

# Suburban Towing Inc

1006 Industrial Blvd. Louisville, KY 40219 Phone 502-964-6500

## APPLICATION FOR EMPLOYMENT

Suburban Towing Inc. is an equal opportunity employer.

### PERSONAL INFORMATION

Please legibly print all information

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Give a complete record of all address (es) you have maintained for the past three years. (Attach an extra sheet if necessary.)

Present Address:

No Street City State Zip Code

Next Prior address:

No Street City State Zip Code

Next Prior address:

No Street City State Zip Code

Home Phone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cellular Phone# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_ Are you at least 18 yrs of age Yes \_\_\_ No \_\_\_

Have you ever applied or have been interviewed by Suburban Towing Yes \_\_\_ No \_\_\_ If Yes When \_\_\_\_\_

Referred by: \_\_\_\_\_ (friend, Newspaper Ad, Website, etc.)

In Case of Emergency, Notify: \_\_\_\_\_ Name Phone# \_\_\_\_\_

### WORK PREFERENCES

Answer only the questions that applies to you and the position for which you are applying.

What type of position are you seeking? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

What date are you available for Employment? \_\_\_\_\_

If offered a position, are you willing to undergo a physical exam and/or drug screening? Yes \_\_\_ No \_\_\_

### SKILLS

Please list any other special training, skills and experiences which will help you with our company. List all equipment and/or office equipment you can operate: \_\_\_\_\_

Typing Yes \_\_\_ No \_\_\_ (If Yes, WPM: \_\_\_)

Other: \_\_\_\_\_

Briefly describe why you want to work for our company: \_\_\_\_\_

**EDUCATION**

|                  | Name | State | Years complete | Major | Diploma/Degree |
|------------------|------|-------|----------------|-------|----------------|
| High School      |      |       | 1 2 3 4        |       |                |
| College          |      |       | 1 2 3 4        |       |                |
| Grad School      |      |       | 1 2 3 4        |       |                |
| Special Training |      |       | 1 2 3 4        |       |                |
| Other            |      |       | 1 2 3 4        |       |                |

**EMPLOYMENT HISTORY**

**EMPLOYMENT Data:** Give a complete record of all employment for the past 10 years. All applicants must include any unemployment, self-employment or Military experience. You may attach a resume, but you must complete the application with all required information (attach extra sheets if necessary.)

**PRESENT OR LAST EMPLOYER:** Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Fax # \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations while employed: (Drivers Only) Yes \_\_\_ No \_\_\_

Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?

Driver only Yes \_\_\_ NO \_\_\_

**NEXT PREVIOUS EMPLOYER:** Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Fax # \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Driver only Yes \_\_\_ NO \_\_\_

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From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

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From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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Driver only Yes \_\_\_ NO \_\_\_

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From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Fax # \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Was the position designated as a safety function subject to testing for alcohol and controlled substances as required by 49 CFR 40?

Driver only Yes \_\_\_ NO \_\_\_

| DRIVERS LICENSE   | DRIVERS ONLY |            |                       |
|---|--------------|------------|-----------------------|
| Drivers License # _____                                     | State _____  | Type _____ | Expiration Date _____ |
| CDL? YES___ NO___   |              |            |                       |
| List all endorsements (Haz-Mat, Doubles, etc.) _____        |              |            |                       |
| Have you ever been denied a license or permit? Yes___ No___ |              |            |                       |
| If yes to either, Please explain: _____                     |              |            |                       |
|   |              |            |                       |
| DRIVING EXPERIENCE  | DRIVERS ONLY |            |                       |

|   | Type of Equipment<br>(Van, Tank, Flat) | Dates<br>From / To | Number of Miles<br>(Approximate) |
|---|--|--------------------|----------------------------------|
| Straight  | _____                                  | _____              | _____                            |
| Semi  | _____                                  | _____              | _____                            |
| Double  | _____                                  | _____              | _____                            |
| Flat Bed  | _____                                  | _____              | _____                            |
| Wrecker   | _____                                  | _____              | _____                            |
| Roll Back   | _____                                  | _____              | _____                            |
| List any special driving courses completed _____                                |  |                    |                                  |
| Have you received any Safe Driving Awards? Yes___ No___ If yes from Whom? _____ |  |                    |                                  |

List any and all motor vehicle accident and or incidents, private & commercial, regardless of fault. (attach additional sheet if necessary.)

| Date | Nature of Accident / Incident | Fatalities | Injuries |
|------|-------------------------------|------------|----------|
|      |                               |            |          |
|      |                               |            |          |
|      |                               |            |          |
|      |                               |            |          |

List any an all violations of motor vehicle laws and ordinances (other than parking) that you were convicted of or forfeited bond or collateral in the three (3) years prior to this application. (attach additional sheets if necessary.)

| Date | Violation |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |

| PERSONAL REFERENCES  | ALL APPLICANTS        |             |         |
|--|-----------------------|-------------|---------|
| Please list 3 people not related to you, whom you have know for at least 1 year. |                       |             |         |
| Name   | Business / Occupation | Years Known | Phone # |
|  |                       |             |         |
|  |                       |             |         |
|  |                       |             |         |

**BACKGROUND**

**ALL APPLICANTS**

Name appearing on drivers license: \_\_\_\_\_

Drivers License # and State \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If hired, can you provide proof of age? \_\_\_\_\_  
(NOTE: Federal Law requires our drivers to be at least 21 years of age.  
Otherwise your age is not a criterion for employment and therefore need not be noted.)

Have you ever tested positive for alcohol and/or illegal drugs/controlled substances? Yes\_\_\_ No\_\_\_  
If yes, When and what did you test positive for?

Have you ever been convicted of a crime? Yes\_\_\_ No\_\_\_ If yes, List below

CONVICTIONS (both criminal and traffic): (Attach extra sheets if necessary.)

| Date | Charge | Penalty | City | County | State |
|------|--------|---------|------|--------|-------|
|      |        |         |      |        |       |
|      |        |         |      |        |       |

(A criminal conviction does not prevent your from employment consideration)

**APPLICANT'S CERTIFICATION AND AGREEMENT**

Suburban Towing hereby informs you that, in conformance with the Fair Credit Reporting Act. A consumer report concerning your character, general reputation and personal characteristics may be requested from a consumer reporting agency, You may then inspect and receive a copy of the report by contacting the agency directly, If you are denied employment because of information contained in the report, you will also be advised and the name and address of the agency will be supplied.

Suburban Towing hereby informs you that the information provided by you on this form may be used, and your previous employers may be contacted, for the purpose of investigating your safety performance history information as required by paragraphs (d) and (e) of FMCSRs. 391.23. You are hereby notified of your due process rights as specified in FMCSRs 391.23 (i) regarding information received as a result of these investigations, including 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 Suburban Towing and the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Suburban Towing may obtain report regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration Pre Employment Screen Program (FMCSA). If Suburban Towing makes a decision to not hire you or takes adverse action against you based upon your driving history or safety report, Suburban will notify you.

I authorize Suburban Towing 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 consenting to the release of safety performance information including crash date for the previous (5) years and inspection history from the previous (3) years. I understand and acknowledge that this release of information may assist Suburban Towing in making a determination regarding my suitability as an employee.

I further understand that neither Suburban Towing or the FMCSA contractor supplying the crash and safety information has the capability to correct any safety date that appears to be incorrect, I understand I may challenge the accuracy of the date by submitting a request to <https://dataqs.fmcsa.dot.gov> If I am challenging 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.

**AUTHORIZATION AND RELEASE-** I hereby authorize the release of information held by any party regarding my prior employment, credit history, driving record, or education to Suburban Towing, I hereby release said persons, companies, law enforcement authorities, and school from any liability for any damages whatsoever resulting from issuance of the information

**CERTIFICATION-** I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I hereby authorize Suburban Towing to investigate and verify all statements herein contained, and I understand that any misrepresentation falsification or omission shall be sufficient reason for dismissal or a refusal of employment

**AT-WILL EMPLOYMENT:** I understand that employment at Suburban Towing is at will and is not guaranteed for any term, and may be terminated by Suburban Towing at any time and for any reason. I also understand that no representative of Suburban Towing has the authority to enter into any agreement for employment for any specified period of time, and that I have not and will not rely on any contrary oral representation. I further understand that I am not obligate to work for Suburban Towing for any specified period of time.

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.**

**APPLICANTS SIGNATURE**

**DATE**

## Pre-Employment Certification

Have you, during the past two years, 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?

YES \_\_\_\_\_

NO \_\_\_\_\_

---

Signature

Date

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

Driver's Signature:

Date

# PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States codes of Federal Regulations, Section 382.301 Pre-Employment testing requirements apply to drive applicants of this company

382.301 Pre-Employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) Prior to collection of a urine sample under section 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based upon Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer (MRO) will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test to be given to the parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

Your signature below also signifies that you willingly release to MC CONSULTANT SERVICES the results of the above mentioned drug screen and also any other drug screen

that you have done while employed by the company that you have applied to therein.

APPLICANTS' NAME (PLEASE PRINT): \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

WITNESSED BY

COMPANY REP: \_\_\_\_\_ DATE: \_\_\_\_\_

## ALCOHOL AND CONTROLLED SUBSTANCE POLICY RECEIPT

DRIVER'S NAME \_\_\_\_\_

COMPANY OFFICIAL SIGNATURE: \_\_\_\_\_

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements.

