

CHECK SHEET FOR DRIVER QUALIFICATION FORMS
BOWLING GREEN FREIGHT, INC.

Instructions to carrier: The below list is furnished as a checklist when hiring new employees and updating driver qualification file paperwork to comply with Part 391.51 of the Federal Motor Carrier safety Regulations.

DRIVER'S NAME	Date Completed	Initials of Supervisor
1. Application for Employment (391.21)	_____	_____
2. Previous employer inquiries (391.23)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
3. Copy of M.V.R (391.23)	_____	_____
4. Violation List (391.27)	_____	_____
5. Annual Review (391.25)	_____	_____
6. Certificate of Compliance (383.21)	_____	_____
7. Physical Exam- Expires (391.45)	_____	_____
8. Drug Screen Results (391.87)	_____	_____
9. Pre-employment Urinalysis Notification (391.103)	_____	_____
10. Appendix B&E (Company Policy Receipt) (382.601)	_____	_____
11. Road Test Certificate (391.31)	_____	_____
12. Driver Data Sheet (395.8)0(2)	_____	_____
13. 1-9 Immigration Elig. Form (8 USC 1324A)	_____	_____
14. Hazmat Training Certificate (172.704)(d)	_____	_____
15. ERG Book Receipt	_____	_____
16. Hazardous Material Book Receipt	_____	_____
17. FMCSR Book Receipt	_____	_____
18. Copy of CDL	_____	_____
19. Copy of Social Security Card	_____	_____

**DRIVER INFORMATION FORM
PLEASE PRINT**

EMPLOYEE NAME _____
(LAST) (FIRST) (M)

ADDRESS _____

_____ (CITY) (STATE) (ZIP)

MAILING ADDRESS FOR CHECK IF DIFFERENT FROM ABOVE

HOME PHONE # _____ CELL # _____

EMERGENCY CONTACT # _____ NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

LICENSE INFORMATION

STATE _____ NUMBER _____ EXP. DATE _____

CLASS: _____ ENDORSEMENTS: _____

MARRIED OR SINGLE _____ # OF EXEMPTIONS _____

MEDICAL EXAM CERTIFICATE DUE DATE: _____

DRIVERS SIGNATURE: _____ DATE: _____

.....
FOR OFFICE USE

DRIVER CODE: _____ DRIVERS # _____

DATE OF HIRE: _____ KELLER: _____ MADDOCKS: _____ / _____

CO. & RATE OF PAY: _____ OR O/O'S NAME: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____

Date of Application _____

Company BOWLING GREEN FREIGHT INC

Address 581 HARDISON ROAD

City WOODBURN

State KY

Zip 42170

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non -job related disability, or any other protected group status.

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, inquiries 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.

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 .

I understand that 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 49 CFR 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 employer; 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services . J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law .

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____
 Name _____ Last _____ First _____ Middle _____ Social Security No. _____

List your addresses of residency for the past 3 years.
 Current Address _____ Street _____ City _____
 _____ Zip Code _____ Phone _____ How _____ yr./mo.

Previous Addresses _____ State _____ City _____ State & Zip Code _____ How _____ yr./mo.
 _____ Street _____ City _____ State & Zip Code _____ How _____ yr./mo.
 _____ Street _____ City _____ State & Zip Code _____ How _____ yr./mo.
 _____ Street _____ City _____ State & Zip Code _____ How _____ yr./mo.

Do you have the legal right to work in the United States? _____
 Date of Birth _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)
 Have you worked for this company before? _____ Where? _____
 Dates: From _____ To _____ Rate of Pay _____ Position _____
 Reason for leaving _____
 Are you now employed? _____ If not, how long since leaving last employment? _____
 Who referred you? _____ Rate of pay expected _____
 Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____
 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.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____
 If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive 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 intrastate 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. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
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.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
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.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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EMPLOYER		DATE	
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ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
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EMPLOYER		DATE	
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EMPLOYER		DATE	
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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.	TO MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
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WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding .

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 16 passengers</small>	_____		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____		
OTHER _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS : _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER : _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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, STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____

Date: _____

INQUIRY TO PAST EMPLOYER

FROM
BOWLING GREEN FREIGHT, INC
581 HARDISON ROAD
WOODBURN, KY. 42170
PHONE (270) 542-7137 EXT. 28

PLEASE SIGN AND RETURN
FAX# (270) 542-~~4222~~ 8492

To _____ Date _____

_____ Social Security # _____

is attempting to qualify as a driver under F.M.C.S.A. regulations and states that he/she was a driver for you
From _____ to _____. Federal Motor Carrier Safety Regulations require
The following information. Your timely response is appreciated. Your response will be held in strict
confidence.

