

# DRIVER APPLICATION



**US-PENN LOGISTICS**  
2160 Elm Ave  
Warrington, PA 18976  
Tel: 484-474-0044

Full Name: \_\_\_\_\_ SSN # \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CDL # \_\_\_\_\_ Expiration \_\_\_\_\_ STATE \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET CITY STATE, ZIP

Emergency contact: \_\_\_\_\_  
name phone email

## Previous residence (past three years)

1. \_\_\_\_\_  
STREET CITY STATE, ZIP

2. \_\_\_\_\_  
STREET CITY STATE, ZIP

3. \_\_\_\_\_  
STREET CITY STATE, ZIP

Have you ever been denied a license, permit, or privilege to operate motor vehicle? \_\_\_\_\_

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

If, you answered yes to either of the 2 above questions, attach a statement of explanation:

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## 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.)	AT FAULT?	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

## TRAFFIC VIOLATIONS AND SUSPENSIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

## EMPLOYMENT HISTORY (Last 3 years)

DRIVER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ CDL#: \_\_\_\_\_

1. EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

EQUIPMENT OPERATED \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR/SEMI-TRAILER ( \_\_\_\_\_ VAN, \_\_\_\_\_ FLAT, \_\_\_\_\_ TANK, \_\_\_\_\_ REEFER, \_\_\_\_\_ CARHAUL)  
\_\_\_\_\_ BUS \_\_\_\_\_ (other)

Radius of Use \_\_\_\_\_ Miles

2. EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

EQUIPMENT OPERATED \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR/SEMI-TRAILER ( \_\_\_\_\_ VAN, \_\_\_\_\_ FLAT, \_\_\_\_\_ TANK, \_\_\_\_\_ REEFER, \_\_\_\_\_ CARHAUL)  
\_\_\_\_\_ BUS \_\_\_\_\_ (other)

Radius of Use \_\_\_\_\_ Miles

3. EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

EQUIPMENT OPERATED \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR/SEMI-TRAILER ( \_\_\_\_\_ VAN, \_\_\_\_\_ FLAT, \_\_\_\_\_ TANK, \_\_\_\_\_ REEFER, \_\_\_\_\_ CARHAUL)  
\_\_\_\_\_ BUS \_\_\_\_\_ (other)

Radius of Use \_\_\_\_\_ Miles

This certifies that, I \_\_\_\_\_, completed the above application, and all that entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information about my application. In the event employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DRIVER'S ROAD TEST EXAMINATION**

DRIVER'S NAME: \_\_\_\_\_

Date: \_\_\_\_\_

SSN # \_\_\_\_\_ CDL # \_\_\_\_\_ STATE \_\_\_\_\_ EXP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Rating of Performance:

- \_\_\_\_ Pre-trip inspection (As required by Sec. 392.7)
- \_\_\_\_ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)
- \_\_\_\_ Placing the equipment in operation
- \_\_\_\_ Use of the vehicle's controls and emergency equipment
- \_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_ Turning the vehicle
- \_\_\_\_ Braking, and slowing the vehicle by means other than braking
- \_\_\_\_ Backing, and parking the vehicle.

Remarks: \_\_\_\_\_

Type of equipment used: \_\_\_\_\_

**CERTIFICATION OF ROAD TEST**

TYPE OF TRUCK \_\_\_\_\_ TRAILER SIZE \_\_\_\_\_

DURATION OF TEST \_\_\_\_\_ APPROX MILES \_\_\_\_\_ WEATHER CONDITION \_\_\_\_\_

This is to certify that above-named driver was given a road test under my supervision. It is considered my opinion that this driver possesses sufficient driving skills to operate safely the type of motor vehicle listed above.

**EXAMINER'S NAME:** \_\_\_\_\_ **EXAMINER'S SIGNATURE** \_\_\_\_\_

I, \_\_\_\_\_ have received a copy of certificate of my driving test

**DRIVER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTIFICATION OF TRAFFIC VIOLATION**

Under Federal regulation 49 CFR 383.31, commercial driver is required to report to their employer(s), notification that their commercial driver`s license is under suspension, revocation, or cancellation. This must be done no later than the end of the business day following the day that notification was received.

I, \_\_\_\_\_ certify that I will notify my employer(s) within 30 days, the conviction of any traffic offences, other than parking tickets, in any state and in any type of vehicle, commercial or private.