1. The designated person to answer questions about the materials.
2. The categories of drivers subject to part 382
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
7. The requirement that tests are administered in accordance with part 382.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences for part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information on the effects of alcohol and controlled substances use on: An individual's health, work and personal life. This information also consists of signs and symptoms of a problem and available methods of intervening when a problem is suspected.

My signature indicates I have read and understand the information on the above listed items.

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Date



From: MC Consultant Services, Inc  
P.O Box 19547  
Louisville, KY 40259-0547

Fax # (502) 966-2291

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

\_\_\_\_\_ Social Security # \_\_\_\_\_  
Is attempting to qualify as a driver under DOT Regulations and states that he/she was employed by you as a  
from \_\_\_\_\_ to \_\_\_\_\_.

**Federal Motor Carrier Safety Regulations Require The Following Information:**

Will you kindly reply to the inquiries below? Your reply will be held in strict confidence. A self-addressed envelope is enclosed for your convenience or please fax to the number above.

1. Are dates for employment with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, please provide correct dates. \_\_\_\_\_

2. Please describe type of work: Single driver operation \_\_\_\_\_ Team Operation \_\_\_\_\_  
Long Haul \_\_\_\_\_ Short Haul \_\_\_\_\_ Local \_\_\_\_\_ Other \_\_\_\_\_

3. What type of tractor? Diesel tandem \_\_\_\_\_ Other \_\_\_\_\_

4. What type of trailer? Flat \_\_\_\_\_ Van \_\_\_\_\_ Drop \_\_\_\_\_ Reefer \_\_\_\_\_ Other \_\_\_\_\_

5. What type of cargo? \_\_\_\_\_

6. Please describe accident experience with dates and details \_\_\_\_\_

7. Please describe cargo damage experience \_\_\_\_\_

8. Any compensation for personal injuries? \_\_\_\_\_

9. License State \_\_\_\_\_ License No. \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Exp. Date \_\_\_\_\_

10. Was driver's license suspended or revoked while in your employ? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Per Federal Motor Carrier Safety Regulations part 40.25 (b) the following information is required:

a.. Has this person had an alcohol concentration of 0.04 or greater within the last two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Has this person had a verified positive drug test within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Has this person refused a drug or alcohol test within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Any other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

e. With respect to any violations of DOT agency drug and alcohol regulations do you have documentation of the employee's successful completion of return to duty requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Reason for leaving your employ: Laidoff \_\_\_\_\_ Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Other \_\_\_\_\_

13. Were trips DOT regulated? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Were daily logs prepared? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Would he/she be eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Where was he/she employed before coming to you? \_\_\_\_\_

17. Any general comments about his/her performance? \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

(Name and signature and title of person giving information)

I hereby authorize you to release the requested information to **Suburban Towing Inc** for purposes of investigation as required by section 40.25 (b) and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing this or any other information.

(Date)

(Applicant Signature)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of  
Performance

- \_\_\_\_\_ The pre-trip inspection (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

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

## RECORD OF ROAD TEST

Instructions to Evaluator: Check ( ) items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Equipment Driven: Truck Tractor \_\_\_\_\_ Trailer(s) \_\_\_\_\_  
 (Make & Model) (Body Type & Length of Each)

Length of Test \_\_\_\_\_ Mi. From/In \_\_\_\_\_ To \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ Weather Conditions \_\_\_\_\_

### PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit \_\_\_\_\_
- Checks fuel, oil. Water and for excessive oil on engine \_\_\_\_\_
- Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage \_\_\_\_\_
- Tests steering, brake action, tractor protection valve, and parking brake \_\_\_\_\_
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment \_\_\_\_\_
- Checks instruments for normal readings \_\_\_\_\_
- Checks dashboard warning lights for proper functioning \_\_\_\_\_
- Cleans windshield, windows, mirrors, lights and reflectors \_\_\_\_\_
- Reviews and signs previous report \_\_\_\_\_

### PART 2 - COUPLING AND UNCOUPLING

- 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 \_\_\_\_\_
- Assures himself that surface will support trailer before uncoupling \_\_\_\_\_

### PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. MOTOR
  - Places transmission in neutral before starting engine \_\_\_\_\_
  - Starts engine without difficulty \_\_\_\_\_
  - Checks instruments at regular intervals \_\_\_\_\_
  - Maintains proper engine rpm while driving \_\_\_\_\_
- B. BRAKES
  - Knows proper use of and checks tractor-protection valve (trailer air supply valve) \_\_\_\_\_
  - Tests service brakes \_\_\_\_\_
  - Builds full air pressure before moving \_\_\_\_\_
- C. CLUTCH AND TRANSMISSION
  - Starts unit moving smoothly \_\_\_\_\_
  - Uses clutch properly \_\_\_\_\_
- D. LIGHTS (if tested at night)
  - Adjusts speed for range of headlights \_\_\_\_\_
  - Dims lights when approaching another vehicle or following other traffic \_\_\_\_\_

