

**Stansley Industries**  
 3793 Silica, Sylvania, OH. 43560  
**Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Time at Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

(Street)	(City)	(State & Zip)	# Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is needed)

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired:  full-time  part-time  temporary

Date you will be available to start work: \_\_\_\_\_

Can you travel if required by this position?  Yes  No

Have you ever been previously employed by our organization?  Yes  No

Can you submit proof of legal employment authorization and identity?  Yes  No

Have you ever been convicted of a crime in the last 7 years?  Yes  No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license the information for which is listed below.

Drivers license number: \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

Expiration Date \_\_\_\_\_ DOB \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

(Continued)

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)**

Date Convicted	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	# of Fatalities	# of Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YRS (OTHER THAN PARKING VIOS.)**

Date Convicted	Violation	State of Violation	Penalty (forfeited bond, collateral, points)

**(ATTACH SHEET IF MORE SPACE NEEDED)**

Do you give us permission to run a current copy of your MVR?  Yes  No

**EMPLOYMENT RECORD**

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicant that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial vehicle for the seven years prior the initial three years (total of 10 years employment record).

**Must list the complete mailing address: street number and name, city, state, and zip code.**

LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

*(Continued)*

SECOND LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

THIRD LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

FOURTH LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

(Continued)

FIFTH LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

SIXTH LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

SEVENTH LAST EMPLOYER Name: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

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

**References**

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

List professional trade, business, or civic activities and office held excluding groups that name or character of which indicate race, color, religion, sex, national origin, handicap, martial or veteran status, height, weight, or age. \_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to 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 that I have the right to:

- Review information provided by current/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."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Stanley Industries, Inc.



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

Section 40.25(j) of the Federal Motor Carrier Safety Regulations

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 has 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 paragraph (b) (5) and (e) of this section).

**- TO BE COMPLETED BY PROSPECTIVE EMPLOYEE -**

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?

YES  NO

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

Check one: YES  NO  NOT APPLICABLE

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

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

# DRIVER STATEMENT OF ON-DUTY HOURS

(For New 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 Regulation. NOTE: Hours for any compensated work during the proceeding 7 days, including work for non-motor carrier entity, Must be recorded on this form.

Driver Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(S) \_\_\_\_\_

Restrictions: \_\_\_\_\_ Type of License: \_\_\_\_\_ Issuing States: \_\_\_\_\_

Day	1 (Yesterday)	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 relieved from work at.

\_\_\_\_\_ AM PM On: \_\_\_\_\_  
 Time Day Month Year

\_\_\_\_\_  
 Driver Signature Date

## DRIVERS CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCIONS: 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 paragraph (8) and (9) of the Federal 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 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.

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

\_\_\_\_\_  
 Witness Company Representative Date

Stansley Industries, Inc.



## Notification and consent to testing

I understand that, as required by Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective, safety-sensitive employees must submit to a controlled substance testing involving collection of a urine sample that will be tested for the following controlled substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP)
- Ecstasy

I understand that, if I test positive for use of controlled substances, I am not medically qualified to perform safety-sensitive functions. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug result is reported to the company.

The medical review officer on contract with the company will maintain the results of the drug test, and will report to the company whether the test result was a negative or a positive. The results of any test will not be released to any additional parties, except as provided in 49 CFR part 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

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Print applicant name

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Applicants Signature

---

Date



# Stansley Industries, Inc.

Pre Employment Safety Performance History Records Request Form  
-This form is being requested in compliance with 40.25 and 391.23-

## Section 1: To Be Completed By Prospective Employee

1, (Print Name Here) \_\_\_\_\_  
First, Mi, Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To Release and forward the following requested information concerning my alcohol and controlled substances testing records, accident history, and employment history within the previous 3 years from the date this document is signed below to:

Prospective Employer: Stansley Industries, Inc  
Attention: Tami Stansley Phone: 419-841-6960  
Street: 3793 Silica Road Fax: 419-843-7939  
City, State, Zip: Sylvania, Ohio, 43650

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

X \_\_\_\_\_ X \_\_\_\_\_  
Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: To Be Completed By Previous Employer

The applicant was employed by us: Yes  No   
Employed as: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Did s/he drive a motor vehicle for you? Yes  No  If yes what type? Straight truck   
Tractor- Semi  Bus  Cargo Tank  Doubles/Triples  Other  Specify \_\_\_\_\_  
Reason for leaving: Discharged  Resigned  Lay Off  Military Duty

**If there is no safety performance history to report, check here , Sign below, and return.**

Accidents: Complete the following for any accidents included on your accident register (391.15(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	# Injuries	# 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: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous Employer - Please complete section 3 on the following page**

# Stansley Industries, Inc.

Pre Employment Safety Performance History Records Request Form  
-This form is being requested in compliance with 40.25 and 391.23-

## Section 3: To Be Completed By Previous Employer

### Drug and Alcohol History

If the driver was not subject to DOT testing requirements while employed by this employer, Please check here , fill in the dates employment From: \_\_\_\_\_ To: \_\_\_\_\_, Complete bottom of section 3, sign and return.

