

DRIVER NEW HIRE PROCEDURES

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

Pages 3 - 5: Have the driver completely prepare the employment application. Ensure that the previous employer names and addresses are complete so proper previous employer inquiries can be performed.

Page 6: Driver must only sign the attached form under “applicant’s signature” and make no other entries on the form. Fleet Safety will make the necessary number of copies and conduct the mandatory DOT previous employer inquiries, then forward them to you.

Page 7: Same as above. Driver only signs the one attached form. (CDL driver only)

Page 8: Provide the driver a copy of your company Substance Testing Policy and have them sign for receipt of it. (CDL driver only)

Page 9: Ensure the driver checks yes or no and fully prepares the form, which pertains to any previous pre-employment substance testing issues. (CDL driver only)

Page 10: This release allows Fleet Safety or you to obtain requested driver reports.

Page 11: Mandatory Driver Notification of any Suspensions or Moving Violations & Cell Phone Use.

Page 12 & 13: Driver’s Road Test and Certificate. The driver must complete the road test prior to first dispatch. (Mandatory for all non-CDL drivers & CDL drivers operating a vehicle requiring a tank, double or triple endorsement. Optional for all other CDL drivers)

Page 14: Have drivers prepare this 7 Day Statement prior to first dispatch and for part time / occasional drivers. This DOT requirement ensures the driver has enough hours available to operate within the hours rules.

Page 15: Receipt of Emergency Response Guidebook (Hazmat drivers only)

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

Please forward the following documents to Fleet Safety for processing:

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

Fleet will review the driver documents, perform the requested background inquiries, then prepare and return a Qualification File packet to you. The statuses of your drivers' qualifications are available on Fleet's website.

Note: The DOT regulations permits 30 days to obtain the driver's Motor Vehicle Report and previous employer inquiries. You or Fleet Safety can run the prospective driver's Motor Vehicle Report prior to completing the driver file. Please ask your Fleet Safety representative for details.

Questions: Please contact Donna 508-340-4808 direct or 800-215-2490 ext. 1716 or fax # 508-831-7611 or dsalmonson@fleet-safety.com



12 Harvard Street
Worcester, MA 01609

Frank L Castine, Inc (DOT)
 1235 Chestnut Street Athol, MA 01331

APPLICATION FOR EMPLOYMENT

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

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

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

SOCIAL SECURITY NUMBER _____ PHONE NO: _____

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

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

EMERGENCY CONTACT: _____
(NAME) (PHONE NUMBER)

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

LICENSING	STATE	LICENSE NO.	TYPE	EXPIRATION DATE:

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Date: From	Date: To	Miles Driven

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

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

EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

2ND LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

3RD LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

TO BE READ AND SIGNED BY THE APPLICANT

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

(Date)

(Applicant's Signature)

Frank L Castine, Inc (DOT)
 1235 Chestnut Street Athol, MA 01331

Request for Driver's Safety Performance History

To:

 COMPANY NAME

 ADDRESS

CITY _____ STATE _____ ZIP _____

DATE: _____

Attn: Human Resources

From: Frank L Castine, Inc

Phone: 508-791-1971 / Fax #: 508-831-7611

As required by 49 CFR Part 391.23, please reply, within 30 days, to this inquiry. Your reply will be maintained in accordance with the Federal Motor Carrier: **Please complete this form and mail or fax it to: Fleet Safety Services Inc., 12 Harvard Street, Worcester, MA 01609 Fax #- 508-831-7611.**

APPLICANT - WRITE IN THIS BOX ONLY

_____ has applied with our company for the position of
(Driver Name)

Driver and has indicated that he/she was employed by you from _____ to _____

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

1) Are the employment dates with your company correct, as stated above? Yes No

2) What type of work did the applicant perform? _____

3) Did the applicant drive motor vehicles for you? Yes No
 Straight truck _____ Tractor-Semi-trailer _____ Bus _____ Other (specify) _____
(Please indicate type or types)

4) Reason for leaving your employ: Discharge Laid off Resigned/Other
 Remarks: _____

Information provided by: _____
(Name and date)

Please circle the appropriate rating: Excellent = 1 Good = 2 Fair = 3 Poor = 4 Very Poor = 5

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

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

Date of Accident	Location	Injuries	Tow away	Fatality	Comments

(PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY, IF NO RECORDABLE CRASHES, PLEASE NOTE SUCH)

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

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

Request for Previous Substance/Alcohol Testing Information

To:

DATE: _____

COMPANY _____

ADDRESS _____

CITY STATE ZIP _____

Attn: Human Resources

From: Frank L Castine, Inc

Phone #: 508-791-1971 Fax #: 508-831-7611

As required by 49 CFR Part 391.23, please mail or fax the following information regarding the applicant listed below to:

Fleet Safety Services Inc., 12 Harvard Street, Worcester, MA 01609 Fax #- 508-831-7611

APPLICANT - WRITE IN THIS BOX ONLY

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol testing information, including any non-negative testing records, to the prospective employer. I certify that all of the information I have furnished is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

Signature of Applicant _____ XXX - XX - _____ Date _____
Social Security Number (Last 4)

Release of Previous Employer's DOT Drug/Alcohol Testing Results

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

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

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

Comments: _____

Please print your name: _____ Date: _____

Authorized Signature: _____

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

RECEIPT OF COMPANY SUBSTANCE TESTING POLICY

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

I further agree to cooperate and abide by the requirements and conditions of the **Frank L Castine, Inc** Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

(Employee Signature)

(Date)

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

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

Prospective Employee

Name: _____

Social Security Number (Last 4): XXX-XX- _____

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

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 three years?

Check one: YES NO

If you answered "Yes", can you provide or obtain proof that you have 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: ____/____/____

(Company Representative)

**ACKNOWLEDGEMENT AND AUTHORIZATION
FOR CONSUMER REPORTS**

Fleet Safety / Frank L. Castine, Inc.

In connection with your application for employment (including contract for services), with **Frank L. Castine, Inc.**, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Current Address: _____

_____ city state zip

Other Names Used: _____

Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.

DL #: _____ State: _____

DOB: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service***

In connection with your application either for employment or to perform services for **Frank L. Castine, Inc. (Company)** 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 or to perform services is submitted in person, if the **Company** uses any information its obtains from FMCSA in a decision to not hire you or use your services or to make any other adverse decision regarding you, the **Company** 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 **Company** 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 or to perform services is submitted by mail, telephone, computer, or other similar means, if the **Company** 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 **Company** 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 **Company** who procured the report, then, within 3 business days of receiving your request, together with proper identification, the **Company** must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The **Company** cannot obtain background reports from FMCSA unless you consent in writing.

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

I authorize **Frank L. Castine, Inc. (Company)** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous (3) years. I understand and acknowledge that this release of information may assist the **Company** to make a determination regarding my suitability as an employee or service provider.

I further understand that neither the **Company** 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 <http://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by the **Company** and I understand that if I sign this consent form, the **Company** may obtain a report of my crash and inspection history. I hereby authorize the **Company** and its employees, authorized agents, and/or affiliates to obtain the information authorized above. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

Date: _____

Signature

Name (Please Print)

APPLICANT INFORMATION / BACKGROUND REQUEST FORM

Please fill out completely for verification purposes:



APPLICANT
INSIGHT

APPLICANT NAME / OTHER INFORMATION

LAST		FIRST		MI
DOB	SS NO.	DL NO.		STATE
FULL NAME AS IT APPEARS ON DL			SEX (Optional - Circle One) MALE FEMALE	
FORMER NAMES / MAIDEN NAME AND TIMEFRAMES			TELEPHONE NUMBER	

ADDRESSES

CURRENT ADDRESS	CITY	STATE	ZIP	DATES
				TO
PREVIOUS ADDRESS (ACCOUNT FOR PAST 7 YEARS)	CITY	STATE	ZIP	DATES
				TO
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES
				TO
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES
				TO

EMPLOYER/RECRUITER USE ONLY

Ai will perform standard package if no items are checked.

Please check what you wish to order:

Required information or form:

OTHER BACKGROUND SERVICES

- COUNTY CRIMINAL CHECK (name, address, DOB, social security no.)
- STATEWIDE CRIMINAL CHECK (name, address, DOB, social security no.)
- DRIVING RECORD (name, DOB, license no. and state of issue)
- SOCIAL SECURITY (name and address or social security no.)
- NAT'L CRIMINAL OFFENDER PROFILE (name and DOB)
- CREDIT REPORT (name, address, and social security no.)
- EDUCATION VERIFICATION (APPLICATION OF EMPLOYMENT)
- EMPLOYMENT VERIFICATION (APPLICATION OF EMPLOYMENT)
- PERSONAL REFERENCES (APPLICATION OF EMPLOYMENT)
- WORKERS COMPENSATION (name, address, DOB, social security no.)
**Work Comp Must be done post-offer*
- PROFESSIONAL LICENSE: (Type: _____ No: _____ State: _____)
- DRUG TEST If this box is checked and we have requested a criminal check, search all work addresses as well.
- PHYSICAL EXAM

Please provide name, DOB and social security no. for the following services:

- COUNTY CIVIL CHECK
- FEDERAL CRIMINAL CHECK
- FEDERAL CIVIL CHECK
- FEDERAL BANKRUPTCY
- SEXUAL OFFENDER/PREDATOR
- HHS / OIG / GSA
- OFAC / TERRORIST SEARCH
- NASD
- BIOGRAPHICAL AFFIDAVITS

For Criminal and Civil Records ONLY ~

if you do not have an established scope of work on file at Applicant Insight, please indicate the number of years to search:
(RESIDENCES: SEARCH _____ years of address history) (EMPLOYERS: SEARCH _____ years of address history)

ADDITIONAL COMMENTS:

CLIENT NAME:

ORDERED BY:

TELEPHONE NUMBER:

DATE:

Applicant Insight - P.O. Box 458, New Port Richey, FL 34656
Local: (727) 841-0918 Toll Free: 800-771-7703 www.ainsight.com
FAX THIS FORM BACK TO: 800-813-4336

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

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

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

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

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

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

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

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

Signature

Date

Version Jan 2012

Rev. 1/2012

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

RECORD OF ROAD TEST

Driver's Name: _____

Operator/Chauffeur's License Number: _____ State: _____ Expiration: _____

Type of Power Unit: _____ Type of Trailer: _____ If Passenger Carrier, Type of Bus: _____

- **(NON-CDL) drivers** – Road Test is **mandatory** for all drivers who have a non-CDL driver's license and will be assigned to operate a commercial motor vehicle with GVWR between 10,001 – 26,000 lbs.
- **Class A, B or C drivers** – Road Test is only **mandatory** for drivers who will be assigned to operate a commercial motor vehicle requiring a doubles/triples or tank vehicle license endorsement

NOTE: A motor carrier (employer) may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skills as a condition to his/her employment as a driver.

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

• **The Pre-trip Equipment Inspection**

- Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Coupling and Uncoupling of Combination Units**

- Unsatisfactory Satisfactory Needs Training

Comments: _____

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

- Unsatisfactory Satisfactory Needs Training

Comments: _____

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

- Unsatisfactory Satisfactory Needs Training

Comments: _____

• **Turning the Commercial Motor Vehicle**

- Unsatisfactory Satisfactory Needs Training

Comments: _____

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

- Unsatisfactory Satisfactory Needs Training

Comments: _____

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

- Unsatisfactory Satisfactory Needs Training

Comments: _____

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

(Name of Examiner -please print) _____

(Signature)

(Date)

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331
Certificate of Road Test

Driver's Name: _____

Operator/Chauffeur's License Number: _____ State: _____ Expiration: _____

Type of Power Unit: _____ Type of Trailer: _____

If Passenger Carrier, Type of Bus: _____

This is to certify that the above named driver was given a road test under my supervision on
_____, consisting of approximately _____ miles of driving.
(Date)

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

(Signature of Examiner) (Title) (Date)

Name of Examiner: _____ Address: _____

Examiners Organization or Company Name: _____

This certificate must be completed after each successful Road Test. The driver should receive a copy of both the Record of Road Test as well as this certificate, and the originals of both documents should remain in the Driver s Qualification File.

Frank L Castine, Inc (DOT)
1235 Chestnut Street Athol, MA 01331

DRIVER DATA SHEET
For New, Casual and Temporary Drivers

Name: _____

Instructions:

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

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

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

_____ (Month, Day, Year)

(Time)

Signature: _____

Date: _____

EMERGENCY RESPONSE GUIDEBOOK

By my signature, I, _____, hereby acknowledge that I have received a copy of the Hazardous Materials Emergency Response Guidebook detailing emergency response procedures as developed under the supervision of the Office of Hazardous Materials Initiatives and Training, Research and Special Programs Administration, U.S Department of Transportation and have been familiarized with the proper procedures related to a potential hazardous materials incident which could occur at **Frank L Castine, Inc**

(Driver's Signature)

(Company)

(Date)

(Company Supervisor's Signature)

Note: The receipt shall be read and signed by the driver. A responsible company Supervisor shall countersign the receipt & place it in the driver's qualification file.