



P.O. BOX 26
530 F.M. 977
LEONA, TEXAS 75850
OFFICE (903) 344-2120
FAX (903) 344-2121

www.statewidecrude.com



Driver's name: _____

ID NO: _____ **DATE OF HIRE:** _____

- ☐ APPLICATION- COMPLETE WITH 10 YEARS OF EMPLOYMENT
- ☐ REQUEST FOR PAST EMPLOYMENT VERIFICATION AND SAFETY PERFORMANCE HISTORY INQUIRIES FOR THE PAST THREE YEARS
- ☐ REQUEST FOR DRUG/ALCOHOL INQUIRIES FROM PAST EMPLOYERS FOR THE PAST 3 YEARS
- ☐ DRIVER PHYSICAL EXAM
- ☐ COPY OF VALID CDL LICENSE
- ☐ COPY OF MVR(Original)
- ☐ COPY OF MVR(Annual)
- ☐ CERTIFICATE OF VIOLATIONS
- ☐ ANNUAL REVIEW OF DRIVING RECORD
- ☐ NEW HIRE DATA SHEET
- ☐ PRE-EMPLOYMENT DRUG TEST RESULTS
- ☐ PREVIOUS PRE-EMPLOYMENT D&A STATEMENT
- ☐ RECEIVED COPY OF COMPANY D&A POLICIES
- ☐ ROAD TEST/CERTIFICATE OF ROAD TEST OR EQUIVALENT
- ☐ Statewide Crude Inc Statement of Policies and Procedures

VERIFIED BY: _____ **DATE:** _____



DRIVER APPLICATION

AUTHORIZATION *Sign and Date Below*

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer has been extended.) **I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 State Wide Crude, Inc. .. 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ **Date** _____

PERSONAL INFORMATION: Please Print CLEARLY. *Please list all addresses for past 3 years.*

LAST NAME **FIRST NAME** **MI**

STREET ADDRESS **NO.** **CITY** **STATE** **ZIP**

STREET ADDRESS **NO.** **CITY** **STATE** **ZIP**

() --
HOME PHONE **ALT. PHONE**

SOCIAL SECURITY **DATE OF BIRTH**

LIST EACH UNEXPIRED COMMERCIAL OPERATOR'S LICENSE OR PERMIT ISSUED TO YOU.

LICENSE NO. **STATE** **EXPIRATION DATE** **CLASS**

DRIVING EXPERIENCE

Type of Equipment	Years of Experience	Years/Miles Driven
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD *(Previous Three Years)*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS *(Previous Three Years)*
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSE AND CRIMINAL BACKGROUND

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

☐ YES ☐ NO

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

☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?

☐ YES ☐ NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____ PHONE: () _____

NAME

RELATIONSHIP: _____

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer:

Name of Company: _____
 Contact Person _____ Phone _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving _____ Type of Trailer: _____
 Were you subject to the FMCSRs+ while employed? ☐ Yes ☐ No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____
 Contact Person _____ Phone _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving: _____ Type of Trailer: _____
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Employer:

Name of Company: _____
 Contact Person _____ Phone _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving: _____ Type of Trailer: _____
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____
 Contact Person _____ Phone _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving: _____ Type of Trailer: _____
 Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs+ While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs[†] While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs[†] While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs[†] While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ **Type of Trailer:** _____

Were you subject to the FMCSRs[†] While employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

X _____
Signature of Applicant Date



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

To be completed by:

PREV. EMPLOYER: _____ Phone: _____

STREET: _____ Fax: _____

CITY, ST, ZIP: _____ Email: _____

To be completed by: PREVIOUS EMPLOYER

Section I Employment Verification

☐ The applicant named above **WAS/IS NOT** employed/contracted by the Company.

☐ The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he drive a motor vehicle for you? ☐ Yes ☐ No . If yes, what type?

