

CAC INTERNATIONAL LLC

720 FIRST STREET HARRISON, NJ 07029

(973) 344-7300

DRIVER INFORMATION

Driver's Full Name: _____

Dob: ____/____/____ - Social Security # _____

Current Address: _____

Driver License # _____ State _____

Expiration Date- _____ Endorsments _____

Cell Phone- _____ Home Phone _____

Medical Card Expiration- _____

Annual Review (last) - _____

Last Random - _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to 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.

3. 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 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.
LAST UPDATED 10/29/2012

DRIVER'S APPLICATION FOR EMPLOYMENT

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

This authorization included the new PSP System, Pre Employment Screening, under CSA regulations that will provide with the Personal Safety Data hold and supply by the US DOT and FMCSA.
Authorization for request of motor vehicle data (MVR) and criminal history (Hazmat) State or Federal records

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and The Federal Motor Carrier Safety Administration.

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

Print _____

DRIVER'S APPLICATION FOR EMPLOYMENT

CAC INTERNATIONAL LLC Requires all employees to submit to the following Pre-Employment tests:

- Pre-Employment Examination when required (Drivers)
- DOT Drug Screening (Drivers)
- Physical Demands Test (Drivers)

Physical demands and drug screen tests will be administered after acceptance of a conditional offer of employment. Failure to pass the drug screen or the physical demands test(s) will result in retraction of the employment offer.

We are an Equal Opportunity Employer and will recruit, hire, promote, and train in all jobs without regard to race, color, religion, sex, origin, age, disability, or Veteran status.

Referral source: _____

Date of Application

Last Name:	First Name:	Middle Initial:	Social Security#
Do you have a legal right to work in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:	Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed at this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date and position:	Date Available:	Salary expected:
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates, offenses and disposition (convictions are not automatic disqualification from employment):		

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, State)

List your address of residency for the past 3 years.

Current Address

(Street) (City)

Previous Addresses

(State) (Zip Code) (Phone) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

(Street) (City) (State/Zip Code) How Long? (Yr/mo)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either of the above questions is yes, give details.

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

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such a vehicle.

(Note: List employers in reverse order, **starting with the most recent**. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any sized vehicle used to transport hazardous materials in quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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DRIVER'S APPLICATION FOR EMPLOYMENT REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the information requested below for the purpose of background investigations that is required by the Federal Motor Carrier Safety Regulations, Part 382.413 and 391.23.

Driver Signature

Date

To: _____

From: _____

CAC INTERNATIONAL LLC
720 FIRST ST
HARRISON, NJ 07029
973-344-7300

Attention: Personnel Department

In accordance with Section 382.413 and 391.23, we are obligate to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by 49 CFR Part 391.23(g).

Best Regards,

SAFETY DEPT, CAC INTERNATIONAL LLC

Applicant Name: _____ SSN: _____

Position Held: _____ From: _____ To: _____

RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCE TEST INFORMATION (FMCSR 382.413) FMCSR 382.405 (f) Requires prior employers to supply this information upon written request.

If driver was not involved in a safety-sensitive position subject to drug and alcohol testing under Part40, check here

	YES	NO
Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person refused to be tested (including verified adulterated or substituted drug test results?)	<input type="checkbox"/>	<input type="checkbox"/>
Has this person committed other violations of DOT agency drug and alcohol testing?	<input type="checkbox"/>	<input type="checkbox"/>
If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up test?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above questions were answered "yes", please attach a separate statement detailing the circumstances and the outcome of the event(s), including the name, address, and phone number of the substance abuse professional.

Type of Equipment Operated: _____ Straight Truck _____ Tractor and Trailer
Did not operate Equipment _____ Bus _____ Tractor and Tandem Trailers

Reason for leaving your employment: _____

Please Rate the Following performance category from 1 to 5, with 5 being the highest –
Driving Record and HOS Violations

Please Circle One
1 2 3 4 5

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Has this person been involved in any accident(s)? **CIRCLE ONE**
YES or NO

If this person has had an accident, please give date(s) and explanation of accident(s): _____

Signature of person providing Information

Title

Date

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(973) 344-7300

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DRIVER'S APPLICATION FOR EMPLOYMENT REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: CAC INTERNATIONAL LLC
(Prospective Employer)

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

(Driver's Signature)

(Date)

.....
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester

Date

TO:

DEAR SIR/MADAM

The following named person has made application with our company for the position of _____.
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____.
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employees driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____

SSN: _____

LICENSE NO. _____

STATE OF ISSUE: _____

REQUESTED BY:

(Name)

(Title) Safety

CAC INTERNATIONAL LLC

DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE "NONE".
 (Attach sheet is more space is needed)

DATES	NATURE OF ACCIDENT (Head on, Rear End, Upset, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE "NONE".
 (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-two trailers				
Other				

OTHER QUALIFICATIONS AND EXPERIENCE

List States operated in for the last five years:	Special Courses or training related to this job:	Safe driving awards held? From whom?
Trucking, transportation, or other experience that may help in your work with this company:	Special equipment or materials that you can work with that relate to this job:	

This certifies 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 understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize CAC INTERNATIONAL LLC to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release CAC INTERNATIONAL LLC and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

 Signature of Applicant

 Date

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, 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 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

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

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

(Today's Date)

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____

Signature

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DRIVER'S APPLICATION FOR EMPLOYMENT

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

Sec. 40.25 (j) As the employer, you must also 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 two years. If the employee admits that he or she had a positive test or 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. (see Sec. 40.25(b)(5) and (e))

Company Name: CAC INTERNATIONAL LLC

Street 720 FIRST ST

City HARRISON

State, Zip: NEW JERSEY, 07029

Prospective Employee Name: _____ S.S. Number: _____
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____
(Signature)

DRIVER'S APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT URINALISYS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301 pre-employment testing requirements

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.
-

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

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

The Medical Review Officer 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 results to be given to other parties.

