

Cape Cod Ready Mix

DRIVER QUALIFICATION FILE CHECKLIST

Driver's Name: _____

CDL Lic #: _____ SS#: _____ Date of Hire: _____

Pre- Employment Driver Documents		Applicability	Done	Date
1	Photocopy of a CDL accepted in lieu of road test (§391.33(a)(1))	CDL Drivers Only		
2	Medical certificate or MVR showing that driver is medically certified (§391.43(g))	All Drivers for vehicles over 10,000lbs.		
3	Driver-specific application for employment (§391.21);	All Drivers for vehicles over 10,000lbs.		
4	Original motor vehicle record (MVR) requested from state(s) within 30 days of hire (§391.23);	All Drivers for vehicles over 10,000 lbs.		
5	Copy of Commercial Driver's License (CDL) in lieu of Road Test:	Required for CDL Drivers		
6	Road test form and certificate conducted by your motor carrier (§391.31(g))	Required for Non-CDL, Optional for CDL Drivers		
7	Certificate of Compliance Form	CDL Drivers Only		
8	Background investigations (§391.23)	All Drivers for vehicles over 10,000lbs.		
9	Safety Performance History data from all former DOT-regulated employers for the 3 years prior to the application date or a record of a good faith effort. This form must be maintained in accordance with §391.53 (secured, limited access)	All Drivers for vehicles over 10,000 lbs.		
10	Signed Statement of ON-DUTY Hours from the driver 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. (§395.8) (j)(2)	All Drivers for vehicles over 10,000lbs.		
Pre- Employment Controlled Substance Testing		Applicability	Done	Date
1	Negative Result Controlled Substance Test Result in possession.	CDL Drivers Only		
2	Driver asked about positive USDOT Pre-Employment or Random Drug or Alcohol Test Refusal or Failure	CDL Drivers Only		
3	Driver Issued and signed for a copy of company Controlled Substance & Alcohol Testing Policy including educational materials	CDL Drivers Only		
4	Driver Issued and signed for information and educational materials Driver's Controlled Substance & Alcohol Testing regarding the USDOT Drug & Alcohol Clearinghouse Program	CDL Drivers Only		
Annual Update & Review of Driver Documents		Applicability	Done	Date
1	Annual Certification of Violations (§391.27)	All Drivers for vehicles over 10,000lbs.		
2	Annual Review of Motor Vehicle Driving Record (§391.25)	All Drivers for vehicles over 10,000lbs.		

Cape Cod Ready Mix

4053 Main St
Orleans, Ma. 02653
(508) 255-4600

USDOT REGULATED DRIVER JOB DESCRIPTION

██████████ This form is a company requirement ██████████

Background Information:

All USDOT regulated positions are considered safety sensitive by regulation. *Safety-sensitive employees are those employees who discharge duties so fraught with risks of injury to self or others, environmental injury and/or property damage that even a momentary lapse of attention can have disastrous consequences. It is an essential job function safety rule applicable to every employee working in a safety sensitive classified position to be able to work in a constant state of alertness and in a safe manner.*

Essential Licenses, Certifications, Registrations and Insurability

All Drivers must have a current commercial driver's license (CDL) and possess a current USDOT Medical Card issued by a Certified Medical Examiner in accordance with the standards set forth in 49 CFR PART 391—QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS. Federal regulations require random testing of Drivers for drug or alcohol use. Drivers must be insurable at standard rates.

FMCSA Driver Fitness for Duty Statements

- ✓ **FMCSA Driver Fitness for Duty Statement:** The USDOT regulations make clear that the Company, as a USDOT regulated employer, makes the final determination of who is a qualified individual to drive a commercial motor vehicle. 49 CFR § 391.11(a). The Company shall not permit a person to drive a commercial motor vehicle unless the person meets all USDOT minimum qualifications and such other more stringent qualifications and requirements relating to safety of operation and employee safety and health. The Company may use the services of independent Medical Examiners, Medical Review Officers and Occupational Physicians to make its final determinations.
- ✓ **FMCSA Driver Clearinghouse Certification: Drivers** must be currently cleared without restriction in the FMCSA Clearinghouse to immediately perform FMCSA Safety Sensitive duties as a USDOT regulated Driver under 49 CFR parts 382 & 391.
- ✓ **FMCSA Driver Safety Rule:** requiring mandatory reporting by Drivers of off – duty DUI and Drug Offense Arrest and/or Conviction. In accordance with the authority granted to the Company by the USDOT in 49 CFR 382.111 to imposed other requirements to prevent alcohol misuse by Drivers, it is mandatory that Drivers disclose to their supervisor by the end of the business day arrest and/or convictions for all alcohol and/or drug related offenses committed while operating any motor vehicle. This will allow the Company to immediately remove from safety sensitive functions, Drivers who have engaged in off – duty unsafe behavior related to alcohol or drug misuse (which is directly related to their safety sensitive functions performed for the Company) to make determinations as follows:
 - ✓ 1) if the Driver is fit for duty;
 - ✓ 2) if the Driver is still qualified under USDOT regulations to operate a CMV for the Company;
 - ✓ 3) if the Driver is still insurable at standard rates under the Company fleet policy; and
 - ✓ 4) if the Driver can still meet the essential job functions for the position of Driver. It is an Essential Job Function of every USDOT regulated Driver that they be qualified and licensed to operate a CMV without the use of a judicially ordered interlocking device, or similar device as part of a diversion or conviction for an alcohol related offence.

✓ **Essential Physical Demands**

- Hand-eye coordination. Driving a commercial motor vehicle requires the controlled use of multiple limbs on the basis of what a person observes. Federal regulations require drivers to have normal use of their arms and legs.
- Hearing ability. Drivers need good hearing. Federal regulations require the ability to hear a forced whisper in one ear at five feet (with or without the use of a hearing aid).
- Patience. Because of possible traffic congestion Drivers are put in stressful situations and must be able to continue to calmly operate their CMV.
- Physical health. Federal regulations do not allow people to become a Driver if they have a medical condition that may interfere with their operation of a CMV, such as high blood pressure or epilepsy.
- Visual ability. Drivers must be able to pass vision tests. Federal regulations require at least 20/40 vision with a 70-degree field of vision in each eye, and the ability to distinguish colors on a traffic light.
- While performing the duties of this job, the employee is frequently required to sit for long periods of time, stand, walk, use hands to fingers, handle, or feel and reach with hands and arms, and talk or hear, see and inspect, and bend. The employee must lift and/or move up to 50 pounds.

✓ **Essential Mental Functions**

- Demonstrated past and present ability to safely operate a CMV
- Can read, understand, hear, and apply written and spoken directions
- Ability to work in a constant state of alertness and safe manner
- Ability to work in an unfatigued state
- Ability to accurately gauge lengths of time and distance
- Ability to quickly store and recall instructions in one's short term memory
- Ability to concentrate
- Ability to cope with sudden changes in surrounding and/or emergency situations and/or alarms
- Demonstrated caring, committed and concerned attitude about safety
- Ability to rapidly respond to stimuli
- Possess fast reflexes and unimpaired coordination
- Ability to perform tasks involving high levels of cognitive function and judgment
- Not mentally or physically impaired from any cause that can adversely affect ability to safely and competently perform the USDOT regulated functions
- Ability to take prompt and appropriate response to operating conditions
- Not mentally or physically impaired from any cause that can adversely affect ability to safely and competently perform the USDOT regulated functions

Driver Acknowledgement

I have received a copy of this job description and affirm that I meet the **FMCSA Driver Fitness for Duty Statement Requirements**, I am able to perform each **Essential Physical and Mental Functions** demand, and that I possess the **Essential Licenses, Certifications, Registrations and Insurability**.

Driver's Signature: _____

Driver Print Name: _____

Date: _____

Cape Cod Ready Mix

4053 Main St
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DRIVER'S APPLICATION FOR EMPLOYMENT

Required for all USDOT Regulated Drivers

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ DATE OF HIRE _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

LICENSE INFORMATION

ATTACH SHEET IF MORE SPACE IS NEEDED

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

DRIVING EXPERIENCE

STATE	LICENSE #	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

C. If yes, explain _____

EMPLOYMENT RECORD *second sheet included if more space is needed*

**Federal Motor Carrier Safety Administration regulations require applicants to
provide a total of ten years of employment history.**

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

LAST EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

SECOND LAST EMPLOYER NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

THIRD LAST EMPLOYER NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

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

EMPLOYMENT RECORD – SHEET # 2

ADDITIONAL EMPLOYER INFORMATION

Federal Motor Carrier Safety Administration regulations require applicants to provide a total of ten years of employment history.

This form must document the complete mailing address: street number and name, city, state and zip code.

FOURTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

FIFTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

SIXTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

SEVENTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

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

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

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ Date of birth _____ Social Security Number: _____ hereby authorize
Print First, M.I., Last

Previous Employer: _____ Email: _____

Street _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

To: _____ Date of employment application

Prospective Employer: **Cape Cod Ready Mix**

Attention: **Mr. Peter Joy** Telephone: **508-255-4600**

Street: **4053 Main Street** City: **Orleans** State: **Ma.** Zip: **02653**

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

Prospective employer's confidential fax number: **508-771-0422**

Prospective employer's confidential e-mail address: **peter@capecodreadymix.com**

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

Fill in the start and end dates the driver was employed by your company here: Start: _____ End: _____

Please provide dates driver was subject to Department of Transportation testing requirements while employed at your company

Start: _____ End: _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?.....YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?.... YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?..... YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.....YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?.....YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

COMPLETE BELOW WHEN INFORMATION IS OBTAINED

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Phone

Date: _____

ACCIDENT HISTORY

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named in Section #1 above was employed by us. YES NO

Position held: _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? YES NO If yes, what type? Straight Truck Tractor-Semitrailer
Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty
If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your Accident Register (§ 390.15) (b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Haz-Mat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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

Any other remarks:

Previous Employer Print: _____

Previous Employer Signature: _____

Title: _____

Date: _____

Cape Cod Ready Mix

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Print Name: _____

Social Security Number: _____

Driver's License State: _____ Number _____ Class _____ Endorsement _____ Restrictions _____

Type of License _____ Issuing State _____

DAY	1 (Yesterday)	2	3	4	5	6	7	TOTAL HOURS WORKED
DATE								
HOURS WORKED								

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

_____ AM PM On: _____
Time Month Day Year

Driver's Signature Date

INSTRUCTIONS: 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 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?..... Yes No

At this time do you intend to work for another employer while
still employed by this company?..... Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness to Driver's Signature Date

Cape Cod Ready Mix

EMPLOYEE STATEMENT OF PREVIOUS PRE-EMPLOYMENT ALCOHOL AND DRUG TEST

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. See Sec. 40.25(b)(5) and (e)

Prospective Employee Name: _____
Print Name

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

1 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One..... Yes No

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

Check One..... Yes No

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

Prospective Employee Signature: _____ Date: _____

Prospective Employee Print: _____

Witnessed by Signature: _____ Date: _____

Witnessed by Print: _____

Commercial Motor Vehicle Driver's Certification of Violations / Annual Review of

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER / CERTIFICATION OF VIOLATIONS

NAME OF DRIVER-PRINT	SOCIAL SECURITY NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE) Orleans, Ma. 02653	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

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

If you have had no violations, please check the following box - None

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above name driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.25
 Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by:

Signature: _____ Printed Name: _____

Date of review: _____

**Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

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

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

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to:

- 1) Your employing motor carrier, and
- 2) The state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing

The following license is the only one I will possess:

Driver's License #: _____ State: _____ Expiration Date: _____

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

Driver's Signature: _____ Date: _____

Driver's Printed Name: _____

Notes: _____

Cape Cod Ready Mix

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Prohibition on Cell Phone use while operating company owned or leased motor vehicles.

As a result of the Federal Motor Carrier Safety Administration implementing a ban on mobile cell phone and mobile devices by drivers of commercial motor vehicles, Cape Cod Ready Mix is instituting this compliance policy for all USDOT regulated drivers in our employ.

Employees are not permitted to use a cell phone while driving a commercial motor vehicle, unless the driver is using a Bluetooth or wired earpiece or headset and can initiate, answer and end a call by touching one button to accomplish the task while the driver is in the seated driving position and properly restrained by a seatbelt.

Employees are not permitted to read or respond to e-mails or text messages using any mobile device or PDA while operating a company owned or leased vehicle on company business and/or on company time.

If an employee must make an emergency call (911), the vehicle should first be parked in a safe location and not cause a risk to other motorists.

Cape Cod Ready Mix intends to fully comply with all Federal Motor Carrier Safety Administration and Massachusetts Laws regarding the prohibition of cell phone and push to talk mobile devices and or any type of PDA, Smartphone or other mobile device capable of sending and receiving text or email messages by drivers of commercial motor vehicles.

Employees found using any device mentioned above while operating a vehicle owned or leased by Cape Cod Ready Mix will be subject to immediate disciplinary action.

Your signature below certifies your agreement to comply with this policy.

Employee Signature

Print Employee Name

Date

Cape Cod Ready Mix

4053 Main St
Orleans, Ma. 02653
(508) 255-4600

Request for Driving Record

I _____ hereby authorize Cape Cod Ready Mix to obtain a copy of my Motor Vehicle Driving Record from any state or federal agency required in accordance with the company's responsibility to comply with Part 391 of the Federal Motor Carrier Safety Administration regulations or any other regulation contained in the Code of Federal Regulations Title 49. This permission also applies to any request by a Massachusetts state agency empowered with enforcement of Commercial Vehicle Safety regulations or the company's Insurance carrier when applicable to an investigation of an insurance claim I am named in.

My permission is granted to the company as of the date of this form and remains in full during my employment or until termination or voluntary resignation with Cape Cod Ready Mix.

Driver's Signature: _____

Driver's Printed Name: _____

Date: _____

Cape Cod Ready Mix

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Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Cape Cod Ready Mix to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I hereby provide my consent to Cape Cod Ready Mix to obtain periodic queries for the duration of my employment. If I am voluntary resign or are terminated from my employment my consent is no longer given to Cape Cod Ready Mix

I understand that if the limited query conducted by Cape Cod Ready Mix indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Cape Cod Ready Mix without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Cape Cod Ready Mix to conduct a limited query of the Clearinghouse, Cape Cod Ready Mix must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Applicant Signature

Driver Applicant Print Name

Date