

NOTICE

This file contains

CONFIDENTIAL INFORMATION

And may only be viewed by authorized individuals.

Kenneth Swager at Little King Transportation, LLC and those others who by their duties and responsibilities, must review information required by the Department of Transportation (DOT) regarding drivers of commercial motor vehicles as defined in Title 49 CFR 382.107, 383.5 and 390.5.

INSTRUCTIONS

Name of Document & instructions

When completed:

1 **Application** – Using the application supplied, have applicant complete **ALL** information, date & sign. A **minimum of 3 years** employment history is required and **as much as 10 years** if the applicant’s employment as a driver goes back that far. **Provide each applicant with a copy of “Applicant’s Rights”**

Return to Kenneth Swager

2 **Previous Employer Inquiry** – Driver must sign the top portion (“Applicant’s Signature”) & date for **EVERY** employer he/she has worked for during the **past 3 years**. Make extra copies if needed.

Return to Kenneth Swager

3 **Request for Check of Driving Record** – Driver must sign the top portion (“Applicant’s Signature”) & date the request. Upon receipt, you must review the driving record to verify the applicant’s qualifications.

Return to Kenneth Swager

4 **Road Test & Medical Card** – Complete the Certification of Road Test and make **legible copies** of the applicant’s driver’s license and medical card. A road test equivalent (CDL) may be accepted for all commercial vehicles except doubles, triples and tankers, in which case you must complete and attach proof of a road test.


Return to Kenneth Swager

6 **Annual Review & Driver’s Certification** – You don’t have to do these right away ... it’s done on an **annual** basis. At that time, have the driver complete the top portion. Their supervisor will review the driver’s MVR and complete the bottom portion.

Return to Kenneth Swager

7 **Driver Data Sheet** – Once the applicant is hired & **BEFORE** driving for the first time, the driver must complete the information requested, sign & date it.

Return to Kenneth Swager

 **REMINDER:** **Before** the driver first begins driving for your company you must have the driver must complete a pre-employment drug test and have a confirmed negative test result prior to the first time he/she performs safety-sensitive functions.

When you see this symbol



a signature is required.

DOT REGULATED DRIVER APPLICANT'S RIGHTS

As an applicant for a driver position regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, you are advised that all information supplied by you in connection with your application will be investigated as required under 49 CFR 391.23 and may be used in the determination of the suitability of your application for the position that is being offered. As a driver applicant you have the following rights:

(i) The right to review information provided by previous employers; (ii) 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; (iii) 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.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer. (2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. (4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(Approved by the Office of Management and Budget under control number 2126-0004)

THIS CERTIFIES THAT I HAVE READ AND RECEIVED A COPY OF THE 'APPLICANTS RIGHTS.'

(Applicant's printed name & signature)

(Date)

THIS DOCUMENT IS TO BE PROVIDED TO EACH DRIVER APPLICANT AT THE TIME AN APPLICATION IS SUBMITTED FOR CONSIDERATION. **EACH DRIVER APPLICANT MUST ACKNOWLEDGE RECEIPT OF THIS DOCUMENT BY INITIALLING WHERE INDICATED ON PAGE 1.3 OF THE APPLICATION.**

APP	MVR
PEI	MED
D&A	ROAD

PERM



QuickFile Applications™

DRIVER'S APPLICATION FOR EMPLOYMENT

Little King Transportation, LLC

1590 Country Club Rd

Hood River, OR 97031-9649

Ph. (541) 386-3003

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, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

Position (s) applied for:		2. Date of application (Month/Day/Year): / /	
3. Name:		3A. DOB (Month/Day/Year):	
4. Addresses for past three years (Write on back if there's not enough room)		4A. SSI No.:	
Street address		Home Ph	Cell Ph
City	State	Zip	How long?
Street address			
City	State	Zip	How long?
Are you eligible to work in the US?			
In case of emergency notify:			
Address		Phone	
Have you worked for this company before?		If yes, 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?	

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

5. EMPLOYMENT HISTORY

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.**

Date of Birth:

Date of Application:

Date of Hire:

CHECK AND DATE EACH PREVIOUS EMPLOYMENT PE AND DRUG & ALCOHOL DA INQUIRY WHEN COMPLETED.

PE / / / DA / / /	1. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving

PE / / / DA / / /	2. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving

PE / / / DA / / /	3. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving

PE / / / DA / / /	4. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving

PE / / / DA / / /	5. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving

PE / / / DA / / /	6. EMPLOYER Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug & alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	NAME	From	To
	ADDRESS	Position	
	CITY	STATE	ZIP
	CONTACT PERSON & PHONE	Wage	
			Reason for leaving



Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.

6. ACCIDENT RECORD FOR PAST 3 YEARS.
If none, write "None."

DATES	NATURE OF ACCIDENT	FATALITIES	INJURY
LAST ACCIDENT			
NEXT PREVIOUS			

7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.
If none, write "None."

LOCATION	DATE	CHARGE	PENALTY

8. EXPERIENCE & QUALIFICATIONS - Valid licenses currently held.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

9. DRIVING EXPERIENCE - Type of equipment & approximate miles/hours driven.

CLASS	TYPE (Van, Tank, Flat, etc.)	FROM	TO	MILES
STRAIGHT TRUCK				
TRACTOR/TRAILER				
DOUBLES				

- 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.)If you answered "yes" to question B, explain the details: _____

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES _____ NO _____

LIST STATES LICENSED IN FOR PAST 5 YEARS: _____

10. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers **will be contacted**, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I authorize **Little King Transportation and its agents** to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize **Little King Transportation, LLC and its agents** to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **Little King Transportation, LLC, its agents and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information. _____ *(Applicant's initials)*



_____ (Applicant's signature)

_____ (Date)

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

**REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER**

1st attempt: _____ Phone/Fax/Mail
2nd attempt _____ Phone/Fax/Mail
3rd attempt _____ Phone/Fax/Mail
Person making contacts **must** initial each attempt.

2.1

Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Little King Transportation, LLC and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Please return to Little King Transportation - Kenneth Swager, 1590 Country Club Rd, Hood River OR



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = _____ to _____

DRIVER'S SAFETY PERFORMANCE HISTORY

- 1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
- 2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
- 3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
- 4. If he/she was involved in an accident as defined in 49 CFR 390.5:
Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
- 5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
- 6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to *Little King Transportation, LLC*.



Applicant's signature authorizing release of information: _____ Date: _____

Name & position of person supplying information: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1st attempt: _____ Phone/Fax/Mail
2nd attempt _____ Phone/Fax/Mail
3rd attempt _____ Phone/Fax/Mail
Person making contacts **must** initial each attempt.

2.2

Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Little King Transportation, LLC and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Please return to Little King Transportation - Kenneth Swager, 1590 Country Club Rd, Hood River OR



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = _____ to _____

DRIVER'S SAFETY PERFORMANCE HISTORY

- 1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
- 2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
- 3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
- 4. If he/she was involved in an accident as defined in 49 CFR 390.5:
Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
- 5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
- 6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to *Little King Transportation, LLC*.



Applicant's signature authorizing release of information: _____ Date: _____

Name & position of person supplying information: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1st attempt: _____ Phone/Fax/Mail
 2nd attempt _____ Phone/Fax/Mail
 3rd attempt _____ Phone/Fax/Mail
 Person making contacts **must** initial each attempt.

Previous employer: _____ Contact: _____

Address: _____ Phone/Fax: _____

Applicant's Name: _____ Applicant's SSN: _____

I hereby authorize you to release the following information to **Little King Transportation, LLC and its AGENTS** for the purpose of investigations as required by Part 391.23, 382.413 and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Please return to Little King Transportation - Kenneth Swager, 1590 Country Club Rd, Hood River OR 97031-9649



Applicant's Signature

Date

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____ Yes No. Actual = _____ to _____

DRIVER'S SAFETY PERFORMANCE HISTORY

1. Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes No
2. If "yes", what kind of vehicle? Straight Truck? Tractor-Semitrailer? Bus? Other (specify) _____
3. Was he/she involved in a CMV accident? Yes No. 3A. Was he/she a safe and efficient driver? Yes No
4. If he/she was involved in an accident as defined in 49 CFR 390.5:
 Date of accident: _____ Location (City, State) _____ Number of injuries?: _____
 Number of fatalities: _____ Were hazardous materials, other than fuel spilled? Yes No
5. Reason for leaving your company? Discharged Yes No / Resignation Yes No / Lay Off Yes No
6. Other comments: _____ Would you rehire? Yes No

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS, DID THE PERSON NAMED HERE:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? No Yes
- Have a verified positive controlled substances test while in your employment? No Yes
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? No Yes
- Violate drug and alcohol regulations of any other DOT agency? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes (Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested? No Yes)

APPLICANT'S CONSENT: I, _____, consent to the release of the specific information required under Title 49 CFR 40.25 and 49 CFR 382.413 and 382.405(f) to Little King Transportation, LLC.



Applicant's signature authorizing release of information: _____ Date: _____

Name & position of person supplying information: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD



Please provide the following information to Little King Transportation, LLC for the purpose of completing investigations required under CFR Part 391.23, 25. You are released from any and all liability which may arise as a result of information contained in the requested report.



(Applicant's Signature)

(Date)

PETITIONER'S STATEMENT

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purposes.

I am authorized to obtain personal information from motor vehicle records. Information obtained through this report will be used solely in the normal course of business for verifying the accuracy of driving information supplied by the named individual here for the purpose of verifying eligibility to be considered as a commercial motor vehicle driver as defined in Title 49 CFR Parts 382, 383 and 391.

(Petitioner's Signature)

(Date)

REQUESTED BY: **Little King Transportation, LLC**
Kenneth Swager
1590 Country Club Rd
Hood River, OR 97031-9649

TO:	OREGON DMV RECORDS	DEPT. OF LICENSING	IDAHO TRANSPORTATION DEPT.	DMV&PS
	1905 Lana Avenue NE	Driver Record Section	Driver Services Section	Motor Vehicles Records Section
	Salem, OR 97314-2250	PO Box 9030	PO Box 34	555 Wright Way
		Olympia, WA 98507-9030	Boise, ID 837321-0034	Carson City, NV 89611-9250

DEPARTMENT OF MOTOR VEHICLES
Information Services Branch
PO Box 944247, G 199
Sacramento, CA 94244-2470

The following named individual has made application with our company as a driver of a commercial motor vehicle requiring us to obtain and review his/her motor vehicle driving record for the past 3 years, and on an annual basis thereafter, while retained by our company as a driver. CFR Part 391.23

NAME OF APPLICANT _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER: _____ LICENSE NUMBER _____

Copy of Medical Card or Long Form



Before the applicant drives for your company he/she must first successfully complete a road test and be issued a **certificate of driver's road test** in accordance with CFR Part 391.31. Your company may, at your discretion, accept as **equivalent of a road test** a valid Commercial Driver's License as defined by Part 383.5 (unless the driver will be driving doubles/triple trailer or tank vehicles).

A person shall not drive a commercial motor vehicle unless he/she has provided your company a copy of the **medical examiner's certificate** ("medical card"). You may, at your discretion, also require a copy of the physical examination form ("long form"). **Check here if long form is attached** .

PLACE MEDICAL EXAMINER'S CERTIFICATE HERE AND MAKE A **LEGIBLE COPY**

SIDE ONE

PLACE MEDICAL EXAMINER'S CERTIFICATE HERE AND MAKE A **LEGIBLE COPY**

SIDE TWO

(Medical examiner's certificates may have 2 sides.)

IF YOU ACCEPTED THE DRIVER'S CDL AS AN EQUIVALENT OF A ROAD TEST, MAKE A **LEGIBLE COPY** AND PLACE IT HERE.

THIS IS A PERMANENT DOCUMENT. ROAD TESTS MUST BE COMPLETED FOR DOUBLES, TRIPLES, TANKERS & LCV.

PLACE **LEGIBLE COPY** OF CURRENT DRIVER'S LICENSE HERE.

THE MEDICAL CERT MAY BE PURGED 3 YEARS AFTER ITS EXECUTION.

DRIVER'S ROAD TEST EXAMINATION

DRIVER'S NAME _____ PHONE _____

DRIVER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

§391.31 Road test. A person shall not drive a commercial motor vehicle unless he/she has first successfully completed a road test and has been issued a certificate of driver's road test in accordance with this section.

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 a person other than himself/herself. 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/she is capable of operating the commercial motor vehicle, and associated equipment, that the motor carrier intends to assign him/her.

The road test must be of sufficient duration to enable the person who gives it to evaluate the skill of the person who takes it at handling the commercial motor vehicle, and associated equipment, that the motor carriers intends to assign to him/her.

PERFORMANCE

ROAD TEST CERTIFICATE

Driver's name _____ Social Security No. _____
 License No. _____ State _____
 Type of power unit _____ Type of trailer(s) _____
 This is to certify that the above named driver was given a road test under my supervision on _____ 20__ consisting of approximately _____ miles of driving.

Satisfactory
Needs practice
Unsatisfactory

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

 (Signature of examiner & Title)
 1590 Country Club Rd, Hood River, OR 97031-9649

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pretrip inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coupling and uncoupling of combination units. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Placing the equipment in operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of vehicle's controls and emergency equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operating the vehicle in traffic and while passing other vehicles. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turning the vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Braking, and slowing the vehicle by means other than braking. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backing and parking the vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other – Explain: |

TYPE OF EQUIPMENT USED IN GIVING TEST _____ DATE _____

EXAMINER'S SIGNATURE _____

Annual Review of Driving Record & Driver's Certification



Part 391.25 requires the motor carrier to make an inquiry into the driving record of each driver it employs at least once every 12 months. In addition, Part 391.27 requires each driver to prepare a list, at least once every 12 months, of all violations of motor vehicle traffic laws and ordinances (other than parking violations).

Driver's Certification

To be completed by driver

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 of Conviction	Offense	Location City, State	Type of Motor 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)

Annual Review of Driving Record

To be completed by motor carrier

391.25(b)(2)The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Recordkeeping. A copy of the driver's certification and the supervisor's review must be maintained in the driver's qualification file for a period of 3 years following the date of completion.

A careful review of the driver's record has been made in accordance with Part 391.25 and he/she has been found to:

- meet the minimum requirements for safe driving
- not meet** the minimum requirements of safe driving
- be disqualified to drive a commercial motor vehicle pursuant to Part 391.15.

(Reviewed by: Signature)

(Title)

(Date)

1590 Country Club Rd • Hood River, OR 97031-9649

THIS DOCUMENT MAY BE PURGED 3 YEARS AFTER ITS EXECUTION.



Driver Data Sheet New-Hires, For Casuals, and Temporary Employees

Name (Print) _____

Motor Vehicle Operator's License Number: _____

Type of License _____ Issuing State _____

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding seven (7) days and time at which such driver was last relieved from duty prior to beginning work from such carrier. Rule 395.8(j)(2).

Date	Day	Hours Worked
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	Total Hours	

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 _____
Time Day/Month/Year



Driver's Signature Date _____

THIS DOCUMENT MAY BE PURGED 6 MONTHS AFTER ITS EXECUTION.

Driver Pre-Employment Screening



The Federal Motor Carrier Safety Administration complies and makes available to motor carriers the crash and roadside inspection history of regulated commercial drivers. The driver’s consent to obtain the report is required. Please read the information below carefully and sign where indicated.

■ In connection with your application for employment with **Little King Transportation, LLC** (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below –

I authorize **Little King Transportation, LLC** (“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 consenting to 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.

How to correct the record. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.



Signed: _____ Name: _____ Date: _____
Signature *Please Print*



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

ORDER YOUR OWN RECORD

You can order you own record, by mail, from the DMV Headquarters. Records are mailed to you at your address shown on your DMV computer record unless you indicate otherwise. If you want records faxed or mailed to an address other than your address on the DMV's record, you must include enough information in your request for DMV to verify your identity, such as: date of birth, place of birth, address of record, mother maiden name, etc. If you are requesting a record that contains another person's personal information as well as your own (such as a title history or odometer history), your personal information will appear on the record(s) but other person's will not.

INSTRUCTIONS: Fill out the name and address fields completely. You must include enough vehicle and/or driver information for DMV to locate the record.

NAME OF INDIVIDUAL

ODL / ID / CUSTOMER #	DATE OF BIRTH (MM / DD / YYYY)	MOTHER'S MAIDEN NAME	PLACE OF BIRTH
-----------------------	--------------------------------	----------------------	----------------

PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)
--------------	-------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

ADDRESS TO MAIL TO (IF DIFFERENT)	CITY	STATE	ZIP CODE
-----------------------------------	------	-------	----------

TELEPHONE NUMBER (INCLUDE EXT. IF ANY) ()	FAX NUMBER ()
---	-------------------

MESSAGE:

TYPE OF RECORD REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> DR NON-EMPLOYMENT DRIVING RECORD = 3 YEAR RECORD \$1.50 | <input type="checkbox"/> VR VEHICLE RECORD PRINT \$4.00 |
| <input type="checkbox"/> DE EMPLOYMENT DRIVING RECORD = 3 YEAR RECORD \$2.00 | <input type="checkbox"/> VH VEHICLE TITLE HISTORY \$22.50 |
| <input type="checkbox"/> DI DRIVER ADDRESS INFORMATION \$1.50 | <input type="checkbox"/> VO PREVIOUS OWNER INFORMATION \$14.00 |
| <input type="checkbox"/> DO OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD \$1.50 | <input type="checkbox"/> II INSURANCE INFORMATION SEARCH \$10.00 |
| <input type="checkbox"/> CP CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION \$3.00 | <input type="checkbox"/> CC CERTIFICATION \$1.00 |
| <input type="checkbox"/> OTHER: _____ | |

SIGNATURE X	DATE
----------------	------

A CHECK OR MONEY ORDER, PAYABLE TO "OREGON DMV"

For a complete list of fees and records (refer to Form 6691) www.oregondmv.com

MAIL REQUEST TO: DMV RECORDS SERVICES, 1905 Lana Avenue, Salem, OR 97314

Please call Records Services at 503-945-5475 with questions regarding this form.

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
 • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return.

1 Enter an estimate of your 2007 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$10,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 7,850 \text{ if head of household} \\ \$ 5,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____

6 Enter an estimate of your 2007 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,400 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners/multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 **Subtract** line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	850	35,001 - 80,000	850
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 170,000	950	80,001 - 150,000	950
18,001 - 22,000	3	19,001 - 26,000	3	170,001 - 300,000	1,120	150,001 - 340,000	1,120
22,001 - 26,000	4	26,001 - 35,000	4	300,001 and over	1,190	340,001 and over	1,190
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

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 #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #)</p>
---	--

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 from 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: _____		_____		_____
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) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. 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)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<p>Documents that Establish Both Identity and Employment Eligibility</p>	<p>Documents that Establish Identity</p>	<p>Documents that Establish Employment Eligibility</p>
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

--

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type of record We offer the following types of driving records. Check the box beside the one(s) you need.</p> <p><input type="checkbox"/> Three-year noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Three-year commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Three-year life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Full employment/commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer for organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.</p> <p>If this request is to be billed and mailed to a school district: School district name _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place signed (Valid for four months)	X Signature	

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

REQUEST FOR MOTOR CARRIER REQUIRED DRIVING RECORDS

You must have a DMV Record Inquiry Account to use this form.* Your D.O.T. number is not a valid account number for ordering DMV records.

Company Name: _____
PRINT NAME

Account #: _____

AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410.

Please
mail to: _____
COMPANY NAME

COMPANY ADDRESS

or:
FAX to: _____
COMPANY FAX NUMBER

Signature of Driver: **X** _____ Date: _____

A three year non-employment driving record and a three year employment driving record with any drug test result information will be provided by submitting this form. Your account will be charged \$3.50.

* If you do not have a DMV Record Inquiry Account, you may use Form 735-7195 *Affidavit to Authorize the Release of Employment Driving Record With Drug Test Result Information* and Form 735-7122 *Request for Information* to order the non-employment driving record.

MAIL OR FAX REQUEST TO: DMV RECORD SERVICES
1905 LANA AVE NE
SALEM OR 97314

FAX NUMBER: 503-945-5425

Please call Record Services at 503-945-5475 with questions regarding this form.

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950