



East Coast Underground LLC

"WE DO IT ALL UNDERGROUND"

✧ Horizontal Directional Drilling ✧ Trenching ✧ Excavation ✧
✧ Are Our Specialty ✧

P.O. Box 500, Bridgeport, WV 26330
Phone: (304) 709-7412 · Fax: (304) 709-7445
email: eastcoast@frontier.com

Driver's Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last name: _____ First name: _____ Middle name: _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

How long at this address: _____

Previous address if at present address for less than 3 years: _____

Telephone: (Home) _____ (Cell) _____ (Other) _____

Social Security #: _____

Position applied for: _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage: \$ _____

How will you be getting to and from work? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Education

<u>School Name and Location</u>	<u>Year</u>	<u>Major / Degree</u>
High School _____	_____	_____
College _____	_____	_____
Post-College _____	_____	_____
Other Training _____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

Employment History

Please list the last three (3) years of your employment history beginning with the most recent. If additional space is needed, utilize the reverse side of this paper.

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions: _____

Do you have any moving violations or citations (other than parking violations) in the last 5 years?

Yes No

If yes, please explain:

Location	Date	Charge	Penalty

Do you have any accidents in the last 5 years?

Yes No

If yes, please explain:

Dates	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities (Y/N)	Injuries

Experience and Qualifications

Driver Licenses	State	License #	Class & Endorsement	Expiration Date

(A copy of your driver's license is required)

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

Yes No

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

Yes No

If the answer to either A or B is "yes," please explain: _____

List any **positive** substance abuse tests and/or alcohol tests in the previous 1 year indicating employer and date: _____

Please list two personal references other than relatives.

Name: _____

Relationship: _____

Address: _____

Contact phone numbers: _____

Name: _____

Relationship: _____

Address: _____

Contact phone numbers: _____

Attach additional information if necessary: _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

By signing and dating this form you hereby agree to the above statement.

Signature: _____ Date _____



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Driving Record Release Authorization

I, _____ hereby authorize East Coast Underground, LLC to obtain my individual driving record from my applicable state Department of Motor Vehicles, for the purposes of ascertaining my qualification to operate any East Coast Underground, LLC owned or leased vehicle, or my personal vehicle, in connection with any East Coast Underground, LLC-sponsored activity.

Applicant Signature

Date

Witness Signature

Date

DEAR SIR/MADAM:

The following named person had made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three (3) years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company.

Name of Applicant: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

License Number: _____ License State: _____

Please send all records and correspondence to the address listed above.



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Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: _____

Prospective Employee SS or ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: Yes No

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

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Prior Testing History Release of Information Form

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: **East Coast Underground, LLC**
Address: **315 Riverside Drive, Clarksburg, WV 26301**
Phone #: **304-709-7412** Fax #: **304-709-7445**
Designated Employer Representative: **Dennis Pritts**

I-B.

Previous Employer Name: _____
Address: _____
Phone Number: _____
Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A.

In the two (2) years prior to the date of the employee's signature (in Section I), for DOT-regulated testing.

1. Did the employee have alcohol tests with a result of 0.04 or higher?
YES ___ NO ___
2. Did the employee have verified positive drug tests?
YES ___ NO ___
3. Did the employee refuse to be tested?
YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you?
YES ___ NO ___
6. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____
Title: _____
Phone Number: _____
Date: _____



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MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS / ANNUAL REVIEW OF DRIVING RECORD

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor traffic laws and ordinances (other than violations involving only parking) if which the driver had been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (FMCSA Section 391.27). Drivers who have provided information required by FMCSA Section 383.31 need not repeat that information on this form.

Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print)	Social Security Number:	Date of Employment:
Home Terminal (City/State)	License Number & State:	Expiration Date:

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None)

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

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

Date of Certification: _____ Driver's Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below:

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

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
Printed Name	Title

Motor Carrier Name	Motor Carrier Address
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DRUG AND ALCOHOL ABUSE POLICY AND TESTING PROCEDURES

INTRODUCTION

East Coast Underground, LLC acknowledges the problems of drug and alcohol abuse in our society. Drug and alcohol abuse pose a serious threat to our employees and the public at large. East Coast Underground, LLC, is, therefore, committed to providing a safe work environment that is safe from the effects of the illegal drugs and alcohol abuse and, where applicable, complying with the provisions of the Drug Free Workplace Act, United States Department of Transportation (DOT) regulations and other applicable federal and state laws.

Accordingly, East Coast Underground, LLC, adopts the following policy and procedures to insure a workplace free of illegal drugs and alcohol abuse.

The policy applies to all regular, part-time, temporary, introductory and causal employees of East Coat Underground, LLC. A copy of this policy will be conspicuously posted at all job sites and each employee at East Coast Underground, LLC will receive a copy of the policy and participate in the mandatory training on the features of this policy.

Substances covered by the policy include, but are not limited to, marijuana, heroin, hashish, cocaine, hallucinogens, depressants, stimulants such as methamphetamine, or any drug or controlled substances which are not prescribed by a licensed medical doctor, or prescription drugs used in a manner inconsistent with recognized medical procedures.

POLICY

All employees, applicants, even employees of the other companies, vendors or visitors are strictly prohibited from the use, abuse, presence in the body or reporting to work under the influence of illegal drugs and alcohol. Further prohibited is the use of

prescription drugs in a manner inconsistent with the recognized medical procedures as well as the illegal manufacture, distribution, possession, transfer, storage, concealment, transportation, promotion or sale of controlled substances, unauthorized alcohol or intoxicating beverages, or drug related paraphernalia while on the jobsite, company premises and/or during work time. Violation of this policy will result in disciplinary action up to and including discharge, and where appropriate, denial of access to the jobsite. Employees who engage in criminal conduct by using, distributing, selling or possessing controlled substances on their own time away from company premises or jobsites will also be subject to disciplinary action up to and including discharge.

All job applicants whom have been offered employment shall be subject to a drug and/or alcohol screening test prior to the finalization of such employment offer. Failure to submit to a testing or a positive result will disqualify the applicant from employment with East Coast Underground, LLC.

Any employee whose behavior or performance suggests the influence of alcohol or controlled substances, or who is involved in an accident, may be required to submit to a screening test administered by a physician or laboratory selected by East Coast Underground, LLC. Employees in safety-sensitive job positions will also be tested on a random basis for drug and/or alcohol abuse. If an employee refuses to submit to a testing or tests positive, the employee will be subject to disciplinary action up to and including discharge.

This policy does not apply to the use of over-the-counter medication when used in accordance with the manufacturer's directions, nor does the policy apply to the use of alcohol at authorized business or social functions. Employees, who are required to take prescription or non-prescription drugs which may affect their ability to perform their duties in a safe and efficient manner, must immediately notify their supervisor prior to beginning work. Failure to report the taking of prescription or non-prescription drugs which may affect your ability to work safely and efficiently shall be grounds for appropriate disciplinary action.

Any employee who is convicted of violating any federal or state criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance, whether on or off company premises, must notify his/her supervisor within five (5) days of such conviction. For the purposes of this notice requirement, a conviction means a finding of guilt (including a plea of "no contest" or imposition of sentence or both by a judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. Failure to advise the appropriate supervisor within five (5) days of such conviction will result in disciplinary action up to and including discharge.

Compliance with this policy is a condition of employment or continued employment with East Coast Underground, LLC.

**** This is a CONDENSED version of our full drug and alcohol policy. A copy of the entire policy will be provided to you upon request.**



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ACKNOWLEDGMENT AND CONSENT FOR DRUG AND ALCOHOL TESTING

I understand that as a condition of prospective or continued employment with East Coast Underground, LLC, I must comply with the Company's substance abuse policy, and upon request submit to any required drug or alcohol testing as required by company policy. I also acknowledge that by signing this document that I have hereby received written notice of such drug and alcohol testing, and have read and understand all aspects of the Company policy regarding a *Drug Free Workplace* and procedures for substance abuse testing as described in the employee handbook.

I have read and understand the above conditions regarding drug and alcohol testing and agree to comply with them. Additionally, I hereby authorize the release of the results of such examination to East Coast Underground, LLC for their use in evaluating my suitability for employment.

Printed name of employee

Signature of employee

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

East Coast Underground, LLC. ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, salary information, credit history, professional licenses and credentials and drug & alcohol use. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **SHIELD SCREENING, 6810 S 121st Street, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **SHIELD SCREENING, 6810 S. 121st, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

- Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.
- California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

- I am authorizing SHIELD SCREENING, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling SHIELD SCREENING at P: 800.260.3738, F: 800.737.5184.

FULL NAME	DOB	EMAIL ADDRESS
ADDRESS	CITY	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / ISSUING STATE	
SIGNATURE	DATE	CELL PHONE

SHIELD SCREENING | 11719 South Memorial | Bixby, OK 74008 | WWW.SHIELDSCREENING.COM | [P] 918.970.2800 | [F] 800.737.5184

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

East Coast Underground, LLC. (the “Company”) intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The source of any credit report will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your student practicum and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

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ROAD TEST

Driver's Name: _____
 Address: _____ City: _____ State: _____
 License Number and State: _____ Equipment Driven: _____
 Date: _____ Company: _____

Mark an "X" if driver's performance is unsatisfactory and explain under remarks.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit _____
 Looks for leakage of coolants, fuel, lubricants _____
 Checks under hood, oil, water, general _____
 condition of engine compartment, steering _____
 Checks around unit, tires, lights, trailer hookup, _____
 brake and light lines, body, doors, horn, _____
 windshield wipers _____
 Tests brake action, tractor protection valve, _____
 and parking (hand) brake _____
 Checks mirrors, emergency equipment _____
 Checks instruments for normal readings _____
 Checks dashboard warning lights for proper _____
 functioning _____
 Cleans windshield, windows, mirrors _____

PART 2 - COUPLING AND UNCOUPLING

Lines up units _____
 Connects glad hands to trailer to apply trailer _____
 brakes before coupling _____
 Connects glad hands and light line properly _____
 Couples without difficulty _____
 Raises landing gear fully after coupling _____
 Visually checks king pin assembly to be _____
 certain of proper coupling _____
 Checks coupling by gently applying pressure _____
 against trailer while applying hand valve _____
 Assure that surface will support trailer before _____
 uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE _____
 Places transmission in neutral before starting _____
 Starts engine without difficulty _____
 Allows proper warm-up _____
 Understands gauges on instrument panel _____
 Maintains proper rpm while driving _____
 Does not abuse motor _____

B. CLUTCH AND TRANSMISSION _____
 Starts loaded unit smoothly _____
 Uses clutch properly _____
 Times gearshifts properly _____
 Shifts gears smoothly _____
 Uses proper gear sequence _____

C. BRAKES _____
 Knows proper use of tractor protection valve _____
 Understands low air warning _____
 Tests service brakes _____
 Builds full air pressure before moving _____

D. STEERING _____
 Controls steering wheel _____
 Good driving posture and grip on wheel _____

E. LIGHTS _____
 Knows lighting regulations _____
 Used proper headlight beam _____
 Dim lights when meeting or following traffic _____
 Adjusts speed to range of headlights _____
 Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

- A. BACKING
Gets out and checks before backing _____
Looks back as well as uses mirror _____
Gets out & rechecks conditions on long back _____
Avoids backing from blind side _____
Signals when backing _____
Controls speed, direction properly _____
- B. PARKING (CITY)
Does not hit stationary objects _____
Parks proper distance from curb _____
Sets parking brake, puts in gear, shuts off motor _____
Checks traffic conditions and signals when pulling out from parked position _____
Parks in legal and safe location _____
- C. PARKING (ROAD)
Parks off pavement _____
Avoids parking on soft shoulder _____
Uses emergency warning signals _____
Secures unit properly _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
Gears down properly descending _____
Stops and restarts without rolling back _____
Tests brakes before descending grades _____
Uses brakes properly on grades _____
Uses mirrors to check traffic to rear _____
Signals following traffic _____
Avoids sudden stops _____
Stops smoothly without excessive fanning _____
Stops before crossing sidewalk when coming out of driveway or alley _____
Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

- A. TURNING
Signals intention to turn well in advance _____
Gets into proper lane well in advance of turn _____
Checks traffic conditions and turns only when intersection is clear _____
Restricts traffic from passing on right when preparing to complete right hand turn _____
Completes turn promptly and safely and does so accurately _____
- B. TRAFFIC SIGNS AND SIGNALS
Approaches signal prepared to stop _____
Obeys traffic signal _____
Uses good judgment on yellow light _____
Starts smoothly on green _____
Notices and heeds traffic signs _____
Obeys "stop" signs _____
- C. INTERSECTIONS
Adjusts speed to permit stopping _____
Checks for cross traffic under green light _____
Yields right-of-way for safety _____

- D. GRADE CROSSINGS
Adjusts speed to conditions _____
Makes safe stop, if required _____
Selects proper gear and does not shift gears while crossing _____
Knows and understands federal and state rules governing grade crossing _____
- E. PASSING
Passes with sufficient clear space ahead _____
Does not pass in unsafe location (hill, etc.) _____
Signals change of lanes _____
Warns driver being passed _____
Pulls out and back with certainty _____
Does not tailgate _____
Does not block traffic with slow pass _____
Allows enough room returning to right lane _____
- F. SPEED
Adjusts speed properly to road, weather, traffic conditions, legal limits _____
Slows down for rough roads _____
Slows down for advance of curves, intersections, etc. _____
Maintains consistent speed _____
- G. COURTESY AND SAFETY
Uses defensive driving techniques _____
Yields right-of-way for safety _____
Allows faster traffic to pass _____
Keeps right and in own lane _____
Uses horn only when necessary _____
Generally courteous _____

PART 7 - MISCELLANEOUS

- A. GENERAL ABILITY AND HABITS
Consistently alert and attentive _____
Adjusts driving to meet changing conditions _____
Performs functions without removing eyes from road _____
Checks instruments regularly _____
Willing to take suggestions _____
Adequate self-confidence in driving _____
Is not easily angered _____
Positive attitude _____
Good personal appearance _____
- B. RULES AND REGULATIONS
Knowledge of company rules _____
Knowledge of regulations _____

REMARKS: _____

GENERAL APPEARANCE:

_____ Satisfactory
_____ Needs Training
_____ Unsatisfactory

Signature of Examiner: _____

CERTIFICATION OF ROAD TEST

If the road test is successfully completed, the person who gave it must complete the following certification. This certification shall be retained in the driver qualification file of the person who was examined. Duplicate copies should be provided to the person examined.

Driver's Name: _____ SSN: _____

Type of Power Unit: _____ Type of Trailer: _____

License Type and Number: _____ State: _____

Road Test Date: _____ Number of Miles Examined: _____ Medical Expiration Date: _____

Name of Examiner: _____ Title: _____

Company: _____ Address: _____