**DRIVER`S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CERTIFICATION OF VIOLATION**

I certify that 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 past 12 months.			
DATE	OFFENCE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVER`S FULL NAME** \_\_\_\_\_ **DATE OF CERTIFICATION** \_\_\_\_\_

**CDL#** \_\_\_\_\_ **State** \_\_\_\_\_ **Class** \_\_\_\_\_ **Expiration** \_\_\_\_\_

I certify that I have not been convicted or forfeited bond or collateral because any violation (other than those I have provided under part 383) required to be listed during the past 12 months.

**DRIVER`SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Annual mandatory check performed by  
**SAFETY DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ANNUAL REVIEW OF DRIVING RECORD  
ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD**

DRIVER'S FULL NAME	CDL #
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*I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of forfeited bond or collateral during the past 12 months.  
[ ] Violations are as listed below. [ ] I have had no violations.*

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 because any violation required to be listed during the past 12 months.*

REVIEWED BY	TITLE
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In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she:

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

Actions taken with driver: \_\_\_\_\_

In accordance with Code 49 of Federal Regulations Section 391.25 (FMCSR), all information pertinent to the above driver's safety of operation, including the list of violation furnished by him in accordance with Code 49 CFR Section 391.27, has been reviewed for the past 12 months.

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
Company Personal

## DRIVER SAFETY TRAINING REQUIREMENTS

This is to confirm that I have received and had training in company and DOT rules and regulations. As required by company and DOT regulations, I agree to read and familiarize myself with the following handbooks, which are required to be in each vehicle and are available through the company.

### HANDBOOKS:

- Federal Motor Carrier Regulations Handbook
- Company rules and regulations guidelines.

Following the training was a question and answer period which included additional company illustrations, photos, forms, further explanations, and oral tests on these and other topics. I understand that if I have any questions or wish to have any areas of the training clarified, I may request from the company and get further explanations or information.

On this day: \_\_\_\_\_ I have completed training of logbook preparation and other public safety issues. The items that were discussed are listed below:

- Unsafe driving (speeding, seat belt etc.)
- Fatigued driving (HOS violations, log falsifications etc.)
- Driver's fitness (MVR, medical card etc.)
- Controlled Substances and Alcohol
- Vehicle maintenance
- Cargo Secure
- Crash and accident factors (preventive and following actions)

I am versed in proper DOT regulations (395.8), I understand that by not following these DOT regulations I will be subject to company disciplinary actions. I am also aware and have been informed of all company fines which will be enforced on the first day of work for this company. Failure to comply with company rules which are explained in the company handbook.

- At the Shipper, drivers must request the shipper to sign on the BOL "SLC" (Shipper Load Counted) and get shipper person's name and signature.
- At the receiver drivers must request, the receiver to sign on BOL "Seal intact" if a trailer has a seal and get receiver person's name and signature.
- Those two signatures must be on each BOL
- The drivers, who will avoid this rule will not get paid for the trip.

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE**

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? \_\_\_\_\_

Have you ever tested positive from drugs or alcohol at any time in the last 2 years? \_\_\_\_\_

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? \_\_\_\_\_

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the FMCSA Regulation and company policy, all drivers must submit alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies: 1. Pre-Employment, to determine employment eligibility 2. Random 3. Reasonable Suspicion 4. Post - Accident

I certify that I have read, and agree to abide by the condition of this consent and release form.

**AUTHORIZATION TO OBTAIN PAST DRUG ALCOHOL TEST RESULTS**

I understand that as a condition of qualification with US-PENN LOGISTICS, I must give the company written authorization to obtain the results of all DOT required drug and/or alcohol test (including any refused to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be qualified with the Company.

Below I have listed all the companies for which I worked as a driver, or to which applied as a driver during the past two (2) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company , the following information concerning my drug and alcohol test: (I)all positive drug test results during the past two (2) years; (II) all alcohol test result of 0.04 or greater during the past two (2) years; (III) all alcohol test result s of 0.02 or greater but less than 0.04 during the past two (2) years;(IV) all instance s in which I refused to submit to a DOT required drug and/ or alcohol test during the past two (2) years.

