



DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

Driver's Name (Printed): _____

Date of Hire: _____

Initials of
Record
Administrator

FORM OR PROCESS

Initials of
Person
Verifying

1. APPLICATION FOR QUALIFICATION
 - a) Driver's Rights (to be given to the applicant prior to driver application)
 - b) Driver Applicant Drug & Alcohol Pre-employment Statement
 - c) Controlled Substance & Alcohol Testing Information Acknowledgement/Consent Form
 - d) Request for Driver's Safety Performance History
 (Application should be fully completed and signed by applicant-No gaps in employment history.)

2. MOTOR VEHICLE RECORD (MVR)
State: _____ Date obtained: _____
(All licenses held by the driver in the last 3 years must be investigated.)

3. MEDICAL EXAMINER'S CERTIFICATE PHYSICAL EXAMINATION "LONG FORM" should be placed in a "Confidential" file.
 - a) Fully completed & signed by Driver & Examiner (with M.E. phone & license #'s _____)
 - b) Blood pressure meets minimum requirements _____
 - c) Drug test completed _____ Date received _____
 - d) Alcohol test completed _____ Date received _____

4. DRIVER PERFORMANCE EVALUATION (Road Test)
(Fully completed & signed by Examiner)

5. SEVEN DAY PRIOR HOURS STATEMENT OR COPIES OF LOG SHEETS

6. COPY OF DRIVER'S LICENSE
 - a) Expiration date: _____
 - b) Class: _____
 - c) Endorsements: _____

7. IMMIGRATION I-9 FORM

8. W-4 IRS FORM

9. ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS & ANNUAL REVIEW OF DRIVING RECORD (MVR) (Must be completed at least once every 6 months annually.)

10. LHC, INC. MVR GRADING CRITERIA



**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION
UNDER REGULATIONS 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

1. An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
2. An investigation of the driver's employment record during the preceding three years.
3. A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
4. Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation history File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
5. Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents that previous employer may wish to provide.
6. Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer provided investigative information must submit a written request to the prospective employer when applying, or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document:

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____



LHC, INCORPORATED

LHC, Inc.

Kalispell, MT

PO BOX 7338, KALISPELL, MONTANA 59904-0338

APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations (FMCSR) and LHC, Incorporated.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do **NOT** leave the item blank; write "No" or "None".

Date: _____ Position applying for: Contractor: _____ Driver: _____ Contractor's Driver: _____

Name: (Printed) _____
(First) (Middle) (Last)

Phone Number: (____) _____ Emergency Phone Number: (____) _____

*Age: _____ Date of Birth: _____ Social Security Number: _____ - _____ - _____

*The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: _____

Please list your current address and any addresses from the last three years:

_____ Date From: _____ to _____
_____ Date From: _____ to _____
_____ Date From: _____ to _____
_____ Date From: _____ to _____

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

If yes, give dates: From _____ to _____

Reason for separation:

EDUCATION HISTORY

TYPE	NAME AND ADDRESS	DIPLOMA/DEGREE RECEIVED
HIGH SCHOOL		
COLLEGE		
POST GRADUATE		
OTHER		

EMPLOYMENT HISTORY

Give a complete record of all employment for the past 3 years, including any unemployment or self-employment and all commercial driving experience for the past 10 years.

Name of Employer		Address	City/State/Zip	Telephone No.
Dates Employed		Position Held	Starting Wages	Ending Wages
From:	To:			
Reason for leaving		Supervisor Name/Title	Name Used during Employment	
Brief Description of your Responsibilities:				
Were you subject to FMCSR's * while employed here? 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 _____				
Name of Employer		Address	City/State/Zip	Telephone No.
Dates Employed		Position Held	Starting Wages	Ending Wages
From:	To:			
Reason for leaving		Supervisor Name/Title	Name Used during Employment	
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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 _____				
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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 _____				

* The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone who operates a motor vehicle on highways in interstate commerce to transport passengers or property when the vehicle:

1) has a GVWR or weighs 10,001 pounds or more 2) is designed or used to transport nine or more passengers, or 3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE

Class of Equipment	Dates		Estimated Number of Miles (Total)
	From	To	
Straight Truck			
Tractor & Semi-trailer			
Tractor-two trailer			
Tractor-three trailers (triples)			
Other:			

List the States operated in for the last 5 years: _____

List special courses/training completed (PTD/DDC, HAZ MAT, etc.): _____

List any Safe Driving Awards you hold & from whom: _____

Accident Record from past three years

Date of Accident	Nature of Accident(s) (Head on, rear end, upset, etc.)	Location	# of Fatalities	# of People Injured

Traffic Convictions & Forfeitures for the past three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (List each driver's license held in past 3 years.)

State	License #	Type	Endorsements	Expiration Date

- 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 ___
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES ___ NO ___
- D. Have you ever been convicted of a felony? YES ___ NO ___

If the answer to any of the above is "YES", give details:

Personal References

List three references, other than family members, who have knowledge of your safety habits:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

To Be Read & Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY: