

CDL DRIVER QUALIFICATION PROCEDURES

1. Provide the driver a substance testing “Chain of Custody testing form” and have the driver submit to a pre-employment controlled substances test. The test results will be routed through Fleet Safety Services who will notify you of the results. Do not dispatch a driver prior to being notified of the negative test results.
2. Make a copy of the driver’s DOT medical examiner’s certificate, and driver’s license and forward them to Fleet Safety Services.
3. *Prepare the new-hire packet as prescribed below, and forward to Fleet Safety Services.

Pages 3 - 7: Ensure the driver completely prepares the employment application. *The applicant’s previous employer information must be complete and accurate, so proper employment history inquiries can be performed.*

Page 8: Driver must only sign the attached form under “applicant’s signature” and make no other entries on the form. *Fleet Safety will make the necessary number of copies and conduct the mandatory DOT previous employer inquiries, then forward them to you.*

Page 9: Same as above. Driver only signs the one attached form.

Page 10: Provide the driver a copy of your company Substance Testing Policy, and have them sign for receipt of it.

Page 11: Ensure the driver checks yes or no and fully prepares the form, which pertains to any previous pre-employment substance testing issues.

Pages 12: This release allows Fleet Safety Services to obtain required driver records.

Page 13: Mandatory driver notification of any suspensions, moving violations or cell phone use violations. *(This specific document is not a DOT driver qualification file requirement, but highly recommended)*

Pages 14 & 15: Driver’s Road Test and Certificate. The driver must complete the road test prior to first dispatch. *(Test is mandatory for all non-CDL drivers and drivers operating tanks, doubles or triples. However, it is recommended for all drivers. Test can be given by a senior driver)*

Page 16: Drivers must prepare this 7 Day Statement prior to first dispatch. *(Also required prior to utilizing an occasional driver) This requirement ensures the driver has enough hours available to operate within the hours rules.*

*Please fax (508-831-7611) or **email** (updates@fleet-safety.com) the following documents to Fleet Safety for processing:

- The entire new-hire packet as described above.
- Copy of the driver's license & a copy of the driver's medical card

Note: Do not dispatch a newly hired CDL driver prior to the driver's Motor Vehicle Report being obtained and properly verified, or prior to receiving the driver's negative pre-employment drug test results.

Fleet Safety Services personnel will review the driver qualification documents, perform the proper previous employer inquiries, then prepare and return an electronic Driver's Qualification File to you. *(The statuses of your drivers' qualifications are available on Fleet Safety's website)*

Questions: Please contact Fleet Safety Services at 508-791-1971.



12 Harvard Street
Worcester, MA 01609
800-215-2490
Fax: 508-831-7611

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____
(First) (Middle) (Last)

ADDRESS: _____ HOW LONG? _____
(Street) (City) (State & Zip)

DATE OF BIRTH: _____ DATE CDL OBTAINED: _____
MM/DD/YYYY MM/DD/YYYY

SOCIAL SECURITY NUMBER: XX --- XXX --- _____ PHONE NO: _____

ADDRESS: _____ HOW LONG: _____
PAST THREE (Street) (City) (State & Zip)
 YEARS:

_____ HOW LONG: _____
(Street) (City) (State & Zip)

EMERGENCY CONTACT: _____
(NAME) (PHONE NUMBER)

EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)

CURRENT OPERATOR'S LICENSE	ISSUING STATE	LICENSE NUMBER	TYPE LICENSE	EXPIRATION DATE:

DRIVING EXPERIENCE (List all experience operating motor vehicles)

Class of Equipment <small>(CDL, non-CDL, non-commercial)</small>	Type of Equipment <small>(Straight truck, bus, tractor trailer)</small>	Dates Operated From:	Dates Operated To:	Approximate Annual Miles Driven

ACCIDENT RECORD FOR PREVIOUS 3 YEARS
(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident	Injuries	Fatalities

TRAFFIC CONVICTIONS AND FORFEITURES FOR PREVIOUS 3 YEARS
(OTHER THAN PARKING) (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

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

EDUCATION

Circle highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
(NAME) (CITY)

APPLICANT: AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THE US DOT / FMCSA REGULATION 49 CFR 391.23.

EMPLOYMENT HISTORY
(ATTACH ADDITIONAL SHEETS IF NEEDED)

Applicant must provide, at a minimum, the previous three years of employment history. Additionally, CDL driver applicants **MUST PROVIDE employment history information for the previous 10 years of previous employers for which the applicant was an operator of a commercial motor vehicle.**

MOST RECENT EMPLOYER

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: STREET: _____

CITY: _____, STATE: _____, ZIP: _____

POSITION/S HELD _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO (circle one)**

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO (circle one)**

SECOND MOST RECENT EMPLOYER

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: STREET: _____

CITY: _____, STATE: _____, ZIP: _____

POSITION/S HELD _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO (circle one)**

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO (circle one)**

THIRD MOST RECENT EMPLOYER

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: STREET: _____

CITY: _____, STATE: _____, ZIP: _____

POSITION/S HELD _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO (circle one)**

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO (circle one)**

FOURTH MOST RECENT EMPLOYER

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: STREET: _____

CITY: _____, STATE: _____, ZIP: _____

POSITION/S HELD _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

WHILE EMPLOYED, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? **YES OR NO** (circle one)

WHILE EMPLOYED, WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING? **YES OR NO** (circle one)

TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize ALL STATE MATERIALS GROUP to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release ALL STATE MATERIALS GROUP from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by ALL STATE MATERIALS GROUP

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

(Applicant's Signature)

(Date)

Driver's Safety Performance History & Substance/Alcohol Testing Inquiry

To: _____
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

DATE: _____

Attn: Human Resources; as required by 49 CFR Part 391.23, please reply within 30 days to this inquiry. Your reply will be maintained in accordance with the Federal Motor Carrier Safety Regulations: **Please complete this form and mail or fax it to:**
All States Materials Group P.O. Box 91 Sunderland MA 01375
Fax #: 413-665-1128 Email: hr@asmg.com

APPLICANT - WRITE IN THIS BOX ONLY

I, _____ specifically agree to the release of my substance / alcohol testing history, as it relates to the FMCSA substance / alcohol requirements, including any positive results, refusals to tests, other violations, and evaluations by Substance Abuse Professional to Fleet Safety Services, Inc. on behalf of ALL STATE MATERIALS GROUP.

Applicant's Signature: _____ Social Security#: XXX-XX-_____

- 1) Dates of employment with your company: Start: _____ End: _____
 - 2) What type of work did the applicant perform? _____
 - 3) Did the applicant drive motor vehicles for you? Yes No
 Straight truck _____ Tractor-Semi-trailer _____ Bus _____ Other (specify) _____
 - 4) Reason for leaving your employ: Discharge Laid off Resigned/Other
- Please circle the appropriate rating: Excellent = 1 Good = 2 Fair = 3 Poor = 4 Very Poor = 5**

Quality of work	1	2	3	4	5
Cooperation	1	2	3	4	5
Safety habits	1	2	3	4	5
Personal habits	1	2	3	4	5
Driving skill	1	2	3	4	5
Attitude	1	2	3	4	5

Per 49 CFR Part 391.23 please list, at a minimum, all US DOT "recordable crashes" the driver was involved in while employed with you. (Previous 3 years only)

Date	Accident	Location	Injuries	Tow away	Fatality	Comments

Request for Previous Employer's DOT Drug / Alcohol Testing Information

In accordance with 49 CFR Part 40.25, 391.23 the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last three years – including refusals to test. Please complete the following:

- | | | |
|--------------------------|-----------|-----------------------------------------------------------------------------------------------------|
| YES* | NO | |
| _____ | _____ | 1. Any alcohol test results of 0.04 or greater during the previous three years? |
| _____ | _____ | 2. Any positive drug test results during the previous three years? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (Incl. adulterated or substituted) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug/alcohol rule violation to you within the previous 3 years? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process? |
| <input type="checkbox"/> | _____ | 7. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations. |

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Please print your name: _____ Date: _____

Authorized Signature: _____

Note: Failure to furnish the minimum information as required by 49 CFR Part 391.23 is a violation of US Department of Transportation regulations and may result in a fine and/or civil liability.

RECEIPT OF COMPANY SUBSTANCE TESTING POLICY

By my signature, I, _____, hereby acknowledge that I have received a copy of ALL STATE MATERIALS GROUP Substance Abuse and Alcohol Misuse Program. I understand that ALL STATE MATERIALS GROUP requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing, or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the ALL STATE MATERIALS GROUP Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

(Employee Signature)

(Date)

**PREVIOUS PRE-EMPLOYMENT
EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

§40.25(j): An employer must ask the employee 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 testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety – sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (Refer to §40.25(b)(5) and (e) for further information.)

