			uses the horn only when necessary

PART 7: MISCELLANEOUS

yes	no	n/a	General Driving Ability & Habits
			consistently alert and attentive
			adjusts driving to meet changing conditions
			keeps eyes on road during routing functions
			checks instruments regularly while driving
			accepts suggestions and instructions
			self-confident in his/her driving skills
			other drivers frustrate or cause issues
			*Cell phone use during operating vehicle
			*Vehicle pulled to a safe location-for cell phone use

PART 8: POST-TRIP INSPECTION

yes	no	n/a	Completes Post-trip Inspection
			service brakes, including trailer brake connections
			parking brake
			steering mechanism
			lighting devices and reflectors
			tires
			horn
			windshield wipers
			rear vision mirrors
			coupling devices
			wheels and rims
			emergency equipment

Results: PASSED FAILED RETEST date _____
Signature of evaluator _____

PART §382—CONTROLLED SUBSTANCES & ALCOHOL USE TESTING & WRITTEN POLICY RECEIPT

CHECK BOX IF DRIVER DOES NOT OPERATE A COMMERCIAL MOTOR VEHICLE AS DEFINED BY PART §382

§382.107 Commercial motor vehicle—means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle—

- (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- (3) Is designed to transport 16 or more passengers, including the driver; or
- (4) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

I completed the Controlled Substances and Alcohol Use and Testing-training program provided by my employer, Biff’s Inc., in accordance with the provisions outlined in CFR 49, Part 40 and Part §382. I reviewed the Controlled Substances and Alcohol Use Policy of Biff’s, Inc. As required by §382.601(b)(1-11) the following items were discussed:

- Abbreviations and definitions
- Who is covered by the Alcohol and Drug rules found in Part §382?
- What is a safety sensitive function?
- What are the Alcohol and Drug prohibitions?
- Which tests are required and when will I be tested?
 1. pre-employment
 2. post-accident
 3. random
 4. reasonable suspicion
 5. return-to-duty and follow-up
- What happens if I refuse to be tested?
- How is Alcohol and Drug testing done?
- What are the consequences of violating the Alcohol or Drug prohibitions--test positive?
- Where can I go for help? Who can answer my questions about Alcohol and Drugs?
- What are the effects of Alcohol and Drugs use on health, work and personal life?

CHECK BOX DRIVER RECEIVED A COPY OF THE COMPANY’S, Biffs, Inc., WRITTEN DRUG POLICY Part §382.601(d)

Driver’s Legal Signature

Driver Printed Name

Date –acknowledgement & completing D&A training and receipt of company policy

NH-9

CERTIFICATE OF LICENSE COMPLIANCE AND DRIVER NOTICE

Instructions: All drivers must read the notice and complete the certificate of compliance at time of hire. The completed certification is a permanent item of driver qualification file.

NOTICE TO DRIVERS

1. **No driver may possess more than one license, and no motor carrier may use a driver having more than one license.**
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state that issued the license to that driver of such conviction within 30 days.
3. If your driver’s license is suspended, revoked, or canceled, you must notify your supervisor no later than the end of the next working day following notification of driver’s license suspension, revocation, or cancellation. **Failure to do this may result in termination.** You must never drive a company vehicle without a valid driver’s license, **if you do so, you may be terminated.**
4. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of any and all commercial motor vehicle (over 10,000 lbs) for the past 10 years, in addition to any other required information about the applicant’s employment history.
5. You are responsible for renewing your driver’s license so that you never drive a company vehicle with an expired driver’s license. You must notify your supervisor immediately if your license expires and is not renewed.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the above driver provisions and agree to comply with all aspects of this notice per our company policy.

By signing this form, I further certify that the vehicle license listed below is the only one (license) I currently hold.

driver’s legal name:		social security number or EID
Driver’s Present Address:		
license state:	license type/ class	license number:
driver’s signature:		date:

Any additional licenses held, have been surrendered to the states listed below.

surrendered license to: state	type/class	license number
surrendered license to: state	type/class	license number

EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(§382.413, §383.35, §390.15, §391.23)

**** REQUESTS FOR INFORMATION ARE TO ALL PREVIOUS EMPLOYERS IS MANDATORY PER FMCSR FOR THIS APPLICANT, RESPOND TO THIS REQUEST FOR INFORMATION WITHIN 30 DAYS. FAILURE TO COMPLY WITH REQUEST IS IN VIOLATION OF 49CFR391.23 AND 40.25, FOR WHICH YOU MAY BE PROSECUTED.**

I hereby authorize you to provide Biffs, Inc. with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

Applicant signature _____

Date _____

To:

From:

Biffs, Inc.
Attn: HIRING MANAGER
8610 Hansen Ave
Shakopee, MN 55379

FAX # _____

Return FAX# 952-403-1220

Applicant name: _____

SSN: _____

The above referenced individual has made application to **Biffs, Inc.**, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence

*Did the applicant work for you as _____? From ____/____/____ to ____/____/____

**YES NO (check one) if NO, please explain _____

*Did applicant drive a motor vehicle(s) for you? YES NO

(check one) Passenger Van Bus Straight Truck Tractor-Trailer Other: _____

*Was applicant involved in any accidents? (check one) YES NO IF yes, please provide a short description of accident(s) w/ dates _____.

*Reason for leaving your employ: Discharged Laid Off Resigned Other _____

*Would you rehire this employee at a later date? (check one) YES NO

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS-(by past employer)

Information about the above named applicant	YES	NO	IF YES, PLEASE PROVIDE DATE:
*Alcohol test with a result of 0.04 or greater?	<input type="checkbox"/>	<input type="checkbox"/>	
* Verified positive controlled substances test results?	<input type="checkbox"/>	<input type="checkbox"/>	
*Refusals to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	
*Was rehabilitation completed as required?	<input type="checkbox"/>	<input type="checkbox"/>	

Our company did not complete Drug and Alcohol testing per FMCSA DOT – Part 40 and 382 requirements; during the past 3 years, on this former employee.

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

Signature: _____ Position: _____ Date: _____

To be completed by the present employer after completion by previous employer

Merchants Delivery Moving & Storage HR (name/date) that closed this background check is _____ on _____

Biffs, Inc. received and closed this background check – form needs to include signature and date from previous employer completed above.

After "good faith effort" by Biffs, Inc., this form was not received from the previous employer. (include documentation showing attempts)