

# DRIVER PROFILE

## Supplement to OAF/SAF 1

### DRIVER INFORMATION

Name:	
Licence #:	Date of Birth (MM/DD/YY):
Driver Licence Class:	Original date of obtaining Driver Licence for this Class:

### DRIVING EXPERIENCE

How many years of <b>commercial driving experience</b> under your current class of licence?	How many years of <b>US commercial driving experience</b> do you have?
Are you currently an (please specify which ever applies): Owner Operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver Trainee <input type="checkbox"/>	

### TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 4 years history must be provided)

**IMPORTANT:** For each employment experience, please ensure all fields are completely filled and accurate

<b>Current Employer</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
<b>Past Employer 1</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
<b>Past Employer 2</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>

<b>Past Employer 3</b>			
Company Name:			
Address:			
Supervisor's Name:			Phone #:
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
Commodities most often hauled for this employer:		Type of Vehicle(s) most often driven for this employer:	
		Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>	

**CLAIMS HISTORY (Please check the box that applies below)**

No Claims ☐      Claims within the past 3 years ☐

**(Please describe all accidents you were involved in for the last 3 (three) years regardless of fault)**

Date of accident	Description and location of accident	% of fault	Total amount paid

COMMENTS:
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I certify that I personally completed this application and that all of the information is true and correct. With respect to this Driver Profile, or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

\_\_\_\_\_  
**Signature of driver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please print your name**



## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Company Name: DLH Transportation Inc. Address: 111 Earl Thompson Road

City: Ayr Province: Ontario Postal Code: N0B1E0

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

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. (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 persons 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate 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. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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	

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM Mo. YR.	TO Mo. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> 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?			
<input type="checkbox"/> YES <input type="checkbox"/> 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER  LICENSES	STATE	LICENSE NO.	TYPE	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 \_\_\_\_\_  
IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>			
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_  
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY  
\_\_\_\_\_  
\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

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

**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. 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.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 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 state must be in writing.
- 3) **CDL DOMICILE REQUIREMENTS:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notes: \_\_\_\_\_

## MEDICAL DECLARATION

On march 3rd, 1999, Transport Canada and the U.S. federal Highway administration (FWHA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of commercial vehicle in the U.S, as currently contained in the federal Motor carriers safety regulation, part 391.41 et seq, and vice-versa. The reciprocal agreement will remove the requirements for a Canadian driver to carry a copy of a medical examiners certificate indicating that the driver is physically qualified to drive(In effect, the existence of a valid driver's license issued by the province of Ontario is deemed to be a proof that a driver is physically qualified to drive in U.S.) however, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit them from driving in the U.S.

I certify that I am qualified to operate a commercial motor vehicle in the United States. I further certify that:

- A. I have no clinical diagnosis of diabetes currently requiring insulin for control.
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I don't have impaired hearing.(A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz,1000 Hz, or 2000Hz with or without a hearing aid when tested by an audiometric device calibrated to American national standard Z24.5-1951).
- D.I have not been issued a waiver by the province of Ontario allowing me to operate a commercial motor vehicle pursuant to section 20 and 22 of the Ontario regulation 340/94.

I further agree to inform DLH Transportation Inc, should my medical status change, or if I can no longer certify conditions A to D, described above.

Driver's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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



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

Form 9

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 14 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 14 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
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

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year  
Time

\_\_\_\_\_  
Driver's Signature Date

**=====**  
**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

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 nonmotor carrier entity.

Are you currently working for another employer? (check one)  
☐ 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.

Witness: \_\_\_\_\_  
\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Authorization for Pre-Employment Criminal Background Investigation

(Print Name) First	Middle	Last	Maiden/Former Name
(Current Address) Number & Street		City	State/ZIP
(Former Address, if at current address less than 1 year)		City	State/ZIP
Date of Birth	Place of Birth	Social Security Number	
Drivers License Number	State		

### Notice:

In connection with your application for employment at \_\_\_\_\_, you agree to participate in a pre-employment background investigation, which will include a criminal background inquiry, a previous employment verification, or personal reference inquiry, and when appropriate, credential verification, to include academic degrees, certifications, and/or licenses and a credit check. Failure to provide consent will eliminate you from consideration. If \_\_\_\_\_ believes you have misrepresented information, you will be informed of this discrepancy and be given a reasonable opportunity to provide clarifying information. If upon further review, it is \_\_\_\_\_'s judgment that a material misrepresentation has occurred, you will no longer be considered for employment, or if already employed, terminated. You will be informed in writing of such action.

