



Personnel Records



New Hire Employee Information

Name _____
(As It Appears On Social Security Card)

SS# _____

Address _____

Start Date _____

Date of Birth _____

Home Phone _____

Direct Deposit Yes ☐ No ☐

Job Title _____

Fed W/H Single ☐ Married ☐

Supervisor _____

Married w/ higher rate

Work Location _____

Allowances _____

Wages \$ _____

Hourly Salary

Extra withholding \$ _____

Corporate Office Use Only

☐ Cleared by Insurance

☐ Driver Roster

☐ Fuel Card Issued

☐ Advantage Payroll

☐ Excel Timesheet Completed

☐ Random D&A Program

Submitted by and date

Recruiter's approval and date approved

Payroll Manager and date

This form must be completed by Administrative Support or Manager



Policy Notice

The purpose of this policy notice is to highlight several key points outlined in the Motor Vehicle policy and to verify that all users of company vehicles understand their individual responsibilities for use of Company vehicles:

Motor Vehicle Policy

- ☐ Company owned or Company-leased vehicles are for business use only. Personal use of the vehicle is prohibited.
 - Transporting passengers for non-business purposes is strictly prohibited.
 - At no time may a non-employee operate a Company owned or Company-leased vehicle.
- ☐ All accidents/incidents will be reported immediately to your supervisor; regardless of severity or amount of damage.

General Safety Policy

- ☐ Safety Belts:
 - The driver and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle.
- ☐ Impaired Driving:
 - The driver must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue or injury.
- ☐ Traffic Laws:
 - Drivers must abide by the Federal, State, and local motor vehicle regulations, laws, and ordinances; with an emphasis on speed limits.
- ☐ Personal Electronic Communication Devices:
 - Use of cellular telephones, MP3s, and/or PDAs while driving is prohibited. If you have to make or receive a call, pull over to a safe location off the road and safely park before talking on the phone.

All individual questions or concerns can be brought to the attention of the Director of Safety or the Director of Human Resources. All incidents are reviewed on a case-to-case basis and failure to comply with these guidelines will result in disciplinary action up to, and including termination of employment.

I understand my individual responsibilities and will comply with the Hammon Trucking, Inc. Motor Vehicle policy.

Employee Signature

Date

Employee Name (print)



D.O.T. HOURS OF SERVICE & LOGBOOK POLICIES & PROCEDURES

All drivers' are expected to operate within D.O.T "Hours of Service" regulations and to know and comply with their duty status at all times. All drivers' are required to prepare complete and accurate records of duty status for each day and to submit the records to their Managers. The managers will ensure the Company's Fleet Coordinator will receive the records daily. The Fleet Coordinator will maintain duty status records on file with all supporting documentation.

All drivers' are required to retain, at least, the previous seven days worth of log duplicates. These duplicates will need to be made available for inspection, as requested, by D.O.T. or law enforcement personnel.

The logbook must be neat, legible, in driver's own handwriting, and must contain these completed items:

- Today's date
- Total vehicle miles today
- Miles driven
- Unit numbers
- Name of carrier
- Main office address of carrier
- Driver's signature
- Home Terminal address (The terminal you work from)(City and State)
- Bill of lading number / Commodity
- Completed grid (No White Out on Original Grid Copy)
- Completed hours on each line
- Total hours
- Post Trip Inspection is required to be documented and
- The duplicate Post-Trip copy must be retained in truck
- Do not leave blank spaces; Use "N/A" or a line "-----"
- If Off Duty, note "OFF DUTY" on the grid, and the location (i.e. – Houston, TX). You may put multiple, consecutive "Off Duty" days on one log sheet if there is no "cross over" into a new month

Do not operate a CMV after:

- 11 hours of driving following a minimum of ten consecutive hours off duty
- 14 consecutive hours "**on duty**" – which may include eleven hours of driving
- 10 consecutive hours "**off duty**" – to reset the 14 hour workday
- 70 total hours, on duty or driving, within eight consecutive day period.. After this a 34 hour "Off Duty" is required for

.As you "flag" each change of duty status, you must PRINT:

- The reason for the change (Pre-trip inspection, lunch, tire check, roadside inspection, etc)
- The complete name of the city (not abbreviated) or the closest mile-marker
- The state abbreviation (TX, LA, MS, etc.)
- For waiting time at a rig you must log as off duty and flag each waiting period with rig site, or information on where you are waiting in the Off Duty Well Site Space.

Hammon Trucking, Inc. _____ considers log violations to be a very serious

offense. Log violations are defined as:

- Over hours of service
- Log falsification
- Not completing and submitting logs as required
- Any D.O.T. log violation (Note: All violations must be reported to your manager and the Company Fleet Coordinator)
- Repeated violations or errors in completing logs, etc.

If it is discovered the log book was falsified, you will receive disciplinary and corrective action, up to and including termination of employment. Your first violation may result in a written warning. A second violation, within 12 months of the first, may result in a five-day suspension from work. A third violation within 12 months of the first may result in the immediate termination of your employment. We reserve the right to skip steps if it is determined by management the violation was severe enough to warrant skipping steps in this disciplinary process.

By signing below, I agree I have read, fully understand, and have had the opportunity to ask questions in reference to D.O.T. HOURS OF SERVICE & LOGBOOK POLICIES & PROCEDURES.

Print Full Name

Driver's Signature Required

Date



Employee Acknowledgment Form

The employee handbook describes important information about Hammon Trucking, Inc. and I understand that I should consult my supervisor or consult the Hammon Trucking, Inc. Policies and Procedures Manual regarding any questions not answered in the employee handbook.

Since the information policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the employee handbook may occur. All such changes will be communicated in writing by the President, and I understand that revised information may supersede, modify or eliminate existing policies.

I have entered into my employment relationship with Hammon Trucking, Inc. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either Hammon Trucking, Inc. or I can terminate the relationship at will, with or without cause, at any time.

Furthermore, I acknowledge that this employee handbook is neither a contract of employment nor a legal document. I have received the employee handbook, and I understood that it is my responsibility to read and comply with the policies contained in this employee handbook and any revisions made to it.

Employee Signature

Employee's Name (Printed)

Date

Driver's Risk Rating

Driver: _____

Date: _____

Instructions: 1. Every Driver Applicant will be assigned a "Risk Rating" based on information given on the Application, Notice of Violations form, the MVR, PSP Report, Previous Employer D&A Violations, Previous Employment History.

Factors: The following eight factors will be used to assign each driver a Risk Rating to determine employment eligibility.

- A. Years of experience as a professional Driver
- B. Current Age
- C. Number of Safety & Moving Violations in the past 3 years
- D. Number of chargeable accidents in the past 3 years
- E. Red Flag Violations in the past 2 years
- F. Clean Level 1-3 inspections in the past 2 years
- G. Previous Employment D&A Violations in the past 3 years
- H. Number of employers for past 3 years

Below is the formula used to determine Risk Rating totals, then use table below to record the formal total, to be used as a management tool for safety.

A.

0 - 2 Years	2 - 4 Years	4 + Years
3	2	1

B.

21 - 24 Years	25 - 30 Years	31 + Years
3	2	1

C.

0 Violation	1 or more Violations
1	1 + # of Violations

D.

0 Accident	1 or more Accidents
1	1 + # of Accidents

E.

0 Violation	
5	5 + # of Violations

F.

0 Inspections	Clean Inspections
1	1 - # of Inspections

G.

0 Violation	
5	5 + # of Violations

H.