The prospective employee is required per 49 CFR Part 40.25(j) to respond to the following questions:

Name: _____

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?

Check one: YES NO

If you answered “Yes” above, can you provide or obtain documentation that you have successfully completed the DOT return-to-duty process?

Check one: YES NO

I certify that the information provided on this document is true and correct.

Signature: _____ Date: _____

All State Materials Group

325 Amherst Road Sunderland, MA 01375

— — — — —
1 2 3 4 5 6 7

All State Materials

— Warner Brothers

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

ALL STATE MATERIALS GROUP ("the Company") may obtain information about you for employment purposes and/or contract for services from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" as defined by California law. These reports contain information regarding your driving history ("driving record(s)") in accordance with Section 391.23 and/or 391.25 of the Federal Motor Carrier Safety Regulations.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been provided about you and to request a copy of your report.

The third party consumer reporting agency providing the report is:

Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703.

The scope of this notice and authorization is to allow the Company to obtain from any outside organization consumer reports now and throughout the course of your employment and/or contract for services to the extent permitted by law, as they pertain to your driving record(s).

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. Additionally, upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

New Hampshire applicants or employees subject to state driving record requests: Your authorization for the release of your driving record is limited to no more than 2 years from the date of the execution of this document. As it relates to your driving record, you have the right to revoke this authorization at any time.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment and/or contract for services, if applicable, to the extent permitted by law. In accordance with this notice, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, or information service bureau to furnish any and all background information requested by **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota applicants or employees only:

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants or employees only:

please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report or consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Last name: _____ First name: _____ Middle name: _____

**Please list your name exactly as it appears on your driver license*

Social Security: _____ xxx - xx - _____ Date of Birth: _____

Driver's License: _____ DL State of Issuance: _____

Phone Number: _____ Email Address: _____

Present Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

All State Materials Group

325 Amherst Road Sunderland, MA 01375

MANDATORY NOTIFICATION OF ALL DRIVING PRIVILEGE SUSPENSIONS, REVOCATIONS, AND DISQUALIFICATIONS; INCLUDING ALL MOVING VIOLATIONS & CELL PHONE USE

I, _____, understand that I am absolutely prohibited from utilizing a hand held mobile telephone while operating a commercial motor vehicle for ALL STATE MATERIALS GROUP. This includes both originating and receiving telephone calls, and texting. (I understand that I am permitted to utilize a hands free device, or a mounted device, which can be operated by pushing a single button for voice mobile communications, if my employer permits.)

I understand that utilizing a hand held mobile telephone, as prescribed above, for voice communications and/or texting may result in the **immediate termination** of my employment.

I, _____, agree to notify my direct supervisor of ALL STATE MATERIALS GROUP **immediately** of any suspension, restrictions, disqualifications or revocations of my driver's license and **within 30 days** of any moving violation conviction(s) I may receive. This requirement pertains to actions resulting from my operation of any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above prescribed notifications may result in a suspension or termination of my employment.

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

The cell phone and texting bans are outlined in 49 CFR part 392.

Signature

Date

All State Materials Group

325 Amherst Road Sunderland, MA 01375

RECORD OF ROAD TEST

Driver's Name: _____

License Number: _____ State: _____ Expiration: _____

Type of Power Unit: Tractor _____ Straight truck _____ Type of Trailer: _____

Please assess the level of skill and competence the driver exhibits performing each of the following operations

• **The Pre-trip Equipment Inspection**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Coupling and Uncoupling of Combination Units**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Placing the commercial Motor Vehicle in Operation**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Turning the Commercial Motor Vehicle**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**

Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Backing and Parking the Commercial Motor Vehicle**

Unsatisfactory Satisfactory Needs Training

Comments: _____

:
Duration of Road Test _____ hours/minutes, _____ miles

(Name of Examiner -please print)

(Signature)

(Date)

Certificate of Road Test

Driver's Name: _____

License Number: _____ State: _____ Expiration: _____

Type of Power Unit: _____, 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 safely operate the type of commercial motor vehicle listed above.

(Signature of Examiner) (Title) (Date)

Name of Examiner: _____

Address: _____

Company performing test: _____

This certificate must be completed after each successful Road Test. The originals of both documents should remain in the Driver's Qualification File.

All State Materials Group

325 Amherst Road Sunderland, MA 01375

DRIVER DATA SHEET For New, Casual and Temporary Drivers

Driver Name: _____

Instructions:

Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Hours Worked							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: _____ on:

_____ (time)
(month, day, year)

Signature: _____ Date: _____