



14774 Jurupa Ave Fontana Ca, 92337
Phone: (800)225-4440 Fax: (909)493-3437

Pre-Application Questionnaire

Print Full Name: _____ D.O.B _____

Address _____

Phone _____ Social Security # _____

How many years of Tractor/Trailer experience have you had? _____

Can you prove your previous work experience? Yes ☐ No ☐

Has your driver's license EVER been suspended, revoked, or restricted? Yes ☐ No ☐

If Yes, explain: _____

Check any endorsement to your CDL: Hazmat ☐ Tanks ☐ Doubles/Triples ☐ Passenger ☐ Other ☐

Check the make of tractor(s) driven:

- ☐ IHC/Navistar
- ☐ Kenworth
- ☐ Freightliner
- ☐ Peterbuilt
- ☐ Ford
- ☐ Other:

(Check)

- ☐ Cab Over ☐ Conventional
- ☐ Cab Over ☐ Conventional
- ☐ Cab Over ☐ Conventional
- ☐ Cab Over ☐ Conventional
- ☐ Cab Over ☐ Conventional
- ☐ Cab Over ☐ Conventional

Check the type of transmission(s) familiar with:

- ☐ 4X4 (16 Speed) ☐ 5 Speed ☐ Fuller 913 (13 Speed)
- ☐ 10 Speed ☐ RT 910 ☐ 5 Speed main – 3 Speed aux.
- ☐ Fuller 12513 (13 Speed) ☐ 6 Speed ☐ Other: _____
- ☐ Triplex (15 speed) ☐ 9 Speed

Check the type of trailer(s) pulled:

- ☐ Regular Van ☐ Refer Unit ☐ Drop Deck
- ☐ Grain ☐ Hopper ☐ N/A
- ☐ Liquid bulk tanker ☐ Flat Bed ☐ Other: _____
- ☐ Bulk Tanker ☐ Live Stock



Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and TMT Industries.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____

Position Applying For; Check One ☐ Contractor ☐ Driver ☐ Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number _____ Cell Phone Number _____

*Age _____ Date of Birth _____ Social Security Number _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Address: _____
(Street) (City) (State) (Zip)

Has the above address been your address for more than three years? ☐ Yes ☐ No

If No, Please supply all residence addresses within the last 3 years below. Include start and end dates of residence at each address.

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Education: Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Have you worked for this company before? ☐ Yes ☐ No

If yes, give dates: From _____ To _____

Reason For Leaving? _____
☐ Yes

Are you employed? ☐ No If No, how long since leaving last employment? _____
☐ Yes By _____

Where you referred? ☐ No Who? _____

Personal References

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

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____



Employment History (10 YEARS)

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

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

(NOTE: List employers in reverse order starting with the most recent.)

Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Employment History (Continued)

Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Date
Name:	From: Mo. Yr.
Address	To: Mo. Yr.
City State Zip	Position Held
Contact Person Phone Number	Reason For Leaving
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Includes vehicle having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a 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 more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



Driving Experience

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

List States operated in the last Five years: _____

List any Safe Driving Awards you hold and from whom: _____

MVR – Driving Record

Accident Record for past three years (attach sheet if more space is needed)

Date Of Accident	Nature Of Accident (Head On, Rear End) Upset, Etc.)	Location of Accident (City & State)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License Number: _____ State: _____ Expiration Date: _____

Do you hold more than 1 driver's license? ☐ Yes ☐ No

If Yes, Please list all licenses held in the last 3 years:

State _____ Number: _____ Expiration Date: _____

State _____ Number: _____ Expiration Date: _____

State _____ Number: _____ 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 Yes, explain: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.



To Be Read and Signed by Applicant

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

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

It is also agreed and understood that under the Fair Credit Reporting Act, Public La 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

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

It is agreed and understood that if qualified and hired, I may be on a probationary period during in which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

For Company Use Only

Applicant Hire	_____	Rejected	_____
Date Employed:	_____	Reason for Rejection	_____

Date Terminated	_____	Reason For Termination	_____
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Driver's Right Pertaining To Release of Driver Information Under Regulation 391.23

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

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

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information

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

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

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

Driver Signature _____

Date _____

Driver Name (Printed) _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These Reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



Medical Examiner's National Registry Verification

Motor Carrier Instructions: Beginning May 21st, 2014, verification must be made that the medical examiner who signed a driver's medical card is listed on the National Registry at the time of issuance. Certification dates are found next to each medical examiner on the National Registry. Use this form to document verification and place this form in the driver's qualification file. This requirement is prescribed in §391.23 and §391.51.

§ 391.23: Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with § 391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§ 391.51: General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by § 391.23(m).

Motor Carrier Verification: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____

License Number: _____

Medical Examiner: _____

National Registry #: _____

Motor Carrier: TMT Industries Inc.

Location: 14774 Jurupa Ave Fontana Ca, 92337

Verified by: _____

Signed: _____

Print Name: _____

Date: _____



Driver Applicant Drug and Alcohol Pre-Employment Statement

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

(See section 10.25(b)(5) and (e).

Applicant's Name
(Please Print)

ID Number

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

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

My signature below certifies that the information provided is true to correct.

Applicant's Signature

Date



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, (Print Name) _____
(First, M.I., Last)

Soc Sec # _____ - _____ - _____

DOB: _____

Hereby authorize:

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ (Date of Employment Application) to:

Prospective Employer: TMT Industries Inc. Attn.: Safety Dept.

Street Address: 14774 Jurupa Ave Phone: 909-493-3441

City, State, Zip: Fontana, Ca 92337

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 909-493-3437

Prospective employer's confidential email: Safety@tmtindustries.com

Applicant's Signature Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORY

The applicant named above was employed by us. ☐ Yes ☐ No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? ☐ Yes ☐ No if yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer

☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____ Title _____ Date _____

**SECTION 3****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____ Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____

By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone

Date: _____ ☐ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter



Driver Statement of On-Duty Hours (For newly hired drivers)

Instructions: Motor carriers when using a driver for the first time 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. NOTE: Hours for any compensated work during the preceding 7 days including work for a non-motor carrier entity must be recorded on the form.

Driver Name (Print): _____

Social Security Number: _____

Driver License State: _____ Number: _____ Class: A

Endorsement(s): ☐ Hazmat ☐ Doubles ☐ Triples ☐ Tanks ☐ Other _____

Type Of License: Commercial Issuing Date: _____

Day	1	2	3	4	5	6	7	
Date								2021
Hours Worked								Total Hours:

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:

_____ ☐ AM ☐ PM On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes the time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by TMT? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ Driver's Signature	_____ Date
_____ Company Representative	_____ 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) Fontana, Ca	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.
(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Date Of Certification: _____ **Driver 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 take with driver: _____

Reviewed By: _____

Signature	Date
_____	_____
Printed Name	Title
_____	_____

TMT Industries Inc.

Motor Carrier Name

14774 Jurupa Ave. Fontana, CA 92337

Motor Carrier Address

Maintain this document in the driver's qualification file. This document may be purged after 3 years from date of execution.



Motor Vehicle of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pound or more, can transport more than 15 people, or transport 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 transport hazardous material that required placarding.

DRIVER REQUIREMENTS: Parts 283 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1. POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2. NOTIFICATION OF LICENSE SUSPENSION REVOCATION OR CANCELTION:**
Sections 391.15(b)(2) 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 motor 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 possess:

Driver's License No. _____ **State:** _____ **Exp Date:** _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements:

Driver's Name (Printed): _____

Driver's Signature: _____ **Date:** _____

Notes: _____



**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 **T.M.T. Industries 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 **T.M.T. Industries 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



Employee Acknowledgment

I hereby acknowledge receipt of T.M.T. Industries Inc. Personnel Policy Manual I understand that the contents are for information and guidance only and, this manual does not constitute a contract. I further understand that all the contents are subject to change any time.

I have read this manual, I understand it, and all questions I had were answered.

Signed: _____

Print Name: _____

Date: _____



Driver New Hire Acknowledgement

I acknowledge and I agree to, if my employment with TMT Industries, Inc. terminates prior to my 90 days of employment with the company, I will be responsible for all pre-employment cost (example: drug testing, physical, paper work orientation, drive test) and this cost will come out of my pay check. (Approximately \$100.00)

Signed: _____

Print Name: _____

Date: _____



Authorization To Deduct From Wages

I give permission to TMT Industries Inc. to withhold from my pay and any advances, loans, payment for citation, lost lumber receipts and receipts for scales, tolls, fuel or miscellaneous road expenses I was advanced.

Signed: _____

Print Name: _____

Date: _____



Questionnaire

1. Do you have any preexisting injuries or illness? Yes or No (please circle) If Yes please explain:

2. Do you have any physical or mental disabilities that would interfere with performing your day-to-day job duties? Yes or No (please circle) If Yes please explain

3. Have you in the past / present ever had any work-related injury / illnesses?

Yes or No (If Yes please explain: If you answered Yes to question No. 3 can you provide a full medical release form the attending physician?)

Yes or No (if your answer to question No. 3 was No, please skip to next question)

4. Have you ever had a back injury, personal or work related? Yes or No (please circle) If Yes please explain: _____

I have answered these questions truthfully and to the best of my ability. I understand that providing false statements in my employment application will result in immediate termination of my employment.

Signed: _____

Print Name: _____

Date: _____



Special Accommodations

Position: _____

For the position you are applying for, do you require any special accommodations to be able to perform your duties? Yes or No (please circle)

If Yes, please explain below

Signed: _____

Print Name: _____

Date: _____



Driver Expectation

Circle the position applied for: **O.T.R** or **LOCAL**

Local Drivers – Service Southern California, Days and or Nights and weekends mandatory (START/END times fluctuate daily)

O.T.R. (Over The Road Driver) – must service the following 11 western states:

- California
- Nevada
- Arizona
- Utah
- Oregon
- Washington
- Idaho
- Colorado
- Wyoming
- Montana

If you cannot service any of the states listed above, please provide a detailed explanation why.

Signed: _____

Print Name: _____

Date: _____