

THIND TRANSPORT LLC

DRIVER QUALIFICATION FILE CHECKLIST

Driver Name:

Hire Date:

Address:

Phone:

DQ File Complete Date:

PRE-EMPLOYMENT ITEMS (REQUIRED BEFORE HIRE)

Application for Employment Received (§391.21)
Previous Employer Inquiries Sent (§391.23)
Motor Vehicle Record (MVR) Ordered (§391.23)
Road Test Completed or Certificate (§391.31-33)
Medical Examiner's Certificate Verified (§391.41-49)
CDL Verified with State
Pre-Employment Drug Test Completed (§382)
Drug & Alcohol Clearinghouse Query Completed
PSP Report Reviewed (Optional but Recommended)

POST-EMPLOYMENT ITEMS (REQUIRED AFTER HIRE)

Previous Employer Responses Received (§391.23)
Annual MVR Review Completed (§391.25)
Annual Driver Certification (§391.27)
Medical Card Expiration Tracked
Random Drug/Alcohol Testing Completed (§382)
Hours of Service Records Maintained (§395)

TRAINING & ORIENTATION

Company Orientation Completed
Safety Training Completed
Hazmat Training (if applicable)
ELD Training Completed

Notes:

THIND TRANSPORT LLC

DRIVER APPLICATION FOR EMPLOYMENT

Date: _____

POSITION APPLIED FOR

Contract Driver

Contractor's Driver

Company Driver

PERSONAL INFORMATION

Full Legal Name (Last, First, Middle)*

Phone Number*

Emergency Phone*

Date of Birth*

Age

Social Security Number*

Email Address*

DOT Physical Exam Expiration Date*

Medical Card State

ADDRESS HISTORY (PAST 3 YEARS) - LIST ALL ADDRESSES

Street Address, City, State, ZIP

From (Mo/Yr)

To (Mo/Yr)

1.

2.

3.

Have you ever worked for this company before? Yes No

If yes: From To Reason for Leaving

EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4

LEGAL STATUS

Are you legally authorized to work in the United States? Yes No

Are you at least 21 years of age? Yes No

Can you read and speak English per FMCSR 391.11? Yes No

THIND TRANSPORT LLC

EMPLOYMENT HISTORY

List all employment for the past 10 years (commercial motor vehicle experience) or past 3 years (all other employment). You MUST account for all time periods including unemployment, self-employment, military service, and education. Use additional sheets if necessary.

EMPLOYMENT RECORD (REQUIRED PER FMCSR 391.21)

EMPLOYER 1

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 2

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 3

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 4

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

THIND TRANSPORT LLC

EMPLOYMENT HISTORY (Continued)

EMPLOYMENT RECORD (CONTINUED)

EMPLOYER 5

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 6

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 7

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

EMPLOYER 8

From: To: Company Name:

Address: Phone:

Position Held: Salary/Wage: Supervisor:

Reason for Leaving:

Was this position subject to FMCSR (49 CFR Part 391)? Yes No

Was this position subject to DOT drug & alcohol testing (49 CFR Part 40)? Yes No

GAPS IN EMPLOYMENT

List and explain any gaps in employment (unemployment, illness, incarceration, etc.):

THIND TRANSPORT LLC

ACCIDENT RECORD & TRAFFIC CONVICTIONS

ACCIDENT RECORD (PAST 3 YEARS) - PER FMCSR 391.21

List all accidents in which you were involved during the past 3 years (whether or not you were at fault). An "accident" means any occurrence involving a commercial motor vehicle resulting in a fatality, bodily injury requiring immediate medical treatment, or disabling damage to vehicles requiring tow-away.

Date	Nature of Accident	Location (City, State)	Fatal	Injuries	Hazma
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I have had NO accidents in the past 3 years

TRAFFIC CONVICTIONS (PAST 3 YEARS) - PER FMCSR 391.21

List all motor vehicle violations for which you were convicted or forfeited bond during the past 3 years (other than parking violations). Include DUI/DWI, reckless driving, speeding, following too closely, improper lane change, etc.