☐ Tractor-Semi trailer ☐ Straight truck ☐ Bus ☐ Cargo Tank ☐ Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: ☐ Quit ☐ Resigned ☐ Lay Off

Comments: _____ ☐ Co. Terminated ☐ Still Employed

Section IV Accident Register (390.15(b))

☐ None to Report (Sign Below)

☐ Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section V Certification

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY

APPLICANT NAME: _____ SSN: _____ EMPLOYER: _____

To be completed by: PREVIOUS EMPLOYER

Section I: DRUG AND ALCOHOL HISTORY

☐ Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. **Fill out Section II DATES OF EMPLOYMENT: _____ TO _____**

☐ Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

Section II *If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:*

NAME _____	ADDRESS _____	CITY _____
STATE-ZIP _____	PHONE _____	

Section III *Affirmation: This form was filled out by:*

Name: _____ Title: _____ Company: _____
Signature: _____ Date: _____

THIS FORM WAS:

☐ FAXED ☐ MAILED ☐ EMAILED ☐ VERBALLY ☐ (OTHER) _____

DATE: _____ **TIME:** *(IF VERBAL)* _____ **BY:** _____

INFORMATION OBTAINED FROM: _____

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's Signature)

(Date of Certification)

State Wide Crude, Inc.

(Motor Carrier's Name)

(Reviewed by: Signature)

SAFETY

(Title)

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

X _____
Name (Last, First, M.I.)

X _____
(Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

[] the driver meets the minimum requirements for safe driving, or

[] the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Statewide Crude Inc. .

Motor Carrier's Name

SAFETY

Reviewed by: Signature and Title

DRIVER DATA SHEET
For Casuals, New Hires & Temporary Employees

Name (Print) _____

Social Security Number _____

Driver's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

DAY		2	3	4	5	6	7	TOT AL
	1							
DATE								
HOUR S WORK ED								

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 _____ on _____
(Day) (Month) (Year)

(Signature) _____

Witness _____ Date _____
Company Representative

**EMPLOYMENT CHECKLIST FOR INTERMITTENT, CASUAL OR OCCASIONAL
DRIVER**

1. **Medical Examiner's Certificate**-The medical examiner's certificate of physical qualification to drive a motor vehicle, or a legible photographic copy of the certificate.

2. **Certificate of Driver's Road Test**-The original of the signed road test form and the certificate of the driver's road test issued to the driver pursuant to subparagraph 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to subparagraph 391.31.

3. The driver's name, social security number and the identification number, type and issuing State of the driver's motor vehicle operator's license.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE 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 the 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 Contractor name: _____
Social Security Number: _____

The prospective contractor 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 ☐ Not Applicable

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

Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Signature)



ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

I, the undersigned, certify that I have read and understand **State Wide Crude, Inc.** Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

(Employee\Contractor Signature)

(Printed Name)

(Date)

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The Instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (Check one of the following): <input type="checkbox"/> A Citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____ / ____ / ____ (alien # Or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (Month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A Or examine one document form List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	Or	List B	And	List C
Document title: _____	Or	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		____ / ____ / ____		____ / ____ / ____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day year) /

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name State Wide Crude, Inc. - 530 FM 977 E. Leona, Texas 75850		Date (Month/day/year)

Section 3. Updating and Verification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ____ / ____ / ____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

CONSENT

DOT MANDATED CONTROLLED SUBSTANCE AND ALCOHOL TEST

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

- | | |
|--|--|
| <ol style="list-style-type: none"> This form must be completed in full and include the driver's <u>original</u> signature. Deliver, mail or FAX the completed form to: | <p>Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310</p> |
|--|--|

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to Statewide Crude Inc _____ ,
Print Name

of 530 FM 977 E. Leona, Texas 75850 _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the 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 391.31/391.33)

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur'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 _____, _____, _____, 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)

Statewide Crude Inc.
(Organization and Address of Examiner)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____ Phone _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- _____ The pretrip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing, and parking the vehicle.
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 19____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks _____