

Commercial Driver Qualification Checklist

Hire Date _____

- Complete DOT Employee Application**
Application must be filled out completely and procedures followed
- Conduct 3 Year Background Inquiry**
Must conduct a background inquiry for all previous employers of the applicant that employed the driver to operate a CMV within the previous 3 years.
- Current Copy of CDL**
Verify the driver has the proper license for the vehicle he/she is to operate
- Current Copy of Medical Card**
Exam long form may be kept in Driver File but is not required.
- Run Motor Vehicle Report**
Within 30 days of hire & every 12 months thereafter. Review MVR for possible violations & confirm commercial status is valid.
- Pre-Employment DOT Drug Screen Results**
MAY NOT DRIVE UNTIL VERIFICATION OF NEGATIVE RESULTS
- Conduct Road Test**
Required for drivers with Tanker or Double/Triple Endorsements.
- Conduct Annual Review – Every 12 Months**
Review each drivers MVR and determine whether the driver meets minimum requirements for safe driving.
- Certificate of Violations – Every 12 Months**
Each driver must furnish a list of all violations of motor vehicle traffic laws of which the driver has been convicted over the preceding 12 months.
- HAZMAT Training within 90 days**
Required for all drivers transporting Hazardous Materials that require shipping papers.

Policies

- Substance Abuse Policy
- Cell Phone Policy
- HazMat Security Plan
- Disciplinary Policy(Not required)

Magness Oil Company

167 Tucker Cemetery Rd

Gassville, AR 72635

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Magness Oil Company to initiate automatic deposit at the financial institution named below. I also authorize Magness Oil Company to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Magness Oil Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Magness Oil Company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Employee Name Printed _____

Name of Financial Institution _____

Routing Number _____

Account Number _____

Signature

Authorized Signature _____ Date: _____

Please attach a voided check and return to the Payroll Department

Checking

Savings

EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS

Company Name: Magness Oil Company
Street Address: 167 Tucker Cemetary Rd
City / St / Zip: Gassville, AR 72635

PLEASE PRINT OR TYPE

DATE OF APPLICATION	FULL NAME OF APPLICANT			SS #		
DRIVERS LICENSE NUMBER		ISSUING STATE	EXPIRATION DATE	CDL ENDORSEMENTS		
CURRENT STREET ADDRESS, P.O. BOX #, or RURAL ROUTE			CITY	STATE	ZIP	
PREVIOUS STREET ADDRESS, P.O. BOX #, or RURAL ROUTE			CITY	STATE	ZIP	
HOME PHONE		OTHER PHONE		WORK PHONE		
WHAT POSITION YOUR ARE APPLYING FOR		RATE OF PAY EXPECTED	FULL TIME	PART TIME	TEMP	
WHERE ARE YOU CURRENTLY EMPLOYED		YOUR REASON FOR LEAVING		WHEN CAN YOU START		
HAVE WORKED HERE BEFORE	WHEN	WHAT POSITION	WHY DID YOU LEAVE			
WHO REFERRED YOU	NAME OF ANY RELATIVES CURRENTLY EMPLOYED HERE			WHAT IS THEIR JOB TITLE		
CIRCLE THE HIGHEST EDUCATIONAL GRADE YOU COMPLETED			IF COLLEGE WHERE	WHAT LEVEL OR DEGREE		
1 2 3 4 5 6 7 8 9 10 12 or GED						
LIST TECHINCAL OR VOCATIONAL SCHOOL ATTENDED			FOR WHAT FIELD OR VOCATION	WHAT LEVEL OR DEGREE		
IF MILITARY SERVICE WHAT BRANCH		HIGHEST RANK ATTAINED	JOB CLASSIFICATION	TYPE OF DISCHARGE		
ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES			YOUR CURRENT RANK	JOB CLASS		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? WHAT FOR?			WHEN	WHAT STATE(S)		

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.
 THIS APPLICATION MEETS THE REQUIREMENTS OF THE DEPARTMENT OF TRANSPORTATION
 THE DEPARTMENT OF LABOR, THE CIVIL LIBERTIES UNION AND THE AMERICANS WITH DISABILITIES ACT.

DRIVER QUALIFICATION AND EXPERIENCE

LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS

ISSUING STATE	LICENSE NUMBER	CLASS & TYPE	EXPIRATION DATE

LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILAGE	DATE

ANSWERING YES TO THESE QUESTIONS REQUIRES A STATEMENT ON A SEPARATE PAGE

1. Has your driver's license or privilege to drive ever been suspended or revoked? **YES** **NO**
2. Have you ever been denied a driver's license or permit? **YES** **NO** What states? _____
3. Have you ever been disqualified for violating Federal Motor Carrier Safety Regulations? **YES** **NO**

PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

PRINT DRIVER NAME _____

COMPANY #1		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #2		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #3		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #4		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL SPACE FOR PREVIOUS EMPLOYER INFORMATION

COMPANY #5		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #6		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #7		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #8		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #9		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with FCMSA regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below, or by FAX. If you need additional information concerning this request please contact our company.

COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

(DRIVER USE ONLY)		
PRINT NAME	CDL NUMBER	SIGNATURE

PREVIOUS EMPLOYER INFORMATION

(OFFICE USE ONLY)			
COMPANY NAME	ADDRESS	CITY - ST - ZIP	PHONE #

INFORMATION REQUESTED

(TO BE COMPLETED BY PREVIOUS EMPLOYER)

DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION (Optional)		
ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			YES	NO
1. Would you rehire this driver?				
2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an Out of Service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse to provide a sample for a drug or alcohol test while employed by your company?				

PLEASE RETURN THIS FORM BY MAIL OR FAX AS SOON AS POSSIBLE

COMPANY NAME REQUESTING INFORMATION		ATTENTION	
Magness Oil Company		Brian Weidrick	
ADDRESS		CITY	ST ZIP
167 Tucker Cemetary Rd		Gassville	MS 72635
OFFICE PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS	
870-425-4353	870-425-6286	Brian@magnessoil.com	

Internal Use Only

Date Sent	Sent by <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL	Signature of Sender
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HOURS OF SERVICE INFORMATION FOR NEW HIRES

Name _____
C.D.L. Number _____ Type and class _____
Expiration Date _____ Issuing State _____

Complete the following hours of service for the 7 days period prior to starting work for this company.

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DAY & MONTH								
HOURS ON DUTY								

I was last relieved from duty by my previous employer on: DATE _____ TIME _____

Name Of Your Last Employer

Name Of Your Last Supervisor

I attest that the information I have given above is true and correct to the best of my knowledge:

(Signature) X _____

(Date) _____

CHECK LIST FOR CASUAL, OCCASIONAL, OR INTERMITTENT DRIVERS

Prior to a casual, intermittent, or occasional driver you must ensure that the following requirements are met and that these forms are placed in his/her driver qualification file as per 391.63 in the Federal Motor Carrier Safety Regulations.

A. D.O.T. Physical Examination:

Date _____

The original or copy of the medical examiner's certificate showing that the driver is physically qualified to operate a commercial vehicle.

B. Substance Abuse Testing:

Date _____

The original or copy of the last drug and/or alcohol test certifying the results were negative. Also a copy of the motor carrier's random testing program.

Supervisors Signature _____

Date _____

CERTIFICATE OF COMPLIANCE AND DRIVER NOTIFICATION

- A. The Commercial Motor Vehicle Act of 1986 places stronger regulatory controls over drivers, vehicles, and motor carriers. These regulations apply to all drivers operating vehicles with a GVWR of 26,000 lbs or more and to any vehicle of any size that is transporting a hazardous material in quantities large enough to require placarding. 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 that has more than one license.
 2. A driver convicted of any traffic violation other than parking, in any type of vehicle must make notification of the conviction to his/her motor carrier, and the state where his/her license was issued within 30 days.
 3. All persons applying for commercial driving positions must inform the prospective employer of all previous employment as a commercial driver for the past 3 years, plus 7 additional years for hazardous materials drivers, in addition to any other type of information required about the applicant's history.
 4. Any driver who loses the privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise their motor carrier by the next business day.

PENALTIES: Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of either #1 or #4 above, or failure to notify the carrier with 30 days of the loss of driving privileges may result in a fine not to exceed \$5,000. and / or 90 days in jail.

- B. Driver Certification: I do certify that I have read and understand the provisions of the Commercial Motor Vehicle Safety Act of 1986 as listed above. As of this date, I possess only one driver license issued, in my name, from any state or country.

Print Driver Name _____

Driver's Address _____

License Number: _____ Type/Class _____ State _____

Driver's Signature **X** _____ Date _____

Name of Motor Carrier _____

Witness _____

APPLICANT / EMPLOYEE RELEASE AND DISCLOSURE STATEMENT

I certify that I have completed and understand this employment application and additional employee information. I understand that the company or their agents will conduct an investigation into my background to ascertain any information pertaining to my possible employment. This may include, but is not limited to, my previous employment history, safety performance history, criminal records, character and reputation, educational background, worker's compensation records, mode of living or any other personal information needed for the employer to determine if I am a suitable candidate for the position for which I am applying. I understand that these investigations will be conducted under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681 and within the guidelines of the 1996 Americans with Disabilities Act. I now release the employer and their agents and any persons named in this application from any and all liability and for any damages that may occur due to these investigations.

I understand that if offered a job by the employer that the offer is conditional based on the results of these investigations and the results of drug testing and a physical examination. I have been informed that if hired for the position I am applying for, I will be on probation for a period of not less than 90 days. If I am terminated or choose to end my employment during this probation period the cost of any investigations, drug test, examinations, or training may be deducted from my final paycheck.

If hired, I agree to abide by the policies, rules, and regulations of the employer and State, Federal, or Local regulations that apply to my duties. I also understand that any misrepresentation or omission of facts in this application or my employee file may result in my rejection or termination.

I agree to be tested for the illegal use of controlled substances as part of the pre-employment requirements. I also agree to be tested for drug or alcohol use for reasons including, random screening, post accident, probable cause, or return to duty at any time during my employment with this company. I also understand that my person or my belongings may be searched at anytime while I am on duty or on company property. I understand that refusal to submit to any screening or searches will result in my rejection for employment or immediate termination while employed by this company.

I certify that I have read this release and disclosure statement and that my employment application and all information given are true and accurate to the best of my knowledge.

PRINT YOUR NAME

X _____
SIGN YOUR NAME

C.D.L. # AND EXPIRATION DATE

***** FOR OFFICE USE ONLY *****

Date Hired		Credit Check		Orientation Date	
P-E Drug Test		Criminal Check		Job Training	
MVR Record Check		Previous Employers		Hazmat Training	
Physical Exam Date		Workers Comp Check		Abuse Training	

Disqualified for: _____

Supervisors Signature: _____

INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by individual state law), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history, which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. An investigation into your workers' compensation and/or industrial accident background may also be conducted (and can be requested only after a conditional job offer has been made), according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business, or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I understand that this release will be valid for my entire period of employment.

Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box , which will also include a document called A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA).

Date: _____ Print Name: _____
Last First M.I. Maiden
 Applicant Signature _____ Soc. Sec.#: _____
 Address: _____
 Date of Birth (for criminal and driving record checks only): _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
 Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- | | |
|---|--|
| <input type="checkbox"/> Previous Employment Verification
<input type="checkbox"/> Education Verification*
<input type="checkbox"/> D.O.T. (Special Screening for Commercial Drivers)
<input type="checkbox"/> Professional/Personal References
<input type="checkbox"/> Professional License & Credential Check
<input type="checkbox"/> Official Education Transcripts
<input type="checkbox"/> CrimeChex PLUS Multi-State Criminal/Sex Offender Check
<input type="checkbox"/> Other Criminal Record Checks (list jurisdictions below)
<input type="checkbox"/> Check for Nationwide Federal Violations
<input type="checkbox"/> List Criminal Record Jurisdictions Here: | <input type="checkbox"/> Driving Record Check
<input type="checkbox"/> Workers' Compensation Claims*
<input type="checkbox"/> Employment Credit Report*

<input type="checkbox"/> National Address Search & Social Security # Validation |
|---|--|

NOTE: If you are not using the website to place orders, please include the completed job application and the signed release to in your FAX or Email to LABORCHEX.
 *When permitted by state law.

Signature of Official Authorizing Investigation _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a **certificate of the driver's road test**. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Operator's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting of
Approximately _____ miles of driving.

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

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)

Acknowledgement on the Use of Electronic Equipment While Operating a Motor Vehicle

Magness Oil Company is concerned about the safety and well-being of its employees. This is so important that violations of this policy will be considered serious and may result in the imposition of discipline up to and including termination. The following Statement of Acknowledgement confirms that says you have read and fully understand Magness Oil Company policy. Please sign it and return it to your supervisor. If you have any questions regarding this policy please contact your supervisor.

MOTOR VEHICLE SAFETY POLICY ACKNOWLEDGEMENT

I have received a written copy of Magness Oil Company policy on the Use of Electronic Equipment While Operating a Motor Vehicle. I fully understand the terms of this policy and agree to abide by them.

Employee Name (Print): _____ Date: _____

Employee Signature: _____

Supervisor Signature: _____

RECEIPT OF SUBSTANCE ABUSE POLICY

This company and all of its subsidiaries now warns you that refusal to submit to or provide a required or requested urine or breath test after an on the job accident or a positive test result for drugs or alcohol will result in your immediate suspension from your duties and the loss of all workers compensation benefits. Management will review each case before you can be reinstated and reserves the right to terminate at will in all such cases.

In the event of a positive test result you have the right to counseling by a certified Substance Abuse Professional referred by your employer. You may choose to use a different certified Substance Abuse Professional if you wish. In either case your employer is not responsible for the cost or payment for these services.

I have read the company Substance Abuse Policy and agree to abide by the requirements therein. I have read and understand the foregoing statement concerning drug and alcohol testing and its relationship to my worker's compensation benefits.

I the undersigned agree to abide by the policies of this company and the regulations set forth by the Federal and State agencies that govern my duties.

Employee Name

Employee DL #

Employee Signature

Date

Signature of Witness

Title