Company Name

Dates worked for / applied to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have carefully read and fully understand this authorization to release my past drug alcohol test result. In sighing below, I certify that all the information which I have furnished on this form is true and complete, and, that I have identified all the companies for which I have either worked, or applied for work, as a driver during the past two years.

**DRIVER'S NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**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 hazardous materials that require place carding.

The requires 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 transport hazardous materials that requires place carding.

**DRIVER REQUIREMENTS:** parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a drive must comply with. There requirements are in effect as of July 1<sup>st</sup>, 1987. They are as following:

1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990. If you currently have more than one license, you should keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the records in the state that issued it; you must notify the state. If a multiple has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be license in that state.

2) Part 392.42, Part 383.33 of the Feral Motor Carrier Safety Regulations required that you notify you employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a motor carrier and the state that issued your license within 30 days.

I certify I have read and understand the above requirements.

The following license is the only one I will possess:

CDL # \_\_\_\_\_ STATE \_\_\_\_ EXP \_\_\_\_\_

DRIVER'S FULL NAME \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SAFETY DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_



**PREVIOUS EMPLOYER INQUIRY**

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

DRIVER'S FULL NAME: \_\_\_\_\_ SSN# \_\_\_\_\_ DOB \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PH \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby authorize to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3years. In compliance with §40.25 (g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

From \_\_\_\_\_ To \_\_\_\_\_

ATTENTION \_\_\_\_\_

Prospective Employer: US-PENN LOGISTICS  
Address: 2160 Elm Ave, Warrington, PA 18976, Tel: (484) 474-0044

**DRIVER'S SIGNATURE** \_\_\_\_\_

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER - ACCIDENT HISTORY**

The applicant named above was employed by us. \_\_\_\_

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

- 1. Did he/she drive motor vehicle for you? \_\_\_\_\_ If yes, what type? \_\_\_\_\_
- 2. Reason for leaving: \_\_\_\_\_

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 AND LOCATION	INJURIES	FATALITIES	HAZMAT SPILL

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

\_\_\_\_\_

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER - DRUG AND ALCHOHOL INFORMATION**

Please provide the following drug and alcohol information as required by FMCSR part 391.23 & 40.25.  
**If no drug and alcohol information is available on above named applicant check here**

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? \_\_\_\_\_

2. Any verified positive drug test? \_\_\_\_\_

3. Any refuels to be tested including verified adulterated or substituted drug test results \_\_\_\_\_

4. Any other violations of DOT agency drug and alcohol testing regulations \_\_\_\_\_

(Part 382 or Part 40)?

5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employment, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test)? \_\_\_\_\_

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evolution, prescribed treatment, and return-to-duty requirements (including follow-up tests) if they remained in your employment.

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

COMPANY NAME \_\_\_\_\_ PH \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

1<sup>st</sup> Attempt

This form was (check one) \_ Faxed to previous employer \_ Mailed \_ Other \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Attempt

This form was (check one) \_ Faxed to previous employer \_ Mailed \_ Other \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Attempt

This form was (check one) \_ Faxed to previous employer \_ Mailed \_ Other \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Information was received by: \_ Fax \_\_\_ Mail \_\_\_ Other \_\_\_\_\_ Date received: \_\_\_\_\_

## **DRIVER'S RESPONSIBILITIES AND DUTIES**

- Before leaving for a trip a driver needs:
- To check the load, its condition, documents, and temperature
- To me (PRE-TRIP), check tires, the pressure, if necessary, to inflate up to 110 PSI (steer), drive 100 PSI, and trailer axel/s 95 PSI.
- To turn GPS mobile phone on, make sure that it operates well and provides a connection with the dispatchers, leave it on during the entire trip
- On the road, either when stopping or fueling, a driver has:
- To check the level of all used liquids
- To check the reefer, if it works properly
- To check the condition of the load as well as its temperature
- To check the tires, air pressure in them
- If any readings are out of normal range, to find the cause and eliminate it
- When driving a driver has:
- To look at rare view mirrors at least 6/min
- To follow all temperature and pressure readings
- To try to repair in case of any abnormal reading or break down, otherwise stop driving.

