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DRIVER QUALIFICATION FILE CHECKLIST

REQUIRED DOCUMENTS

DATE ENTERED ✓

Driver Employment Application.....		
Copy of CDL (recommend color).....		
3-years Verified Driving History.....		
Copy of Medical Card (Current & Most Recent Expired).....		
Original MVR (3-year Motor Vehicle Record History).....		
7-day Sheet.....		
Proof of Negative Pre-Employment Drug Test.....		
Custody & Control Form.....		
Proof of Negative Result.....		
Signed Receipt of Drug & Alcohol Policy (and / or proof of training).....		

ADDITIONAL DOCUMENTS (IF APPLICABLE)

Road Test Certificate (Required for NON-CDL drivers).....		
New Driver Training Certificate (Required for CDL drivers hired since 2/03)		
PSP Driver Permission Form		
PSP Driver Background Report.....		



DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
Are you legally authorized to work in the U.S.?			Yes No
Emergency Contact Name		Relation	
Address		Phone Number	
DRIVER LICENSE INFORMATION			
Driver License Number	State	Type	Expiration Date
DRIVER EXPERIENCE			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
REQUIRED QUESTIONS			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			Yes No
Has any license, permit or privilege ever been suspended or revoked?			Yes No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?			Yes No
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)			Yes No
If you answered yes to any of the above 3 questions, attach a statement of explanation			
TICKETS / ACCIDENTS/ ETC.			
Accident Record for Past 3 Years			
Date	Description	# of Injuries / Fatalities	
Date	Description	# of Injuries / Fatalities	
Traffic Convictions & Forfeitures for Past 3 Years			
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



EMPLOYMENT RECORD

_____ Checking here certifies that the driver had no previous employment experience working for a DOT regulated employer during the preceding three years.

Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No

DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

For additional blocks needed, please make a copy of this form

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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

This certifies 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
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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. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



PSP DRIVER BACKGROUND INVESTIGATION RELEASE

In connection with your application for employment with **CENTRAL GROCERS**, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **CENTRAL GROCERS** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that the release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
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ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE		
Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.		
<p>I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.</p> <p>Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:</p> <ul style="list-style-type: none"> • Pre-Employment, to determine employment eligibility • Random • Reasonable Suspicion • Post Accident • Follow Up (see company policy) • Return-to-duty (see company policy) <p>I certify that I have read, understand, and agree to abide by the condition of this consent and release form.</p>		
Applicant Signature	Date	
Print Name	Social Security Number	
Employer Witness		



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. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 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 to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature	Date	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST		
Section 1 To be Completed by Prospective Employee		
I, (first, middle, last)	Social Security Number	Date of Birth
Hereby Authorize (Previous Employer):		
Address (Street)		Phone
Address (City, State, Zip)		Fax
To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____ (M/Y of employment dates)		
Attn:	Phone:	Fax:
Prospective Employer CENTRAL GROCERS	Address 2600 West Haven, Joliet, Illinois 60433	
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, letter, or e-mail.		
Applicant Signature		Date

Section 2 To be Completed by Previous Employer				
The applicant named above was employed by us		Yes	No	
Employed	From M/Y	To M/Y		
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____	
Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below & return				
Complete the following for any accidents included on you accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				
Signature		Title	Date	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3		To be Completed by Previous Employer	
If the applicant was no subject to DOT testing requirements while employed by you please check here <input type="checkbox"/> , fill in the dates of employment from M/Y _____ to M/Y _____, complete the bottom of Section 3 sign, and return.			
Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No	
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No	
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No	
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No	
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.			
Name		Company	
Phone			
Address (Street, City, State, Zip)			
Signature		Date	

Section 4		To be Completed by Prospective Employer	
This form was	Faxed	Mailed	Other
By		Date	
This form was	Faxed	Mailed	Other
By		Date	
This form was	Faxed	Mailed	Other
By		Date	
Information was received by (Include Date)	Fax	Mail	Other

HOURS OF SERVICE RECORD (7 DAY SHEET)

FOR FIRST TIME OR INTERMITTENT DRIVERS

On the first day you drive, you must fill out this form to record all work done for direct or indirect compensation.

Name	Social Security Number
------	------------------------

Day	Total Time on Duty	Date
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last period of release from duty was		
From (Date)	To (Date)	
Signature	Date	Time

ANNUAL REVIEW OF DRIVING RECORD

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

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.

Driver's license #: _____ State: _____ Exp. Date: _____

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature _____ Today's Date _____

PART B – MVR (Attach MVR to form)

PART C – CARRIER'S ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or**
- The driver is disqualified to drive a CMV pursuant to 391.15., or**
- This driver is disqualified to drive a CMV pursuant to company policy**

Carrier's Name	Carrier's Address	
Reviewed by:	Title	Date



DRIVERS ROAD TEST EXAMINATION	
Drivers Name	Phone Number
Address	City, State Zip
Rating of Performance	
	The pre-trip inspection (as required by Sec. 392.7)
	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units
	Placing the equipment in operation
	Use of vehicle's controls and emergency equipment
	Operating the vehicle in traffic and while passing other vehicles
	Turning the vehicle
	Braking and slowing the vehicle by means other than braking
	Backing and parking the vehicle
Other: Explain:	
Type of Equipment used in giving test	
Examiners Signature	Date
CERTIFICATION OF ROAD TEST	
Driver's Name	Social Security Number
License Number	State
Type of Power Unit	Type of Trailer
If a passenger carrier, type of bus	
This is to certify that the above-named driver was given a road test under my supervision on _____ (date) consisting of approximately _____ miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safety in the type of commercial motor vehicle listed above.	Signature of Examiner
	Title
	Organization and Address of Examiner