### Authorization:

I hereby authorize without reservation, any party or agency contacted by \_\_\_\_\_, any of its agents, or any entity employed by \_\_\_\_\_ for such purposes to furnish the above-mentioned information. I have the right to make a request of \_\_\_\_\_ or its agents, under the federal Fair Credit Reporting Act, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I hereby release \_\_\_\_\_ and its agents or employees and any party or agency contacted by \_\_\_\_\_, any of its agents, or any entity employed by \_\_\_\_\_ - for such purposes to furnish the above-mentioned information from any and all claims that I may have arising from, or relating to, the providing, reporting or gathering of information in relation to the aforementioned investigative background check.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

### IMPORTANT:

**I have read and understand the above and do hereby grant authorization to conduct this background investigation in the event that I am the recommended candidate for this position.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name)

First, M.I., Last  
I hereby authorize

Driver's License

Date of Birth

Previous Employer:

Email:

Street:

Phone:

City, State, Zip:

Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from

(date of employment application)

To:

Prospective employer: DLH TRANSPORTATION INC

Attention:

Manpreet Kaur

Phone: 519-622-1984

Street:

111 Earl Thompson Road

City, State, Zip:

Ayr, ON, N0B 1E0

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, email, or letter.

Prospective employer's confidential fax number: 519-622-6069

Prospective employer's confidential email address:

Safety@dlhtran.com

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

## TO BE COMPLETED BY PREVIOUS EMPLOYER

## Accident History

The applicant named above was employed by us. ☐ Yes ☐ No

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

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) \_\_\_\_\_Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Military DutyIf 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 ☐ there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat	Spill
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Any other remarks: \_\_\_\_\_

Signature:

Title

Date:

ORIGINAL PROSPECTIVE EMPLOYER

	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements form _____ to _____.</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>6. For a driver who successfully completed an 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ol>	
<p>In Answering these questions, include any required DOT drug or alcohol testing information obtained from prior pervious employers in the previous 3 years prior to the application date shown on side 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip _____ Phone: _____</p> <p>Section 3 Completed by (Signature): _____ Date: _____</p>	

	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____</p>	

**INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- |   |  |
|---|--|
| <p><b>SIDE 1 SECTION 1: Prospective Employee</b></p> <ul style="list-style-type: none"> <li>- Complete the information required in this section - Sign and Date</li> <li>- Submit to the Prospective Employer</li> </ul> <p><b>SIDE 2 SECTION 4A: Prospective Employer - Complete the information</b></p> <ul style="list-style-type: none"> <li>- Send copy to previous employer</li> </ul> <p><b>SIDE 1 SECTION 2: Previous Employer</b></p> <ul style="list-style-type: none"> <li>- Complete the information required in this section - Sign and Date</li> <li>- Complete SIDE 2 SECTION 3</li> </ul> | <p><b>SIDE 2 SECTION 3: Previous Employer</b></p> <ul style="list-style-type: none"> <li>- Complete the information required in this section - Sign and Date</li> </ul> <p><b>SIDE 2 SECTION 4A: Prospective Employer - Record receipt of then</b></p> |
|---|--|

DLH TRANSPORTATION INC  
**COMPANY:** \_\_\_\_\_ **ROAD TEST REPORT**

**DRIVER** \_\_\_\_\_ **LIC. #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pre-Trip**

- \_\_\_\_\_ Check emergency system.
- \_\_\_\_\_ Lights \_\_\_\_\_ Tires \_\_\_\_\_ Fuel
- \_\_\_\_\_ Water \_\_\_\_\_ Oil \_\_\_\_\_ Horn
- \_\_\_\_\_ Wipers \_\_\_\_\_ Mirrors \_\_\_\_\_ Flares
- \_\_\_\_\_ Wheel Nuts \_\_\_\_\_ Brakes
- \_\_\_\_\_ Direction Signals
- \_\_\_\_\_ Depress clutch brake before starting.
- \_\_\_\_\_ Check for neutral gear position.
- \_\_\_\_\_ Allow engine to warm up.
- \_\_\_\_\_ Check for proper air pressure.
- \_\_\_\_\_ Select proper gear.
- \_\_\_\_\_ Release brakes.
- \_\_\_\_\_ Start moving vehicle smoothly.
- \_\_\_\_\_ Change gears without clashing.
- \_\_\_\_\_ Double clutch.
- \_\_\_\_\_ Attain proper speed when shifting gears.

**Hook-up**

- \_\_\_\_\_ Hook-up & tug lock.
- \_\_\_\_\_ Proper connection of air lines.
- \_\_\_\_\_ Proper connection of lights.
- \_\_\_\_\_ Visually inspect Fifth Wheel is locked.
- \_\_\_\_\_ Check all clearance lights.
- \_\_\_\_\_ Rolling response test.

**Driving**

- \_\_\_\_\_ Stall engine.
- \_\_\_\_\_ Race engine.
- \_\_\_\_\_ Allow unit to roll back on grade.
- \_\_\_\_\_ Stay in low gear too long.
- \_\_\_\_\_ Stay in high gear too long.

**Right Turns**

- \_\_\_\_\_ Approach from improper lane.
- \_\_\_\_\_ Drive at improper speed.
- \_\_\_\_\_ Drive in improper lane during turn.
- \_\_\_\_\_ Strike curb or shoulder.
- \_\_\_\_\_ Turn unnecessarily wide.

**Left Turns**

- \_\_\_\_\_ Cut corner too short.
- \_\_\_\_\_ Cut corner too wide.
- \_\_\_\_\_ Drive in improper lane during turn.
- \_\_\_\_\_ Drive into improper lane after turn.

**Stopping**

- \_\_\_\_\_ Come to smooth Stop.
- \_\_\_\_\_ Use brakes properly.
- \_\_\_\_\_ Stop in safe position.
- \_\_\_\_\_ Come to full stop for signs & lights.
- \_\_\_\_\_ Stop in proper traffic lane.
- \_\_\_\_\_ Proceed with caution at amber light.
- \_\_\_\_\_ Slow down at intersections.
- \_\_\_\_\_ Stop before necessary at signals.
- \_\_\_\_\_ Over-run cross walk.
- \_\_\_\_\_ Stop to close to other vehicles.
- \_\_\_\_\_ Turn on red light without stopping.
- \_\_\_\_\_ Hesitate too long for conditions.
- \_\_\_\_\_ Start up-hill

**Signalling**

- \_\_\_\_\_ Signal for turns.
- \_\_\_\_\_ Signal when changing lanes.
- \_\_\_\_\_ Signal for stops.
- \_\_\_\_\_ Keep well back from preceding vehicle to allow others to pass and pull in safely.
- \_\_\_\_\_ Keep well over on own side of road.
- \_\_\_\_\_ Dim lights to oncoming traffic.
- \_\_\_\_\_ Give pedestrians right of way.
- \_\_\_\_\_ Give right of way to other drivers.
- \_\_\_\_\_ Shut off signal after turning.

**Overtaking & Passing**

- \_\_\_\_\_ Keep well back of vehicle to be passed so that oncoming traffic may be observed without cutting out.
- \_\_\_\_\_ Make sure road ahead is clear.
- \_\_\_\_\_ Make sure road behind is clear.
- \_\_\_\_\_ Signal intention to turn out.
- \_\_\_\_\_ Pass on approach to bridge.
- \_\_\_\_\_ Pass on curve.
- \_\_\_\_\_ Pass on hill.
- \_\_\_\_\_ Cut back into lane too soon after passing.

**General Driving**

- \_\_\_\_\_ Look in all directions at R.R. X
- \_\_\_\_\_ Come to a full stop when necessary at R.R. crossing.
- \_\_\_\_\_ No shifting on R.R. crossing.
- \_\_\_\_\_ Cross R.R. X at 30 km/h.
- \_\_\_\_\_ Steer without jerking motions.
- \_\_\_\_\_ Keep an even speed.
- \_\_\_\_\_ Keeps eyes on road when shifting gears.
- \_\_\_\_\_ Slow before entering curve.
- \_\_\_\_\_ Drive in proper lane.
- \_\_\_\_\_ Give full attention to driving.
- \_\_\_\_\_ Drive at a safe speed.
- \_\_\_\_\_ Drive the speed limit.
- \_\_\_\_\_ Proper use of the clutch.
- \_\_\_\_\_ Follow other vehicles at a safe distance
- \_\_\_\_\_ Use of proper gear for down hill grade.
- \_\_\_\_\_ Moves vehicles safely in & out of traffic.
- \_\_\_\_\_ Up shifting properly.
- \_\_\_\_\_ Down shifting properly.
- \_\_\_\_\_ Enters hill in proper gear.
- \_\_\_\_\_ Uses engine for braking on hills.

**Backing**

- \_\_\_\_\_ Use horn when necessary.
- \_\_\_\_\_ Use rear vision mirrors.
- \_\_\_\_\_ Stop in correct position to back up vehicle.
- \_\_\_\_\_ Check at back of vehicle before backing up.
- \_\_\_\_\_ Use proper steering backing up.

**SCORING DRIVER**

OK = ✓

Failed To = X

Not Applicable = N/A

Attitude: Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Poor \_\_\_\_\_ Confidence Level: Good \_\_\_\_\_ Acceptable \_\_\_\_\_ Poor \_\_\_\_\_

**Comments:** \_\_\_\_\_

Safety Manager/Driver Trainer Signature \_\_\_\_\_

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL MONTHLY ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service***

In connection with your application for employment with DLH Transportation Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize DLH Transportation Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



## **Alcohol and Drug Abuse Policy**

I hereby acknowledge receipt of **DLH TRANSPORTATION INC.** Alcohol and Drug Abuse Policy.

I am aware of the procedures regarding testing for the presence of drugs and alcohol & agree to learn more about the negative effects and serious consequences of drug and alcohol use on my personal health and safety.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**



## DLH TRANSPORTATION INC

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### Suggested Sequence of Pre-Trip Inspection

#### **SPECIAL COMPANY POLICIES/AGREEMENT**

**DEFECTIVE VEHICLE.** IT IS AGAINST THE COMPANY POLICY TO DRIVE A DEFECTIVE VEHICLE. IF YOU FIND ANY DEFECT, PLEASE NOTIFY DISPATCH AND GET IT REPAIRED. REPORT CITATIONS/INSPECTIONS IMMEDIATELY (\$500 FINE APPLIES FOR NOT REPORTING/PAYING TICKET AT OWN).

**DISCIPLINARY ACTION:** LOG VIOLATIONS, MOVING VIOLATIONS AND OOS INSPECTIONS. THIS IS GRADUATED AND LEADS TO TERMINATION AT CAUSE.

**DAMAGES TO EQUIPMENT:** NOTIFY ANY DAMAGE TO COMPANY EQUIPMENT IMMEDIATELY IN WRITING BEFORE DEPARTURE. OTHERWISE YOU MAY BE HELD RESPONSIBLE FOR ANY PREVIOUS DAMAGE.

**NON-COMPLIANCES:** YOU MAY BE LIABLE TO MONETARY FINES UPTO \$2500 AS DECIDED BY THE ACCIDENT REVIEW COMMITTEE FOR DAMAGE/NON-COMPLIANCE TO COMPANY POLICIES. YOUR SIGNATURES BELOW VERIFIES THIS AGREEMENT AND THAT YOU UNDERSTAND EACH POLICY AND CONSENT DEDUCTION FROM YOUR PAYROLL AS DEEMED APPROPRIATE BY THE COMPANY.

**DRIVER'S NAME:**

\_\_\_\_\_

**DRIVER'S SIGNATURE**

\_\_\_\_\_

WITNESS 1:

\_\_\_\_\_

WITNESS 2:

\_\_\_\_\_

*Prepared by DLH Transportation Inc*

**DLH TRANSPORTATION INC.**  
**111 EARL THOMPSON ROAD, AYR ONTARIO, NOB1E0**

**Disciplinary Policy**

I the undersigned am aware that I will be subject to penalties leading from temporary suspension from work with out pay up to dismissal for non-compliance with the company rules depending on how severe of the incident.

I also understand that if I have several incidents in a short period of time. I will be subject to re-training and re-testing again, subject to the severity of the incident(s).

- **Speed Limits**

This will acknowledge that I am aware that when operating company owned or leased vehicles, it is my lawful duty to comply with the posted speed limit (up to a maximum of 105 KPH ) as a legislated requirement under the Ontario Highway Traffic Act and all local By-Laws. Failure to comply with this policy is grounds for disciplinary action by company management.

- **Vehicle Passengers**

I the undersigned, understand that it is the company's policy that there be no passenger in accompany owned or leased vehicle with out prior consent from company management. It is also my responsibility to inform company management of anyone who intends to ride in a company owned or leased vehicle prior to driving that vehicle.

- **Driver's License Policy**

I, the undersigned understand that it Is my responsibility to inform the company management of any traffic violations filed against me while driving a company vehicle or any personal vehicle. I agree to inform the company if my driver's license has been suspended for any reason and I shall immediately inform the company of the suspension, the reason of the suspension, and the duration of the suspension. I also agree to supply the company with a copy of my current driver's license, and a copy every time thereafter when the license or license

endorsements are renewed, re leaved, re-classified or changed in any other way. I also agree to advise the company of the date when my medical examination is due. If I have not passed the medical examination by the medical due date, I will not be permitted to drive company vehicles.

- **Alcohol and drug policy**

I, the undersigned understand that it is unacceptable to be on duty while under the influence of any intoxication, which can affect my performance at work. I am aware of the potential danger of such an action and therefore agree that I will be dismissed from any breach of this policy

- **Use of Seat Belts**

I, the undersigned, understand that it is my responsibility to wear my seat belt while operating any company owned or leased vehicle. Any breach of the policy is grounds for disciplinary action by company management.

- **Accident reporting**

I, the undersigned, understand that it is my responsibility to inform the company of any and off accidents and I am involved in.

- **Daytime Running Lights**

I, the undersigned, understand hat it is my responsibility to ensure proper function of daytime running lights on any vehicle that I am operating. It is the company policy that our vehicles be equipped with daytime running lights and that everyone who operates any company-owned or leased vehicle adheres to this policy. Failure to comply with this policy is grounds for disciplinary action by company management.

- **Refuse to Work**

I, the undersigned, understand that it is my responsibility to inform the company of any incident or safety concerns, which might affect me to perform my job safely. Failure to inform the company of any incident or safety concerns before refusing to work would be a violation of this policy grounds for disciplinary action by company management.

- **Hours of Work**

I, the undersigned, understand and have been informed of the hours of work regulations and I am aware that I must arrange my work schedule to comply with these regulations. I also agree to submit a record of all on-duty hours accumulated while working for other carriers.

- **Load Security**

I, the undersigned understand and have been informed of Load Security Regulations and agree to comply with these regulations.

- **Pre/Post Trip Inspections**

I, the undersigned understand and have been informed of the pre/post trip inspection policy and agree to meet these requirements as set out in the Ontario Highway Traffic Act. I also agree that will submit all roadside inspection reports immediately upon completion of any trip.

- **Handheld Devices prohibited**

I, the undersigned understand and have been informed of Handheld Devices are prohibited while driving. The Highway Traffic Act 78.1 (1) prohibits anyone from driving a motor vehicle while holding or using a hand-held wireless communication device, such as a cell phone.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**DLH TRANSPORTATION INC**  
**111 EARL THOMPSON ROAD, AYR**  
**519-622-1984**

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**PREVENTATIVE MAINTENANCE PROGRAM**

- ☐ All trucks and trailers owned and operated by “DLH TRANSPORTATION INC.” must follow the following:

**A. INSPECTION – C.M.V.**

Every 30000 kms or 3 months, whichever comes first, the following is performed:

- ☐ Oil and filter are changed
- ☐ All fluid levels are checked
- ☐ Lubricate chassis
- ☐ Visual inspection of all components

**B. ANNUAL SAFETY CERTIFICATION**

Every 12 months, all commercial motor vehicles are inspected in accordance with the prescribed maintenance and component standards set out in Schedule 3 & 4 of Ontario Regulation 86/89.

Owner's signature: \_\_\_\_\_

## **INTRODUCTORY LETTER**

Dear \_\_\_\_\_:

Allow me to welcome you to DLH Transportation Inc and congratulate you in becoming one of our Professional drivers.

The goal of our Safety and Loss Prevention section is to create the safest conditions for you, the driver, to operate in while conducting the most efficient and profitable operations on the road.

We all wish you every success and seriously hope your stay with us will be a long and safe one. Should you have any comments with respect to improving the safe operation of our tractors and equipment, please drop in and discuss them with us.

Our door is always open. Nice to have you aboard.

**PLEASE DRIVE SAFELY!!**

Very sincerely,

\_\_\_\_\_

*The President of the Company*

## **DRIVER'S ACKNOWLEDGEMENT OF HANDBOOK**

Date:

I, \_\_\_\_\_ hereby acknowledge receipt of the Driver's Handbook.

\_\_\_\_\_  
*Driver's Signature*

\_\_\_\_\_  
*Safety Supervisor's Signature*

**DLH Transportation Inc.**

**NOTE:** This receipt shall be read and signed by the driver. A responsible company official shall countersign the receipt and place it in the driver's qualification file.