### **On every business day, a driver has:**

- To call a dispatcher by 9:00 AM ET, inform him about the situation or leave a detailed message on answering machine before going of sleep
- If it is necessary to reach a dispatcher after regular business hours, to call his cellular phone (if there is no answer-leave a detailed message)
- To inform a dispatcher without any delay about any kind of accident, damage to the equipment or load

### **At delivery, a driver has:**

- To check the load, its condition, temperature
- To start unloading only when situation seems normal
- If any problems arise to continue unloading only after solving them
- To insist on the mark "seal was intact" on the load documents if there are any shortages, damages, extras, partial or whole load refusal
- In case of "no seal", to act strictly according to a dispatcher's instructions and regulation
- Not to leave a delivery location without dispatcher's permission
- To pick up all the load locks

### **At pick-up/loading, a driver has:**

- At the Shipper, drivers must request the shipper to sign on the BOL "SLC" (Shipper Load Counted) and get shipper person's name and signature.
- At the receiver drivers must request, the receiver to sign on BOL "Seal intact" if a trailer has a seal and get receiver person's name and signature.
- Those two signatures must be on each BOL
- The drivers, who will avoid this rule will not get paid for the trip.
- To check quantity, amount, packaging quality and temperature of the load (set the reefer temperature following the dispatcher's instructions, for produce it is always continuous mode)
- To watch how the load is being loaded, contributed inside the trailer, and locked to guarantee a safe transportation

- To protect a trailer, its parts from any damage
- To protest loading if it goes above the red line (if there is one in the trailer), especially first two pallets, to prevent air shot damage
- To have the load jocks in the trailer (a driver is responsible for the old load locks already found in the trailer as well as for the new ones)
- To protest loading if: the cargo packaging, the load itself is broken or damaged, the temperature is bad or different kind of product is loaded, or there is hazmat material over 1000lb
- To inform a dispatcher immediately if any problems of the mentioned above occur
- To wait for a dispatcher's permission to go, if necessary, wait until the next morning/day.

**After a trip, in the company's yard, a driver has:**

- To fill up both truck and trailer tanks with fuel
- To park equipment strictly in the parking zone
- To unhook a trailer accordingly: avoid any rough trailer dropping, lowering a trailer legs, leave an inch between the trailer and ground, lower air bags to get a trailer down completely, smoothly move away from a trailer.
- To check the condition of the trailer (if it is loaded, check the load and temperature, inform a dispatcher)
- To keep and leave all load's documentation orderly and in its certain place

**As a company's employee, driver has:**

- To keep his workplace clean and in order
- To operate the company's equipment strictly following all the technical/manual instructions
- To protect the company's equipment and wealth
- To follow and obey the instructions and regulations of executives

**The Driver is directly responsible for any material or moral damage to the Company if he disobeys/neglects the stated above responsibilities and duties.**

**DRIVER'S FULL NAME** \_\_\_\_\_

**DRIVER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## HOURS OF SERVICE OF DRIVERS

FMCSA revises the hours of service (HOS) regulations to limit the use of the 34-hour restart provision to once every 168 hours and to require that anyone using the 34-hour restart provision have as part of the restart two periods that include 1 a.m. to 5 a.m. It also includes a provision that allows truckers to drive if they have had a break of at least 30 minutes, at a time of their choosing, sometime within the previous 8 hours. This rule does not include a change to the daily driving limit because the Agency is unable to definitively demonstrate that a 10-hour limit--which it favored in the notice of proposed rulemaking (NPRM)--would have higher net benefits than an 11-hour limit. The current 11-hour limit is therefore unchanged now. The 60- and 70-hour limits are also unchanged. The purpose of the rule is to limit the ability of drivers to work the maximum number of hours currently allowed, or close to the maximum, on a continuing basis to reduce the possibility of driver fatigue. Long daily and weekly hours are associated with an increased risk of crashes and with the chronic health conditions associated with lack of sleep. These changes will affect only the small minority of drivers who regularly work the longer hours.

Hours of service requirement are detailed in CFR 49 Part of FMCSR. These regulations were written to reduce accidents/injuries due to driver fatigue. The rules are as follows:

**11 Hours Rules:** You cannot drive again until you have completed a 10-hour brake after driving 11 hours since your last 10-hour break

**14 hours Rules:** You cannot drive again until you have completed a 10-hour brake after being on duty for 14 hours since your last 10-hour break

**60 Hour Rules:** You cannot drive again until you have hours available after having been on duty 60 hours in the past seven days - to be able to be on duty again you must be off duty for at least 34 consecutive hours

**70 Hour Rules:** You cannot drive again until you have hours available after having been on duty 70 hours in the past eight days-to be able to be on duty again you must be off duty for at least 34 consecutive hours.

**Falsification:** You cannot falsify your logs or hide an hours of service violation. All fuel and toll receipts as well as any other documents with a date or time will be checked against logs for accuracy

**DRIVER'S FULL NAME** \_\_\_\_\_

**DRIVER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SAFETY DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CELL PHONE POLICY FOR CDL OPERATORS

The Federal Motor Carrier Safety Administration (FMCSA) prohibits texting by commercial motor vehicle (CMV) drivers while operating in interstate commerce and imposes sanctions, including civil penalties and disqualification from operating CMVs in interstate commerce, for drivers who fail to comply with this rule. FMCSA amends its commercial driver's license (CDL) regulations to add to the list of disqualifying offenses a conviction under State or local traffic laws or ordinances that prohibit texting by CDL drivers while operating a CMV, including school bus drivers. The [rule imposes sanctions](#) for driver offenses, including civil penalties to a driver up to **\$2,750** and driver disqualification for multiple offenses. Violations will impact SMS results. Texting and calling on a hand-held phone carry the maximum violation severity weighting in SMS!

Therefore, US-PENN LOGISTICS is instituting a new policy;

Drivers are not permitted to use a hand held devices while operating a motor vehicle on company business and/or on company time unless the device can be used hands free.

Drivers are not permitted to read or respond to e-mails or txt messages while operating a motor vehicle on company business and/or on company time. This policy also applies to use of PDAs.

While driving, calls cannot be answered and must be directed to voice mail if your hand held device is not enabled for hands free use. If a driver must make an emergency call the vehicle should first be parked in a safe location. Bluetooth with 2 buttons can be used while driving

Drivers are responsible for payment of civil penalties in the event of a citation issued. If a driver is cited by any enforcement agency for cell phone use violations or if a driver is observed using a hand-held device and the use is confirmed by one or more supervisory or management employees of US-PENN LOGISTICS.

The driver will be subject to a disciplinary action including termination. Correspondingly, any supervisor or management personnel found to allow, encourage, pressure, or threaten adverse action against a driver for complying with this policy shall be subject to disciplinary action of up to and including termination.

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

**DRIVER`S FULL NAME** \_\_\_\_\_

**DRIVER`S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PENALTIES AND REWARD PROGRAM

US-PENN LOGISTICS. introduce a new penalties and reward program for all its drivers and O/O, where all roadside DOT inspections with no logbook violations will be award and all roadside DOT inspections, with log book violations will be charged form driver pay check.

All roadside DOT inspections with no violation for 1<sup>st</sup> level will be awarded **\$300** for company and Owner Operator drivers. To avoid negative safety rating issued by USDOT company reserves the right to go "0" tolerance violation, there is no warning letters or notices to drivers are set.

Out of service Violations will be fined:

1. First time - **\$1000.00**
2. Second time - **\$2,000 and suspension**

Any log violations (total miles missing, shipping # missing, total hrs. missing, speeding, seatbelt violation, license and/or medical expired, etc.) will be fined **\$300.00** for each violated code.

Any late delivery in accordance with broker`s charge back company drivers or owner operators, drivers will be responsible. Company charges are applied for each late delivery plus broker fees. If late, drivers are responsible to notice Dispatcher for min 4 hours in advance. Drivers are responsible for on-time delivery of cargo to Consignee, if appointment is set. Such late appointments will be fined **\$50**

Drivers must communicate with dispatchers in a requested time set by dispatchers or company staff. Drivers involved in fighting during his/her duty will be fined up to **\$500**

Late notice of lumper fees to dispatcher will not be paid to drivers. Must report same day of receiving.

US-PENN LOGISTICS. reserves the right to keep harmless from leasing the equipment by Owner Operators or company Drivers.

It is driver`s responsibility to keep equipment harmless. If any damage occurs, while in use, deductible for each accident followed with damage to the equipment (trailer) will be **\$1,500**. This deductible has set by equipment owner`s insurance agency.

Deductible for company equipment (truck) will be **\$2,500**

Drivers (Contractors) are not allowed to have any kind of passengers in the truck under the dispatch or his/her duties. There will be penalty of **\$1,000** for each such violation.

Drivers must report to company owner of any violation received, such of (speeding, moving violation, reckless driving, weigh citation, roadside inspection etc.) occurred on the road while transporting goods or off duty status. If a driver fails to report to company on time, company reserves the right to charge all expenses regarding violations received by drivers plus fine max to **\$1,000** for each fail. It is a driver`s responsibility to observe and count the goods and equipment keeping out from damage by shipper while loading and unloading at consignee and when on route for delivery. If such damage occurs, driver must report to company owner of all damages before leaving the facility (dock).

This is to certify that I have read and understood above mentioned company rules.

**DRIVER'S FULL NAME** \_\_\_\_\_

**DRIVER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SAFETY DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

## ALCOHOL AND DRUG EMPLOYEE'S CERTIFIED RECEIPT

This is to certify that I have been provided educational materials required by 382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked items:

- The designed person to answer questions about materials.
- The categories of driver subject to Part 382.
- The safety-sensitive functions and periods of the workday for which compliance is required.
- Specific information concerning prohibited driver conduct.
- Circumstances under which a driver will be tested.
- Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- The requirement that drivers submit to tests administered in accordance with Part 382.
- An explanation of what will be considered a refusal to submit to a test and the consequences.
- The consequences for Part 382, Subpart B violations, including removal from safety sensitive functions, and Part 40, Subpart O procedures.
- The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- Information on the effects of alcohol and controlled substances use on an individual's health, work, or personal life
- Signs and symptoms of a problem
- Available methods of intervening when a problem is suspected (confrontation, referral, etc.)

### Company notes:

**The terms of this application are secured and required by USDOT rules and regulations. All future updates by USDOT will be automatically implemented to this application, if not and will not to be considered as an error of the Company.**

DRIVER'S FULL NAME \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SAFETY DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_



### TERMINATION NOTICE

I agree to give notice to the Safety Department for at least two weeks before termination on any reason.

Also, I have read and fully understand that last two paychecks will be held from 45-60 days upon clearance of any future coming USDOT violations, traffic light violations, tolls, maintenance expenses, or damages to the equipment leased or purchased from the Company and all damages to the cargo picked up from broker's customers during transportation, after completion or in transit.

The Company reserves the rights to compensate all finance charges from drivers, coming toward to the Company.

### LEASE TO PURCHASE AGREEMENT

This certifies that, I have read and fully understand base on best of my knowledge to accept "Lease to Purchase Agreement" terms. I accept and guarantee to perform and follow to all paragraphs listed in "Lease to Purchase Agreement" and to all agreements or contracts which I have signed with US-PENN LOGISTICS

I guarantee and admit the rules and regulations of two companies and to hold harmless from any loss, damages, tolls but not limited to financial debts during my work performance or off duty. I understand that I shall cover all expenses rising from my duties or work performances.

### ADDRESS CHANGE ACKNOWLEDGEMENT

I have read and fully understand the company's address change requirements and agree to provide with correct and current CDL and Mailing addresses within 48 hours timeline during my term of employment. I understand that I cannot have two different addresses in two different states. I do take full responsibility if company finds any mismatch.

### ACCEPTANCE NOTE

I have read, understood to the best of my knowledge, and accept with no exceptions to follow and be responsible to the terms, rules and regulations orally said and/or signed by me the contracts and agreements for the US-PENN LOGISTICS.

I understand and accept USDOT rules and regulations. It's my responsibility to follow any changes and updates to these rules made by USDOT during my contracted term.

DRIVER'S NAME \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER`S STATEMENT OF ON-DUTY HOURS**

(For newly hired or intermittent Drivers)

**NOTE: Hours for any compensation work during the preceding seven days, include work for a non-motor carrier entity, must be recorded on this form.**

DRIVER`S NAME: \_\_\_\_\_

CDL # \_\_\_\_\_ STATE \_\_\_\_\_ EXP \_\_\_\_\_

**COMPENSATE WORK TIME (prior 7 days)**

1	2	3	4	5	6	7	TOTAL

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at \_\_\_\_\_ AM PM on \_\_\_\_\_  
TIME DAY MO YY

Are you currently working for another employer? \_\_\_\_\_

Do you intend to work for another company or person while still employed by this company? \_\_\_\_\_

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

DRIVER`S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SAFETY DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_