### PART 4 - BACKING AND PARKING

- A. BACKING
  - Gets out and checks area before backing \_\_\_\_\_
  - Understands and utilizes mirrors properly \_\_\_\_\_
  - Signals when backing (if appropriate) \_\_\_\_\_
  - Avoids backing from blind side \_\_\_\_\_
- B. PARKING (CITY)
  - Parks without hitting any other vehicles or stationary objects \_\_\_\_\_
  - Parks correct distance from curb \_\_\_\_\_
  - Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) \_\_\_\_\_
  - Carefully enters traffic from parked position \_\_\_\_\_
- C. PARKING (ROAD)
  - Parks off pavement \_\_\_\_\_
  - Secures unit properly \_\_\_\_\_
  - Uses emergency warning signal or devices when necessary \_\_\_\_\_

**PART 5 - SLOWING AND STOPPING**

- Uses clutch and gears properly \_\_\_\_\_
- Gears down properly before descending hills \_\_\_\_\_
- Starts without rolling back \_\_\_\_\_
- Tests brakes before descending grades \_\_\_\_\_
- Uses brakes properly on grades \_\_\_\_\_
- Makes proper use of mirrors \_\_\_\_\_
- Plans stop far enough in advance to avoid hard braking \_\_\_\_\_
- Stops clear of crosswalks \_\_\_\_\_

**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
  - Plans stop in advance and adjusts speed correctly \_\_\_\_\_
  - Obeys all traffic signals \_\_\_\_\_
  - Comes to a complete stop at all stop signs \_\_\_\_\_
- C. INTERSECTIONS
  - Yields right of way \_\_\_\_\_
  - Checks for cross traffic regardless of traffic controls \_\_\_\_\_
  - Enters all intersections prepared to stop if necessary \_\_\_\_\_
- D. GRADE CROSSINGS
  - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary \_\_\_\_\_
  - Selects proper gear and does not shift gears while crossing \_\_\_\_\_
  - Knows and understands Federal and State rules governing grade crossings \_\_\_\_\_

- E. PASSING
  - Allows sufficient space ahead for passing \_\_\_\_\_
  - Passes only in safe locations \_\_\_\_\_
  - Signals changing lanes before and after passing \_\_\_\_\_
  - Warns driver ahead of his intention to pass \_\_\_\_\_
  - Passes with sufficient speed differential to minimize obstructing traffic \_\_\_\_\_
  - Returns to right lane promptly but only when safe to do so \_\_\_\_\_

- F. SPEED
  - Observes speed limits \_\_\_\_\_
  - Drives at speed consistent with ability \_\_\_\_\_
  - Adjusts speed properly to road, weather and traffic conditions \_\_\_\_\_
  - Slows down in advance of curves, danger zones and intersections \_\_\_\_\_
  - Maintains constant speed where possible \_\_\_\_\_

- G. COURTESY AND SAFETY
  - Yields right of way \_\_\_\_\_
  - Consistently strives to drive in safe manner \_\_\_\_\_
  - Allows faster traffic to pass \_\_\_\_\_
  - Uses horn only when necessary \_\_\_\_\_

**PART 7 - MISCELLANEOUS**

- A. GENERAL DRIVING ABILITY AND HABITS
  - Consistently alert and attentive \_\_\_\_\_
  - Consistently is aware of changing traffic conditions \_\_\_\_\_
  - anticipates problems \_\_\_\_\_
  - Performs routine functions without taking eyes from road \_\_\_\_\_
  - Checks instruments regularly while driving \_\_\_\_\_
  - Personal appearance is professional \_\_\_\_\_
  - Remains calm under pressure \_\_\_\_\_

- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

REMARKS:

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GENERAL PERFORMANCE: Satisfactory  Needs Training  Explain: \_\_\_\_\_

QUALIFIED FOR: Straight Truck  Tractor-Semitrailer  Twin Trailers  Other Combination  Special Equipment \_\_\_\_\_

(SPECIFY)

Date \_\_\_\_\_

SIGNATURE OF EXAMINER \_\_\_\_\_

CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

\_\_\_\_\_  
(Social Security Number) (Operators or Chauffeurs License Number) (State)

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

If passenger carrier, type of bus \_\_\_\_\_

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

miles of driving.

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

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

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

**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 Suburban Towing 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 DataQs system to the appropriate State for adjudication.

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

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

**AUTHORIZATION**

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

I authorize Suburban Towing 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 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*