1. Are dates of employment with your company correct as listed above ? YES _____ NO _____ if
not, please provide correct dates _____
2. Please describe work: Single driver _____ Team driver _____ Over the road _____ Local _____
3. Type of tractor used? Diesel tandem _____ Single drive axle tractor _____ Hotshot _____ other _____
4. Type of trailer was used? Flatbed _____ Van _____ Refer _____ Drop deck _____ Other _____
5. What type of cargo? _____
6. Please describe any accidents. (including dates, location, and preventable or non-preventable _____

7. Please describe any cargo damage or claims. _____
8. Please describe any moving violations while with your company. _____
9. Any compensation for personal injuries? YES _____ NO _____
10. What state was he/she licensed in? State _____ License # _____ Exp. Date _____
11. Was his/her driver's license suspended or revoked while with your company YES _____ NO _____
12. Per FMCSA regulations part 40.25, the following information is required:
 - A. Has this person tested positive for controlled substance in last 3 years? YES _____ NO _____
 - B. Has this person had an alcohol test with a B.A.C. of 0.04 or greater in the last 3 years YES _____ NO _____
 - C. Has this person refused a test for drugs or alcohol, including verified adulterated or substituted drug test results in the last 3 years? YES _____ NO _____
 - D. Has this person violated any other DOT drug and alcohol testing regulations? YES _____ NO _____
 - E. If YES is marked for any of the above please provide documentation of his return to duty requirements including any subsequent tests. _____

13. Reason for leaving: Laid Off _____ Resigned _____ Discharged _____ Other _____
14. If discharged, why? _____
15. Would this person be eligible for rehire? Yes _____ No _____ Upon Review _____
16. If no rehire, why? _____
17. Were daily logs prepared YES _____ NO _____ Is his/her paperwork accurate YES _____ NO _____
18. Where was this person employed before coming to your company? _____
19. Describe work performed other than driving. _____

General Comments: _____
Completed by: _____ Title _____ Date _____

You are hereby authorized to release to BOWLING GREEN FREIGHT, INC. all information regarding my services, conduct, and character while in your employ, and you are released from any and all liability which may result from furnishing such information. I hereby release the results of all drug and alcohol testing information to BOWLING GREEN FREIGHT, INC.

Driver's Signature _____ Date _____

FROM
BOWLING GREEN FREIGHT, INC
581 HARDISON ROAD
WOODBURN, KY. 42170
PHONE (270) 542-7137 EXT. 28

INQUIRY TO PAST EMPLOYER

PLEASE SIGN AND RETURN
FAX# (270) 542-~~6220~~ 8472

To _____ Date _____
Social Security # _____

is attempting to qualify as a driver under F.M.C.S.A. regulations and states that he/she was a driver for you
From _____ to _____ Federal Motor Carrier Safety Regulations require
The following information. Your timely response is appreciated. Your response will be held in strict
confidence.

1. Are dates of employment with your company correct as listed above ? YES ___ NO ___ if
not, please provide correct dates _____
2. Please describe work: Single driver _____ Team driver _____ Over the road _____ Local _____
3. Type of tractor used? Diesel tandem _____ Single drive axle tractor _____ Hotshot _____ other _____
4. Type of trailer was used? Flatbed _____ Van _____ Refer _____ Drop deck _____ Other _____
5. What type of cargo? _____
6. Please describe any accidents. (including dates, location, and preventable or non-preventable

7. Please describe any cargo damage or claims. _____

8. Please describe any moving violations while with your company. _____

9. Any compensation for personal injuries? YES ___ NO ___

10. What state was he/she licensed in? State _____ License # _____ Exp. Date _____

11. Was his/her driver's license suspended or revoked while with your company YES ___ NO ___

12. Per FMCSA regulations part 40.25, the following information is required:

- A. Has this person tested positive for controlled substance in last 3 years? YES ___ NO ___
- B. Has this person had an alcohol test with a B.A.C. of 0.04 or greater in
the last 3 years YES ___ NO ___
- C. Has this person refused a test for drugs or alcohol, including verified
adulterated or substituted drug test results in the last 3 years? YES ___ NO ___
- D. Has this person violated any other DOT drug and alcohol testing
regulations? YES ___ NO ___
- E. If YES is marked for any of the above please provide documentation of his return to duty
requirements including any subsequent tests. _____