Date	Violation	Location (City, State)	Vehicle Type	Penalty
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I have had NO traffic convictions in the past 3 years

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

THIND TRANSPORT LLC

CDL / LICENSE INFORMATION

DRIVER'S LICENSE INFORMATION - PER FMCSR 391.21

State	License Number	Class (A/B/C)	Endorsements	Restrictions	Exp. Date
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Common Endorsements: H = Hazmat, N = Tank, P = Passenger, S = School Bus, T = Doubles/Triples, X = Hazmat + Tank

DRIVER HISTORY QUESTIONS - ANSWER ALL QUESTIONS

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. Have you ever been convicted of a felony?	Yes	No
D. Have you ever been convicted of DUI/DWI or refused a drug/alcohol test?	Yes	No
E. Have you ever failed or refused a pre-employment DOT drug/alcohol test?	Yes	No

If you answered YES to any question above, provide details (include dates, locations, circumstances):

MEDICAL INFORMATION

Do you have any physical condition that would affect your ability to operate a commercial motor vehicle?	Yes	No
Are you currently taking any medications that could impair your ability to safely operate a CMV?	Yes	No

If yes to either, explain:

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

THIND TRANSPORT LLC

DRIVING EXPERIENCE

DRIVING EXPERIENCE - PER FMCSR 391.21

Equipment Type	Type of Equipment (Van, Tank, Flat, etc.)	From (Mo/Yr)	To (Mo/Yr)	Approx. Miles
Straight Truck				
Tractor-Semitrailer				
Tractor - Two Trailers				
Tractor - Three Trailers				
Bus				
Other (specify):				
Other (specify):				

STATES OPERATED IN (PAST 5 YEARS)

List all states in which you have operated a commercial motor vehicle in the past 5 years:

SPECIAL EQUIPMENT / SKILLS

Check all that apply:

Hazmat Certified	Tanker Endorsed	Doubles/Triples
Passenger Transport	Oversized Loads	Refrigerated
Flatbed/Tarping	Forklift	Tire Chains
Canada Experience	Mexico Experience	TWIC Card

Other special equipment/skills (describe):

THIND TRANSPORT LLC

TRAINING & QUALIFICATIONS

SPECIAL COURSES / TRAINING

Course/Training Name	Date Completed	Certificate # (if applicable)
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SAFE DRIVING AWARDS / RECOGNITIONS

List any safe driving awards or recognitions you have received:

OTHER QUALIFICATIONS

List any other experience, training, or qualifications relevant to driving:

MILITARY EXPERIENCE (OPTIONAL)

Have you served in the U.S. Armed Forces? Yes No

Branch: From: To: Rank:

Military driving experience:

PERSONAL REFERENCES (NOT FORMER EMPLOYERS)

List 3 personal references who can speak to your character and work ethic:

1. Name: Phone: Relationship:

2. Name: Phone: Relationship:

3. Name: Phone: Relationship:

THIND TRANSPORT LLC

APPLICANT CERTIFICATION

TO BE READ AND SIGNED BY APPLICANT

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may disqualify me from consideration for employment or, if already employed, may result in immediate termination. I authorize Thind Transport LLC to make any investigation of my personal, employment, financial, or medical history and authorize any former employer, person, firm, corporation, or government agency to give Thind Transport LLC any information they may have regarding me. I understand that Thind Transport LLC may obtain information from the FMCSA Drug and Alcohol Clearinghouse concerning my drug and alcohol history as required by 49 CFR Part 382. I understand that a pre-employment drug screen will be required before beginning work and that I will be subject to random drug and alcohol testing as required by 49 CFR Part 382. I understand that this application is not a contract of employment. If I am hired, my employment will be "at will," meaning that either I or Thind Transport LLC may terminate the employment relationship at any time, with or without cause. I agree to submit to and pass a road test prior to operation of commercial motor vehicles for Thind Transport LLC. I understand that information I provide regarding my current employer may be used, and I authorize Thind Transport LLC to contact my current employer AFTER a conditional offer of employment is made, unless I indicate otherwise below. I authorize Thind Transport LLC to access my Pre-Employment Screening Program (PSP) record from FMCSA for the purpose of reviewing my driving record as part of the hiring process. I understand and agree that, in the event of my employment, this application and any other documents relating to my employment may become part of my permanent personnel file.

Please DO NOT contact my current employer until a conditional offer of employment is made.

APPLICANT SIGNATURE

By signing below, I certify that I have read and understand the above statements and that all information provided in this application is true and accurate.

Applicant Signature: _____

Date: _____

Print Name: _____

This application complies with FMCSR 391.21 requirements.

THIND TRANSPORT LLC

BACKGROUND CHECK AUTHORIZATION

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize Thind Transport LLC and its designated agents and representatives to conduct a comprehensive background investigation on me as part of my application for employment. This investigation may include, but is not limited to: • Criminal record checks at the local, state, and federal level • Motor vehicle records (MVR) from all states where I have held a driver's license • Verification of education, employment history, and professional licenses • Credit history (where permitted by law and relevant to the position) • Reference checks from former employers, supervisors, and personal references • Drug and alcohol testing history per DOT regulations • Social media and public records searches I understand that this authorization is valid for the duration of my employment or application period, and that information obtained may be used in making hiring decisions. I release Thind Transport LLC, its agents, and all persons and entities providing information, from any liability arising from this investigation or the use of information obtained. I understand that I have the right to request a copy of any background report obtained and to dispute any inaccurate information.

Full Legal Name:

SSN:

Date of Birth:

Driver's License #:

State:

Applicant Signature:

Date:

THIND TRANSPORT LLC

PSP AUTHORIZATION

PRE-EMPLOYMENT SCREENING PROGRAM (PSP) DISCLOSURE & AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION In accordance with the FMCSA regulations (49 CFR Part 391), Thind Transport LLC ("Prospective Employer") is required to access the Pre-Employment Screening Program (PSP) online database maintained by the Federal Motor Carrier Safety Administration (FMCSA) as part of the driver investigation process. The PSP system is designed to assist prospective employers in determining whether to hire a driver by providing access to information regarding:

- The driver's crash history for the past 5 years
- The driver's roadside inspection history for the past 3 years

The prospective employer must obtain your written or electronic consent prior to accessing your PSP record. If the employer uses information from the PSP report to make an adverse employment decision (deny employment, terminate employment, etc.), it must notify you that the PSP report was obtained and provide you with a copy of the PSP report. You may obtain a copy of your own PSP record by visiting www.psp.fmcsa.dot.gov.

AUTHORIZATION I authorize Thind Transport LLC to access my PSP record from FMCSA in connection with my application for employment. I understand that:

- My crash and inspection information may be made available to Thind Transport LLC
- This information may be used by Thind Transport LLC in making hiring decisions
- I have the right to review my PSP record, and to have errors corrected

I hereby authorize release of my PSP record to Thind Transport LLC.

Printed Name:

Date:

Signature: _____

THIND TRANSPORT LLC

DRUG & ALCOHOL CLEARINGHOUSE CONSENT

FMCSA DRUG & ALCOHOL CLEARINGHOUSE - CONSENT FOR LIMITED QUERIES

GENERAL CONSENT FOR LIMITED QUERIES OF THE FMCSA DRUG AND ALCOHOL CLEARINGHOUSE In accordance with 49 CFR Part 382, I authorize Thind Transport LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that: 1. This general consent authorizes Thind Transport LLC to conduct limited queries of the Clearinghouse for the duration of my employment or until I revoke my consent. 2. A "limited query" only reveals whether there is information about me in the Clearinghouse; it does not reveal the specific violation information. 3. If the limited query indicates that information about me exists in the Clearinghouse, I must provide electronic consent through the Clearinghouse website (<https://clearinghouse.fmcsa.dot.gov>) before Thind Transport LLC can conduct a full query and view the detailed results. 4. I have the right to review my own information in the Clearinghouse at any time. 5. I may revoke this consent at any time by notifying Thind Transport LLC in writing. However, if I refuse to provide consent for a limited query or a full query (if required), Thind Transport LLC must remove me from safety-sensitive functions. I hereby provide my consent for Thind Transport LLC to perform limited queries of the FMCSA Drug and Alcohol Clearinghouse during my employment.

Driver Name:

CDL Number:

CDL State:

Date of Birth:

Driver Signature:

Date:

THIND TRANSPORT LLC

FCRA DISCLOSURE & AUTHORIZATION

FAIR CREDIT REPORTING ACT (FCRA) - DISCLOSURE & AUTHORIZATION

DISCLOSURE REGARDING CONSUMER REPORTS In connection with your application for employment, Thind Transport LLC ("Company") may obtain one or more consumer reports or investigative consumer reports about you from a consumer reporting agency. This disclosure is being provided to you in accordance with the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq. A "consumer report" is a report containing information about your character, general reputation, personal characteristics, and mode of living. An "investigative consumer report" includes information obtained through personal interviews with individuals who may have knowledge about you. Under the FCRA, you have certain rights: 1. Before any adverse action is taken based in whole or in part on a consumer report, you will be provided with a copy of the report and a description of your rights under the FCRA. 2. You have the right to dispute the accuracy or completeness of any information in a consumer report. 3. Upon request, the consumer reporting agency will provide you with information about the nature and scope of any investigative consumer report. **AUTHORIZATION** By signing below, I acknowledge that I have read and understand this disclosure. I authorize Thind Transport LLC and its designated agents to obtain consumer reports and/or investigative consumer reports about me for employment purposes. I understand that this authorization shall remain in effect throughout my application process and, if hired, throughout my employment, unless I revoke it in writing. I authorize any person, company, or agency contacted by the consumer reporting agency to fully provide any information about me. I release Thind Transport LLC, its agents, and all persons and entities providing information from any liability arising from the investigation or use of this information.

Printed Name: _____

Date: _____

Signature: _____

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #1

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From: To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #2

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From:

To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #3

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From: To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #4

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From:

To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #5

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From:

To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

PREVIOUS EMPLOYER INQUIRY - EMPLOYER #6

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (49 CFR 391.23)

This inquiry is being made in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations. Please complete this form and return it within 30 days.

TO (Previous Employer):

Company:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

APPLICANT INFORMATION

Name:

SSN (last 4):

DOB:

RESPONSE FROM PREVIOUS EMPLOYER (PLEASE COMPLETE BELOW)

Dates of Employment: From:

To:

Position Held:

Reason for Leaving:

- | | | | |
|--|-----|----|-----|
| 1. Was this person subject to FMCSR (49 CFR Part 391)? | Yes | No | |
| 2. Was this person subject to DOT drug/alcohol testing (49 CFR Part 40)? | Yes | No | |
| 3. Did this person have any DOT drug/alcohol violations? | Yes | No | |
| If YES to #3, did the person complete a return-to-duty process? | Yes | No | N/A |
| 4. Any accidents while employed here? | Yes | No | |
| If YES, describe: | | | |
| 5. Would you rehire this person? | Yes | No | |
| If NO, why? | | | |

Completed By:

Title:

Phone:

Date:

Signature: _____

Please return this form to: Thind Transport LLC • Fax: [Company Fax] • Email: hr@thindtransport.com

THIND TRANSPORT LLC

ANNUAL REVIEW OF DRIVING RECORD

DRIVER INFORMATION - 49 CFR 391.25

Driver Name:

Review Date:

SSN (last 4):

CDL Number:

State:

MOTOR VEHICLE RECORD (MVR) REVIEW

MVR was obtained from which state(s):

Date MVR obtained:

Violations found on MVR:

None

Yes (list below)

Date	Violation	Location	Points
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REVIEWER CERTIFICATION

I certify that I have reviewed the motor vehicle record for the above-named driver in accordance with 49 CFR 391.25. Based on this review, I have determined that:

The driver meets the minimum requirements and IS QUALIFIED to operate a commercial motor vehicle.

The driver does NOT meet minimum requirements and is NOT QUALIFIED to operate a CMV.

The driver is CONDITIONALLY QUALIFIED (explain below).

Comments/Explanation:

Reviewer Name:

Title:

Signature:

Date:

THIND TRANSPORT LLC

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

DRIVER CERTIFICATION - 49 CFR 391.27

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 vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or forfeited bond or collateral during the preceding 12 months.

Driver Name:

Date:

Social Security Number:

Certification Period:

to

TRAFFIC VIOLATIONS (PAST 12 MONTHS)

I certify that I have had NO violations during the above period.

I have had the following violation(s):

Date	Offense/Violation	Location (City, State)	Vehicle Type
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DRIVER CERTIFICATION

I certify that the above information is true and complete. I understand that providing false information may result in immediate termination and may be a violation of federal regulations.

Driver Signature: _____

Date:

Received By (Company Representative): _____

Date:

THIND TRANSPORT LLC

ROAD TEST CERTIFICATE

DRIVER INFORMATION - 49 CFR 391.31

Driver Name: _____ Date of Birth: _____
SSN (last 4): _____ CDL Number: _____ State: _____ Exp: _____

EQUIPMENT USED FOR TEST

Type of Power Unit: _____ Type of Trailer(s): _____
Bus: Yes No If Bus, Type: _____

ROAD TEST EVALUATION

Skill Area	Satisfactory	Unsatisfactory	N/A
Pre-Trip Inspection			
Coupling and Uncoupling (if applicable)			
Placing Equipment in Operation / Use of Controls			
Backing and Parking			
Driving in Traffic			
Turning (Right/Left/U-Turns)			
Braking and Slowing			
Highway Driving			
Passing and Lane Changes			
Use of Signals and Mirrors			

Comments/Notes: _____

CERTIFICATION

PASSED - Driver has demonstrated skill in the above areas.

NOT PASSED - Additional training required before re-test.

Examiner Name: _____ Title: _____
Examiner Signature: _____ Date: _____

THIND TRANSPORT LLC

MEDICAL EXAMINER'S CERTIFICATE

DRIVER MEDICAL CERTIFICATION - 49 CFR 391.41-391.49

All drivers must have a current, valid Medical Examiner's Certificate (MEC) to operate a commercial motor vehicle in interstate commerce. The medical examination must be performed by a medical examiner listed on the National Registry of Certified Medical Examiners (NRCME).

Driver Name:

Date of Birth:

CDL Number:

State:

MEDICAL EXAMINER'S CERTIFICATE INFORMATION

Medical Examiner's Name:

NRCME Number:

Phone:

Address:

Exam Date:

Expiration Date:

Determination/Certificate Type:

- Meets standards in 49 CFR 391.41; qualified to drive
- Meets standards, but periodic monitoring required
- Medically unqualified to drive commercial motor vehicle
- Determination pending (needs additional tests)

RESTRICTIONS / WAIVERS / EXEMPTIONS

- No restrictions or waivers
- Corrective lenses required
- Hearing aid required
- Accompanied by waiver/exemption documentation
- Skill Performance Evaluation Certificate

Other Restrictions:

DRIVER ACKNOWLEDGMENT

I certify that I have provided a copy of my Medical Examiner's Certificate to Thind Transport LLC. I understand that I am responsible for maintaining a valid medical certificate and notifying the company before my current certificate expires.

Driver Signature: _____

Date:

Copy of MEC received by: _____

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Date:

THIND TRANSPORT LLC

DRIVER'S STATEMENT OF PHYSICAL FITNESS

SELF-CERTIFICATION OF PHYSICAL CONDITION

This statement must be completed by the driver and kept in the driver qualification file.

Driver Name: _____

HEALTH QUESTIONS

1. Do you have any loss of, or impairment of, a hand, finger, arm, foot, leg, or other limb?	Yes	No
2. Do you have an established medical history or clinical diagnosis of diabetes requiring insulin?	Yes	No
3. Do you have a current clinical diagnosis of myocardial infarction, angina, or other heart disease?	Yes	No
4. Do you have a history of or currently have high blood pressure likely to affect safe driving?	Yes	No
5. Do you have a history of or currently have epilepsy, seizures, or any other condition affecting consciousness?	Yes	No
6. Do you have a history of or currently have a mental, nervous, psychiatric disorder affecting driving?	Yes	No
7. Do you have impaired vision that cannot be corrected to meet DOT standards?	Yes	No
8. Do you have impaired hearing that cannot meet DOT standards with or without a hearing aid?	Yes	No
9. Do you use any medication that may impair your ability to safely operate a commercial vehicle?	Yes	No
10. Do you have any other condition that may affect your ability to safely operate a CMV?	Yes	No

If you answered YES to any question, please explain:

CERTIFICATION

I certify that the above answers are true and complete to the best of my knowledge. I understand that making false statements may result in denial of employment or immediate termination if already employed.

Driver Signature: _____

Date: _____

THIND TRANSPORT LLC

INTERNAL PROCESS RECORD

FOR OFFICE USE ONLY - DO NOT GIVE TO APPLICANT

Applicant Name:

Application Date:

Position:

Recruiter/Interviewer:

PRE-EMPLOYMENT VERIFICATION CHECKLIST

Application reviewed and complete

MVR obtained and acceptable

Previous employer verification completed

CDL verified with state

Medical certificate current and valid

Clearinghouse query completed

Pre-employment drug test completed

Background check completed

Road test completed (or certificate on file)

References checked

INTERVIEW NOTES

HIRING DECISION

HIRED

NOT HIRED

PENDING

If not hired, reason:

EMPLOYMENT DETAILS (IF HIRED)

Start Date:

Department:

Pay Rate:

Pay Type:

Per Mile

Hourly

Percentage

Equipment Assigned:

Route/Territory:

Approved By: _____

Title: _____

Signature: _____

Date: _____