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

Driver Applicant Name (Print)

Driver Applicant Signature

Month

Day

Year

Company Representative Signature

Month

Day

Year

CAC INTERNATIONAL LLC

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the driver's 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 (see Section 395.8(j)(2) Federal Motor Carrier Safety Regulations).

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name (print) _____

Social Security Number _____

Motor Vehicle Operator's License Number

Type and Class of License _____ Issuing State _____

DAY	1	2	3	4	5	6	7
DATE							
HOURS							

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

_____ AM/PM On _____
Time Month/Day/Year

Driver's Signature

Witness Signature

EQUIVALENT OF ROAD TEST

As The Motor Carrier Representative, Reviewing this File, I

CAC INTERNATIONAL LLC, Attest That _____

Motor Carrier Representative

Driver Full name

Meet the equivalent of Road Test requirement described below in FMCSR &391.23

This Document shall serve as acknowledgement that the Driver/Applicant meets the Requirements for a Road test in FMCSR &391.31

Federal Motor Carrier Safety Regulations

391.33 Equivalent of Road Test

- (a) In place of, and is equivalent to the road test required by &391.31, a person who seeks to drive a commercial motor vehicle may present, and a Motor Carrier accept
- (b) A valid Commercial driver’s license as defined in &383.5 of this subchapter, but not including double or triple trailer or tank vehicle endorsement, which has been issued to him/her to operate specific categories of commercial motor vehicles and which, under the law of the State licenses him/her after successful completion of a road test in commercial motor vehicle of the type the motor carrier intends to assign to him/her, or
- (c) Copy of the valid certificate of Driver’s road test issued to him/her pursuant to &391.31 within the preceding 3 years.
- (d) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver’s qualifications file.
- (e) A motor carrier may require any person who present a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skill as a condition to his/her employment as a driver.

(35 FR 6460, April 22 1970, as amended at 60 FR 38744, July 28,1995; 63 FR 33277, June 18,1998)

Motor Carrier Representative Name

Date Signed

____/____/____

Motor Carrier Representative Signature X _____

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I hereby acknowledge receipt of NEAL'S TOURS LLC Controlled Substance and Alcohol Misuse Drug and Alcohol Testing Policy. I understand that it is my responsibility to familiarize myself with the policy and its requirements and seek appropriate guidance or explanation if needed. I also understand that the provisions of this policy are part of the terms and conditions of my employment, and that I agree to abide by them.

THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.

DATE

EMPLOYEE'S SIGNATURE

EMPLOYEE'S NAME (PRINT)

Please complete and return this form immediately to your Designated Employer Representative

CAC INTERNATIONAL LLC

DRIVER LOG DISCIPLINARY POLICY

DRIVER RECEIPT

I acknowledge receipt of the CAC INTERNATIONAL LLC Log Disciplinary Policy; I further understand that my non-compliance with Federal Motor Safety Administration Regulations; failure to follow hours of service requirements is a grounds for company disciplinary actions up to termination. I further understand that failure to comply with both federal and company hours of service policy is showing an unwillingness to comply with these policy and a grounds for company disciplinary action up to termination of employment.

DRIVER'S SIGNATURE

DATE

CAC INTERNATIONAL LLC

COMPANY OFFICAL SIGNATURE

INITIALS _____

CAC INTERNATIONAL LLC
ROADSIDE INSPECTION
POLICY & PROCEDURE
DRIVER RECEIPT

I acknowledge receipt of the **CAC INTERNATIONAL LLC** roadside inspection policy & procedures. This policy supersedes all previous policies; in addition I understand that if I fail to follow the instructions in this policy, I may face company disciplinary action up to termination.

DRIVER'S SIGNATURE

DATE

CAC INTERNATIONAL LLC

SAFETY DIRECTOR'S SIGNATURE

INITIALS _____

CAC INTERNATIONAL LLC

OWNER-OPERATOR MAINTENANCE INSPECTION REQUIRMENTS

DRIVER RECEIPT

I acknowledge receipt of the CAC INTERNATIONAL LLC. Owner-Operator MAINTENANCE / INSPECTION REQUIRMENTS; I further understand that all inspections are at the sole cost of the Owner-Operator. I will comply with all required inspections, which is a prerequisite for employability. If while employed, my power-unit (tractor or truck), is found to have any Out of Service Violation, as labeled in Parts 393 & 396 I will be required to have my truck inspected by a "Qualified" Safety Inspector. All costs associated with inspections are at the sole cost of the owner-operator.

DRIVER'S SIGNATURE

DATE

CAC INTERNATIONAL LLC

SAFETY DIRECTOR'S SIGNATURE

INITIALS _____