0 Employers	# of Employers
0	2 for every # of Employers

EXAMPLE:

A driver has had a CDL for 5 years, is 34 years of age, has had 4 violations, 1 accident, 0 Red Flags, 4 clean inspections, 0 D&A Violations and 6 Employers; the Risk Rating would be: 27

Annual Risk Rating Table

A	B	C	D	E	F	G	H	Total Risk
Experience	Age	# of Violations	Accidents	Red Flags	Clean Inspections	D&A Violations	# of Employers	
		Average		Questionable		High Risk		
		26 - 36		37 - 47		48 or Higher		

This risk rating table is not a formal or regulatory form. It is a tool for the Safety Manager to determine a good driver vs a driver who takes unnecessary risks, or one who has developed poor driving skills or practices. In addition, its use is for internal purposes only, and is not to be given or copied to the driver, nor any person outside of our company or DOT Readiness Group. This is only intended as a recommendation by DOT Readiness Group. Pay close attention to Factors E and G; It is recommended that some things on either factor should be immediate disqualifiers. Items will be highlighted for your review.



Driver Notification of Rebuttal

As a driver with DOT Regulated employment, we are required to notify you of the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 391.23 (d)(e).

You have:

- (i) The right to review information provided by previous employers;
- (ii) 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 the prospective employer;
- (iii) 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;

Please refer to 391.23(j) for further information regarding rebuttals.

You must submit a written request to the prospective employer, which 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.

The employer has 5 business days of receiving the written request or receiving the previous employment information. If the driver does not arrange pick-up or receive the requested record within 30-days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature

**Hammon Trucking, Inc**

1185 W. Utah Ave

Ste. #111

Hildale, UT 84784

O: (928) 874- 1318

F: (915) 200-9511

I, _____, do hereby authorize Hammon Trucking, Inc to contact my previous employers in accordance with current US DOT rules and regulations as set forth by 49 CFR 382.413. In order to obtain the following information for the preceding three years. I fully understand the above and give consent to obtain the information required by 49 CFR 382.413.

Driver Signature _____ Date _____

REQUEST OF INFORMATION FROM PREVIOUS EMPLOYER

Company Name _____ Attention _____
Address _____ City, State, Zip _____
Telephone _____ Fax Number _____

SAFETY PERFORMANCE HISTORY

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

Employed as _____ From (M/Y) _____ To (M/Y) _____

Did he/ she drive a motor vehicle for you? Yes ☐ No ☐
If yes what type? _____

Was the applicant a safe and efficient Driver? Yes ☐ No ☐

Give dates of any vehicle accidents that he/ she was involved in the three years prior to the application date shown above.

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

Reason for leaving employment? Discharge _____ Laid off _____ Resigned _____

Was the applicant general conduct satisfactory? _____

Is the driver eligible for rehire? _____

ALCOHOL & DRUG HISTORY

Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater?

Yes ☐ No ☐

Has this driver tested positive or adulterated or substituted a test specimen for controlled substance?

Yes ☐ No ☐

Has this driver refused a required alcohol or drug test in the last 12 months?

Yes ☐ No ☐

Has this driver been guilty of being intoxicated on alcohol or drugs while performing job duties?

Yes ☐ No ☐

If the answer to any of the above question was yes, please identify the Substance Abuse Profession that Administered treatment as required by the U.S. Department of Transportation.

Name _____ Phone Number _____

Additional Comments _____

Signature _____ Date _____

Title _____

Attempt One _____ (Date) _____ (Initial) Attempt Two _____ (Date) _____ (Initial) Attempt Three _____ (Date) _____ (Initial)



Drivers' Data Sheet

DATE: _____

NAME: _____

ADDRESS: _____

HOME PH: _____ **CELL PH:** _____

DATE OF BIRTH: _____ **S.S.#** _____

DL#: _____ **STATE:** _____ **CLASS:** _____

EXP.
DATE: _____

ENDORSEMENTS:

TANKER **DOUBLES**

TRIPLES

HIRE DATE: _____

HAZMAT: **YES**

NO

JOB TITLE: _____

NEAREST RELATIVE: _____

NEAREST RELATIVE PHONE #: _____

PRINTED DRIVER NAME: _____

SIGNATURE OF DRIVER: _____

Email: _____

Review & make copies of employee information:

1. Drivers License – Front & back
2. Medical Card and Long Form–
3. SS Card –
4. MVR Report
5. PSP Report



APPLICATION FOR DRIVERS

You Must answer every question. If any question does not apply to you, answer with Not Applicable (NA).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: ____/____/____

Type of driver operation desired: _____

Name: _____ Social Security No. _____
Last First Middle Initial

Address _____ How Long: _____
Street City State/ Zip Code

Phone: _____ Alternate Phone: Cell Preferred _____
Area Code Number Area Code Number

If you were at above address less than three years, list your previous address.

Address _____ How long: _____
Street City State

Date of Birth ____/____/____ Can you provide proof of age? Yes ☐ No ☐
(Required for driving position)

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status?
Yes ☐ No ☐

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

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

Have you ever been fired or asked to resign by an employer? Yes ☐ No ☐

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐ (Answering this question in an affirmative answer does not necessarily preclude a hiring decision)

If yes to the above question, provide details _____

Who referred you? _____ Rate of pay expected _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations?) YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Employment History –2nd Sheet

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes ☐ No ☐
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes ☐ No ☐
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes ☐ No ☐
4. If the answer is yes to the above questions, provide details, attach second sheet if necessary
5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?
Yes ☐ No ☐
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)

Signature

DATE

Accident record for past 3 years or more (*attach sheet if more space is needed*)

Last Accident:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries

Traffic convictions and license forfeitures for the last 3 years (*other than parking violations*)

_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty

Drivers License _____
State License (Type and Endorsements) Expiration Date

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No ☐ Yes ☐...explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No ☐ Yes ☐...explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No ☐ Yes ☐...explain _____

Driving Experience: (Class of Equipment)

Straight Truck:	_____	_____	_____	_____
	Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	Dates - From	To	# Of Miles (Total)
Tractor Trailer:	_____	_____	_____	_____
	Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	Dates - From	To	# Of Miles (Total)
Other	_____	_____	_____	_____
	Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	Dates - From	To	# Of Miles (Total)

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences 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: _____

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

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

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 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend 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.

Applicants Signature

Date



Fair Credit Reporting Act - Disclosure

To Be Completed By Driver

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 will be obtained on you for employment purposes with this company.

Hammon Trucking, Inc

These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Name: Last,	First	Middle Initial	Social Security Number
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Driver's Signature

Date



Certificate of Compliance

Notice To Drivers

The commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles. Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds, vehicles designed to transport 16 or more passengers, and any vehicle, regardless of weight, transporting hazardous materials. The following provisions became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation, other than parking, must notify the carrier in writing within 30 days.
3. Any person applying for a job as a driver of a commercial motor vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier in writing the next business day after receiving such such notice or action.
5. Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to a criminal fine not to exceed \$5,000 or imprisonment up to 90 days, or both

Certification by Driver

I hereby certify that I have read and understand the summarized driver provisions of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987. I further understand that any falsification or negligence to state all required information on this form may lead to my termination of employment or contract.

Driver's Full Name: Last, First Middle Initial			Social Security Number
Driver's Address: Street City State Zip Code			
Driver's License Number		Type / Class / Endorsements	State Issued

I further certify that the above commercial vehicle license is the only one I hold ☐ Yes ☐ No. I have surrendered the following license(s) to the state(s) indicated. (write NA if not applicable)

License: State	Type / Class	Identification Number
License: State	Type / Class	Identification Number



Driver Certification of Other Compensated Work

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 Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of, a common, contract or private motor carrier, and also performing any work, of any type, which is compensated.

Are you currently working for any other employer?

☐ Yes ☐ NO

At this time, do you intend to work for any other employer
while still employed by the company?

☐ Yes ☐ No

I hereby certify that the information given above is true, and I understand that once I become employed with the company, if I begin working for any additional company for compensation, I must inform the company immediately of such employment activity, log the hours worked, and maintain compliance with the HOS Rules.

Driver's Name: Last, _____ First _____ Middle Initial _____

Driver's Signature _____

Date _____

Safety Manager's Signature (as witness) _____

Date _____



Previous 7-Days Hours of Duty Statement

Instructions: Motor Carriers, when using a driver for the first time, you 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. Make sure to include non-driving work if performed.

Driver Name (print): _____

SS Number: _____

Driver's License: Number: _____ State: _____ Class: _____ Endorsements: _____

Type of License: _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
Hours Worked								Total Hrs.

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 duty at:

_____ on _____ .

Time
AM ☐
PM ☐

Day Month Year

Driver's Signature

Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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 employee 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate**2020**

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____

Multiply the number of other dependents by \$500 ► \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Notice of Violations / Annual Review

Section 1: To be completed by Driver

Driver's Name		Date of Birth		Date	
Address - Street		City	State	Zip Code	
Driver's License Number & CDL Class		Endorsements/Restrictions	State	Expiration	Medical Card Due Date
Company Name: <small>Hammon Trucking, Inc.</small>		Date of Hire		Social Security Number	

I certify that the following information is a true and complete list of violations for which I have been convicted or forfeited bond or collateral during the past twelve months, excluding parking tickets.

Date of Conviction	Offense	Location	Type of Motor 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 required to be listed during the past twelve months. I also acknowledge that falsification of this certification can and will result in termination.

Date of Certification

Driver's Signature

Reviewed By Signature

Title of Reviewer

Date

Section 2: To be completed by Safety Manager

Annual Review of Driver's Record

	Yes	No	Remarks
1. Does driver still meet the minimum requirements for safe driving? (391.11)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has driver been disqualified to drive a commercial motor vehicle? (391.15)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has driver's accident record been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has driver's traffic violations been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewed By Signature

Date

Driver's Signature



Request for Driving Record

Driver Applicant's Release

I authorize you to release the following information to Hammon Trucking, Inc. for the purpose of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver Applicant's Signature

Date

Requester's Statement

1. As specified in Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law # 91-508, I hereby certify that the information you provide regarding the applicant's driving record for the last 3 years will be used for the "permissible purposes" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify, that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

Requester's Signature

Date

To Whom it May Concern:

The below named individual has made application to this company for a Driver position. As in accordance with Section 391.23, FMCSR, please furnish the undersigned with the applicant's driving record for the past 3 years.

Applicant's Name		Last	First	M.I.
<div style="border: 1px solid black; width: 150px; height: 30px;"></div>				
Date of Birth		Social Security Number		Driver's License Number

Address	City	State	Zip
---------	------	-------	-----

Previous Address	City	State	Zip
------------------	------	-------	-----

Requested By

Company Name: Hammon Trucking, Inc.

Address: 1185 W. Utah Ave Ste. 111 City: Hildale State: UT Zip: 84784

Contact Name:

Title:

Signature:

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

In connection with your application for employment with Hammon Trucking, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Hammon Trucking, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



Policy Changes:

The following statements should be placed in both:

Fleet Safety Policies & Procedures Manual and the Driver's Safety Handbook.

Standard 1.6 Page 1

- **NO TEXTING or CELL PHONE USE WHILE DRIVING** is the new federal regulation for commercial motor vehicles nationwide. Hammon Trucking, Inc. has a zero tolerance to this. Any driver found doing this will be terminated immediately.
- Texting or Cell Phone Use while driving. If any driver received a citation or a warning for texting while driving, the driver will be terminated. Also, if any driver has been involved in a situation that causes the company to suspect that the driver may have been texting while driving, the company will obtain the cell phone records to verify dates and times of all texts. This information will be compared with other company records and documents.

I acknowledge that texting & cell phone use is an illegal act. If caught texting or using my cell phone while operating a CMV for Hammon Trucking, Inc., I will be immediately terminated and be responsible for any fines related to the violation.

Driver Signature: _____

Date: _____



WRITTEN EXAM FOR DRIVERS

Driver Applicant _____

Date _____

The following test questions are entirely based on the DOT's Federal Motor Carrier Safety Regulations. You may use the latest version of these regulations while taking the test, but you must work alone. According to the DOT Regulations, Section 391.11 (a)(2), you must be able to read, and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records. By taking this exam, you are ensuring the Co. that you are able to do this, and that you are familiar with the regulations.

Instructions: Each question has four possible answers, with only one correct choice. Your job is to read each question, and pick the best choice as your answer to the question. Mark and "X" in the blank in front of your choice. Do not pick more than one choice per question. Make sure to answer every question.

1. 390.11 A motor carrier who is also a driver (owner operator):

- ☐ a. is not covered by the safety regulations
- ☐ b. must obey only those parts of the regulations which cover drivers
- ☐ c. must obey only those parts of the regulations which cover motor carriers
- ☐ d. must obey both the parts covering drivers and the parts covering motor carriers

2. 391.11 (b)(1) With only a few exceptions, the Federal Motor Carrier Safety Regulations say a driver must be:

- ☐ a. at least 18 years old
- ☐ b. at least 19 years old
- ☐ c. at least 20 years old
- ☐ d. at least 21 years old

3. 391.15 (b)(2) When a driver receives notice of license or permit revocation, suspension, or other

withdrawal action, the driver must:

- ☐ a. notify the carrier within 72 hours
- ☐ b. notify the carrier within one week
- ☐ c. notify the carrier before the end of the next business day
- ☐ d. take no action since the carrier will get a notice

4. 391.15 (c)(2)(3) A driver cannot drive a motor vehicle:

- ☐ a. for one year after a first offense conviction for a felony involving a commercial motor vehicle operated by the driver
- ☐ b. for one year after a first offense conviction for driving a commercial vehicle under the influence of alcohol or controlled substances
- ☐ c. for one year after a first offense conviction for leaving the scene of an accident while operating a commercial motor vehicle
- ☐ d. for one year after a first offense conviction for any of the above

5. 391.27 (a)(b) At least once a year, a driver must fill out a form listing all motor vehicle violations (except parking) occurring during the previous 12 months.

This form must be completed:

- ☐ a. even if there were no convictions
- ☐ b. only if convicted
- ☐ c. only if convicted or had forfeited bond or collateral
- ☐ d. only if the carrier requires it

6. 391.33 (a)(2) If a driver applicant has a valid certificate showing successful completion of a Road Test

- ☐ a. the carrier must accept it
- ☐ b. the carrier may still require the applicant to take a road test
- ☐ c. the carrier cannot accept it
- ☐ d. the carrier may request a road test waiver from the Office of Motor Carrier

7. 391.41 (b)(5) A person with breathing problems which may affect safe driving

- ☐ a. cannot drive
- ☐ b. cannot drive unless the vehicle has an emergency oxygen supply
- ☐ c. cannot drive unless another driver is along
- ☐ d. cannot drive unless on short runs

8. 391.41 (b)(7) Persons with arthritis, rheumatism, or any such condition, which may affect safe driving

- ☐ a. cannot drive unless they are checked by a driver before each trip
- ☐ b. cannot drive
- ☐ c. cannot drive unless they are free of pain
- ☐ d. cannot drive unless another driver is along

9. 391.41 (b)(8) Persons who have ever had epilepsy:

- ☐ a. cannot drive unless another driver is along
- ☐ b. cannot drive
- ☐ c. cannot drive on long runs
- ☐ d. cannot drive without monthly medical examinations

10. 391.45 (c) If the driver gets an injury or illness serious enough to affect the ability to perform duties, the driver:

- ☐ a. must report it at the next scheduled physical
- ☐ b. cannot drive again
- ☐ c. must take another physical and be re-certified before driving again
- ☐ d. must wait at least one month after recovery before driving again

11. 392.6 A driver may not drive faster than posted speed limits:

- ☐ a. unless the driver is sick and must complete the run quickly
- ☐ b. at any time
- ☐ c. unless the driver is passing another vehicle
- ☐ d. unless the driver is late and must make a scheduled arrival

12. 392.3 When a driver's physical condition, while on a trip, requires the driver to stop driving, but stopping would not be safe, the driver:

- ☐ a. must stop anyway
- ☐ b. may try to complete the trip, but as quickly as possible
- ☐ c. may continue to drive to the home terminal
- ☐ d. may continue to drive, but must stop at the nearest safe place

13. 392.5 (a)(1) A driver may not drink or be under the influence of any alcoholic beverage (regardless of alcohol content):

- ☐ a. within 4 hours before going on duty or driving
- ☐ b. within 6 hours before going on duty or driving
- ☐ c. within 8 hours before going on duty or driving
- ☐ d. within 12 hours before going on duty or driving

14. 392.7 A driver must be satisfied that service and parking brakes, tires, lights, and reflectors, mirrors, coupling and other devices are in good working order:

- ☐ a. at the end of each trip
- ☐ b. before the vehicle may be driven
- ☐ c. only when the driver considers it necessary
- ☐ d. according to schedules set by the carrier

15. 392.8 The following must be in place and before a vehicle can be driven:

- ☐ a. at least one spare fuse or other overload protector of each type used on the vehicle
- ☐ b. a tool kit containing a specified list of hand tools
- ☐ c. at least one spare tire for every four wheels
- ☐ d. a set of spark plugs

16. 392.10 (a) A driver required to stop at a railroad crossing should bring the vehicle to a full stop no closer to the tracks than:

- ☐ a. 5 feet
- ☐ b. 10 feet
- ☐ c. 15 feet
- ☐ d. 20 feet

17. 392.10 (a) Shifting gears is not permitted:

- ☐ a. when traveling faster than 35 miles per hour
- ☐ b. when moving across any bridge
- ☐ c. when crossing railroad tracks
- ☐ d. when traveling down a hill steeper than 10 degrees

18. 392.22 (b)(1) If a vehicle has a breakdown, the driver must place one emergency warning device:

- ☐ a. 40 paces (100 feet) in front of the vehicle in the center of the traffic lane or shoulder
- ☐ b. 40 paces (100 feet) in back of the vehicle in the center of the traffic lane or shoulder
- ☐ c. 4 paces (10 feet) in front or back of the traffic side
- ☐ d. at all the above locations

19. 393.77 (a)(6) A portable heater may not be used in any vehicle cab:

- ☐ a. unless the heater is secured
- ☐ b. unless the heater is of the electric filament type
- ☐ c. at any time
- ☐ d. without approval from the carrier

20. 395.1 (b)(2) If any emergency delays a run, which could normally have been completed within hours of services limits, the driver:

- ☐ a. must still stop driving when the hours of service limits is reached
- ☐ b. may drive for 1 extra hour
- ☐ c. may drive for 2 extra hours
- ☐ d. may finish the run without being in violation

21. 395.3 (a) Most drivers of large vehicles are not allowed to drive :

- ☐ a. after they have been on duty for 16 hours
- ☐ b. after they have been on duty for 15 hours
- ☐ c. after they have been on duty for 14 hours
- ☐ d. after they have been on duty for 12 hours

22. 395.8 (f)(1) Every driver must prepare an original and one copy of the driver's record of duty status, which must be kept current by updating it:

- ☐ a. every time a change in duty status is made
- ☐ b. every 24 hours
- ☐ c. every 8 hours
- ☐ d. at the end of each trip

23. 395.8 (f)(2) Except for the name and main address of the carrier, all entries relating to the driver's record of duty status:

- ☐ a. must be printed in ink or typed
- ☐ b. must be made by the carrier dispatcher
- ☐ c. must be made in front of a witness
- ☐ d. must be made in the driver's handwriting

24. 395.13 A driver declared "Out of Service"

- ☐ a. must take a road test before driving again
- ☐ b. must wait 72 hours before driving again
- ☐ c. must appeal to the Regional Director of the Office of Motor Safety, to drive again:
- ☐ d. can drive again only after hours of service requirements are met

25. 396.7 If a vehicle on a trip is in condition likely to cause an accident or breakdown:

- ☐ a. the driver should report it at the end of the run, so repairs can be made
- ☐ b. the driver should drive at lower speeds for the rest of the run
- ☐ c. the driver should stop immediately unless going on to the nearest repair shop is safer than stopping
- ☐ d. the driver should change the route so as to get away from heavily traveled roads

26. 397.5 (c) A vehicle, which contains hazardous materials other than division 1.1, 1.2, or 1.3 materials must be attended while on the highway at all times:

- ☐ a. by the driver
- ☐ b. by the driver except when involved in other driver duties
- ☐ c. by the driver or a person chosen by the driver
- ☐ d. by the driver or a police officer

27. 397.7 (a)(3) Except for short periods when operations make it necessary, trucks carrying division 1.1, 1.2, 1.3 materials cannot be parked any closer to bridges, tunnels, buildings, or crowds of people than:

- ☐ a. 50 feet
- ☐ b. 100 feet
- ☐ c. 200 feet
- ☐ d. 300 feet

28. 397.13 (a) Smoking or carrying a lighted cigarette, cigar, or pipe near a vehicle which contains class 1, 5, or flammable materials is not allowed:

- ☐ a. except in the closed cab of the vehicle
- ☐ b. except when the vehicle is moving
- ☐ c. except at a distance of 25 feet or more from the vehicle
- ☐ d. except when approved by the carrier

29. 397.15 (b) When a vehicle containing hazardous materials is being fueled:

- ☐ a. no person may remain in the cab
- ☐ b. a person must be in control of the fueling process at the point where the fuel tank is filled
- ☐ c. the area within 50 feet of the vehicle must be cleared
- ☐ d. the person who controls the fueling process must wear special clothes



MEDICAL EXAMINER'S NATIONAL REGISTRATION VERIFICATION

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification file was published in the Federal Register April 20, 2012. Beginning **May 21, 2014** motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry

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

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

Driver's Name: _____

Medical Examiner: _____

Nation Registry Number: _____

Motor Carrier Name: Hammon Trucking, Inc.

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

Verified By: _____

Date: _____



Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Part 382.301, pre-employment testing requirements apply to driver applicants of our company.

382.301 Pre-Employment testing requirements include the following:

- (a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to a controlled substance test as a pre-qualification process.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature



Drug & Alcohol Policy - Certificate of Receipt

To Be Reviewed and Completed By Driver

This is to certify that I have been provided educational materials that explain the requirements of Part 382 of the Federal Motor Carrier Safety Regulations, regarding the testing of alcohol and controlled substances. I have also been given information regarding the policies and procedures of this company, regarding alcohol and controlled substances testing.

The materials I have been given are detailed information on the following items:

1. The purpose of the testing program, as it relates to law and safety
2. The conduct that is prohibited
3. The consequences of misconduct
4. Those who must be tested
5. When tests are required, and why
6. The Drug Screen Panel
7. How samples are collected
8. How samples are tested
9. The definition of Refusal to Test
10. The description and responsibilities of a MRO
11. How testing records are kept confidential
12. Information on Assistance Programs
13. Facts on Alcohol
14. Facts on Drugs
15. Where to get help
16. The designated person to answer questions about the program
17. Company specific policies, including Disciplinary Action and Termination

Driver's Name: Last, First Middle Initial

Social Security Number

Driver's Signature

Date

Safety Manager's Signature (as witness)

Date