13. Reason for leaving: Laid Off _____ Resigned _____ Discharged _____ Other _____

14. If discharged, why? _____

15. Would this person be eligible for rehire? Yes ___ No ___ Upon Review _____

16. If no rehire, why? _____

17. Were daily logs prepared YES ___ NO ___ Is his/her paperwork accurate YES ___ NO ___

18. Where was this person employed before coming to your company? _____

19. Describe work performed other than driving. _____

General Comments: _____

Completed by: _____ Title _____ Date _____

You are hereby authorized to release to BOWLING GREEN FREIGHT, INC. all information
regarding my services, conduct, and character while in your employ, and you are released from any
and all liability which may result from furnishing such information. I hereby release the results of all
drug and alcohol testing information to BOWLING GREEN FREIGHT, INC.

Driver's Signature _____ Date _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____

(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.

(Applicant'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 a "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, Sections 300002(a)).

TO: _____
(Signature of Requester)

(Date)

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 employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) _____ (City) _____ (State) _____ (Zipcode)

FORMER ADDRESS: _____
(Number & Street) _____ (City) _____ (State) _____ (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) _____ (Typed Name)

(Address) _____ (Title)

(City) _____ (State) _____ (Zipcode) _____ (Signature)

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 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
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 last 12 months. (If you have had no violations, check the following box - <input type="checkbox"/> 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'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 391.25

Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by: _____ Date _____

Signature

Printed Name _____ Title _____

Motor Carrier Name _____ 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 Driver's
CERTIFICATION 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 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** 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 the state must be in writing.

The following license is the only one I will 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: _____

(This form is not required for DOT compliance)

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 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. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID 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

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

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: Bowling Green Freight, Inc.

Driver/Applicant Name: _____ (Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: Alcohol Controlled Substance
3. Check reason for test: Pre-employment Random Reasonable suspicion/cause
 Post-accident Return to duty Follow-up

4. Appointment instructions/comments: _____

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature _____ Date

Witnessed by: _____

Company Representative _____ Date

Alcohol And Drug Employee's Certified Receipt

Employee's Name _____

Bowling Green Freight, Inc.

Company/Department _____

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

- _____ 1. The designated person to answer questions about the materials.
- _____ 2. The categories of drivers subject to Part 382.
- _____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- _____ 4. Specific information concerning prohibited driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- _____ 7. The requirement that tests are administered in accordance with Part 382.
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart O procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on the affects of alcohol and controlled substances use on:
 - an individual's health
 - work
 - personal life
- _____ 12. Optional information:

Employee's Signature _____

Date _____

Authorized Employer Representative _____

Date _____

Record of Road Test

This road test includes testing the driver for the following skills:

1. Pre-trip inspections.
2. Coupling and uncoupling of tractors and semi-trailers, if required,
3. Placing vehicle in operation.
4. Use of controls and emergency equipment.
5. Operating in traffic and passing other vehicles.
6. Making turns in traffic (does driver check mirrors when making right turns).
7. Braking, and slowing by means other than braking.
8. Safe backing and parking (does driver ensure all is clear before backing)

I gave the driver named below a road test, and he performed all above and other related activities satisfactorily, except _____

Indicate where *additional* training needed _____

Was the importance of Pre-trip inspections explained to the driver? _____

Signature of Examiner _____ Date _____

Certificate of Road Test

Driver's name _____ Social Security # _____
Operators / CDL License # _____ State _____ Exp. Date _____
Type of Power Unit _____ Type of 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 and it is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Title

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 this form.

Driver Name (Print) _____
 Social Security Number _____
 Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____
 Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7
DATE							
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

A.M. _____ P.M. _____ On _____ Day _____ Month _____ Year _____
 Time

 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 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 nonmotor carrier entity.

Are you currently working for another employer? Yes No (check one)

At this time do you intend to work for another employer while still employed by this company? 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 _____

Witness: _____

 Company Representative _____ Date _____

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

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	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).)

Document title: _____	List A	OR	List B	AND	List C
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)		
BOWLING GREEN FREIGHT INC, 581 HARDISON ROAD WOODBURN, KY, 42170		
Date	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 employer 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	Date (month/day/year)

Company Name Bowling Green Freight Inc.

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 _____