Driver was subject to DOT testing From: \_\_\_\_\_ To: \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or high alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated or substituted a test specimen for a controlled substance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of subpart B of 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 complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up testing? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For driver who successfully completed an 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 previous 3 years prior to the date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

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

Section 3 Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

## Section 4: To Be Completed By Prospective Employer

This form was (Check One): Faxed to Previous employer  Mailed  Other

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 5: To Be Completed By Previous Employer

Completed below when information is obtained.

Information received: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Faxed  Mailed  Other

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



Stansley Industries, Inc.

**Request For Check Of Driving Record**

**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provision of section 604(b) (2) (A) of the fair act, Public Law 91-508, as amended by the customer 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 section 382.413, 391.23, and 391.25 of the federal motor carrier safety regulations.

-To be completed by prospective employee-

Applicant Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Social security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**List all licenses held within the past 3 years:**

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Supervisor: Fax this request to 419-843-7939 for processing. If you have not been contacted Within 24 hours with the result of the MVR Please call 419-841-6960 for information.

Name of supervisor to contact with results: Tami Stansley

**-For Corporate Office Use Only-**

MVR Request received Date/Time: \_\_\_\_\_ Initials: \_\_\_\_ MVR entered Date/Time \_\_\_\_\_ Initials \_\_\_\_\_

MVR sent to insurance company Date/Time: \_\_\_\_\_ Insurance: \_\_ Approved \_\_ Disapproved Date/Time \_\_\_\_\_

I have already 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: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Stansley Industries, Inc – 3793 Silica Road, Sylvania, OH. 43560-(419)841-6960Phone -(419)843-7939 Fax

## **FMCSA Notification of Driver Rights**

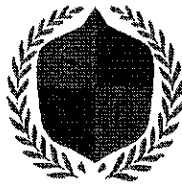
In compliance with 49 CFR parts 40 S391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

- I) You have the right to review information provided by previous employers.**
- II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers.**
- III) You have 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 have previous DOT regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, Prospective employers may consider you to have waived your request to review the record.

**I hereby acknowledge that I have read, understand and agree to the preceding statement.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



## Stansley Industries, Inc.

This letter authorizes our driver \_\_\_\_\_ to be Off-Duty during meal and other routine stops.

The purpose of the Federal Department of Transportation Hours of Service Regulations (Part 395) is to keep tired drivers from operating vehicles under certain circumstances; however it appears that en-route stops for meals or other routine purposes may serve to lessen a driver's fatigue.

Therefore, this letter is authorization for you to record your meal or other routine stops on your logs as off duty, rather than on-duty Not Driving as would normally be the case. However, this may be done only under all of the following circumstances.

1. Your vehicle must be parked in a safe and secure manner so as to prevent obstruction of traffic and theft or damage to the vehicle and cargo.
2. The off-duty period must be no less than 30 min and no longer than 60 min.
3. During the off-duty period, you are relieved from responsibility from your vehicle and cargo.
4. During the off-duty period, you are free to leave the premises on which your vehicle is parked and to pursue activities of your choosing, as long as your ability to safely operate your vehicle is not impaired by part 392, Driving of vehicles", of the Federal Motor Carrier Safety Regulations.

Driver \_\_\_\_\_ Date \_\_\_\_\_

Driver Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes Stanley Industries, Inc., its insurance agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# Motor Vehicle Driver's

## Certification of compliance With driver license requirements

**MOTOR CARRIER ISTRUCTIONS:** 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 materials that require placards.

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 placards.

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

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

If you have more than one license, keep the license from your state of the residence and return the additional license to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state, if a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the federal motor carrier safety regulations require that you notify your employer the NEXT BUISNESS DAY of any revocation or suspension of the driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other then 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 then 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:

Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_ EXP: \_\_\_\_\_

**Drivers Certification:** I certify that I have read and understood the above requirements

Drivers Name: \_\_\_\_\_

Drivers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

## 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 parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during 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

### Completed By Driver – Certification of Violations

Name of Drive (Printed)	Social Security number	Date of Hire
Home Terminal (City and State)	Drivers License Number	State Expiration Date

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

Date	Offense	Location	Type of Vehical
(If any have had no violations, Check the following box - 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.

Date of Certification \_\_\_\_\_ Drivers Signature \_\_\_\_\_

### Completed By Motor Carrier– Annual Review of Driving Record

Motor Carrier Instructions; Review the certification of violations listed above and the other information described in section 391.25 of the Federal Motor Carrie Safety Regulations. Complete the information requested below.

I have herby 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by:

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

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_