



# Axis Solutions, Inc.

## DRIVER QUALIFICATIONS FILE CHECKLIST

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D.O.T Compliance is a must for every Motor Carrier, large or small. It takes a lot of work to setup a *Driver Qualification File* and this is only a start in your total compliance process. All training needs to be documented and all areas of compliance need to be periodically reviewed, to insure on going compliance. Please follow the criteria provided in this check list to ensure the accuracy of the Driver Qualifications File.

1. DRIVER QUALIFICATION CHECK LIST (DQ00)
2. INSTRUCTIONS FOR COMPLETION OF DRIVER QUALIFICATION FILE (DQ01)
3. DRIVER'S APPLICATION FOR EMPLOYMENT – **Filled & signed by driver & company official (DQ01)**
4. DUE PROCESS RIGHTS STATEMENT (DQ01) (B)
5. LETTER OF RESIGNATION FOR POSITIVE CONTROLLED SUBSTANCE (DQ01) (C)
6. **HOURS OF SERVICE** ROTATING POLICY (DQ01) (C1)
7. SIX MONTH DISCIPLINARY POLICY FOR PRE-POST TRIP INSPECTION (DQ01) (C2)
8. CELL PHONE POLICY (DQ01) (C3)
9. EMPLOYMENT GAP HISTORY (DQ01) (D)
10. COPY OF CDL & S.S CARD FRONT AND BACK (DQ01) (E)
11. CERTIFICATE OF COMPLIANCE SINGLE LICENSE AND NOTIFICATION – **SIGNED BY DRIVER (DQ02)**
12. MVR & BACKGROUND RELEASE FORM (DQ03)
13. REQUEST/CONSENT **FORM FOR INFORMATION FROM PREVIOUS EMPLOYERS – 3 YEARS SIGNED BY DRIVER FOR EACH COMPANY PAST 3 YEARS** (DQ04)
14. US DOT/MOTOR CARRIER SAFETY PROGRAM-FMCSA – **DRIVER RECORD RELEASE AUTHORIZATION FOR COLLECTION OF DRUG TEST MUST BE SIGNED BY DRIVER** (DQ05)
15. IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP (DQ05) (AA)
16. DRIVING RECORD FROM STATE AGENCIES – **3 YEARS- NEW HIRES** (DQ05) (C)
17. DRIVING RECORD FROM STATE AGENCIES **ANNUAL - DONE EVERY YEAR AT ANNIVERSARY DATE** (DQ05) (D)
18. ANNUAL DRIVERSW CERTIFICATION OF VIOLATIONS – **FILLED BY DRIVER** (DQ) (C)
19. ANNUAL REVIEW OF DRIVING RECORD 391.25 – (DQ05) (D)
20. MEDICAL EXAMINER'S CERTIFICATE – **LONG FORM AND COPY OF CARD** (DQ06)
21. ROAD TEST EXAMINATION CERTIFICATION OF ROAD TEST- OR – COPY OF CDL (DQ07)
22. DRIVER HOURS OF SERVICE DATA SHEET – **FILLED AND SIGNED BY DRIVER** (DQ08)
23. SUBSTANCE ABUSE POLICY RECEIPT – **SIGNED BY DRIVER** (DQ09)
24. RECEIPT FOR DOT HANDBOOK – **SIGNED BY DRIVER** (DQ09)
25. ALL DRUG TESTING INFORMATION (DQ11)
26. PRE-EMPLOYMENT DRUG TESTING, BAT & CONTROLLED SUBSTANCE U/A CONSENT FORM (DQ12)  
\*\*\*\*\*SIGNED BY DRIVER PRIOR TO TESTING\*\*\*\*\*
27. RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST (DQ13)

# AXIS SOLUTIONS, INC.

## INSTRUCTION FOR COMPLETION OF DRIVER'S QUALIFICATION FILE

**APPLICATION** – Must be completely filled out, if additional room is needed by applicant attach a black page for him/her to fill out. **IMPORANT: MUST INCLUDE THREE YEARS RESIDENCE HISTORY AND TEN YEARS EMPLOMENT HISTORY.** There must not be any unexplained gaps between employment dates. Be sure applicant answers the required questions for each previous employer.

**APPENDIX A** – This is a continuation of the Application and asks the specific questions as required by the Federal Motor Carrie Safety Regulations. If applicant did not have any tickets or accidents he/she must so state in the appropriate sections. Example: None or N/A

**REFERENCE CHECKS** – Applicant must give information and sign a Reference Check for each employer he/she listed on their application for the three precious years. Substance Abuse Testing information must be secured for the precious three years and must be on file within 30 days of employment. For your convenience, we have combined these two important checks from previous employers into one form. Previous employers are required to furnish this information within 30 days. If they do not furnish you are to report failures to the FMCSA (see 391.23(3)). Have drivers sign one form and we will make the necessary copies of the number of references that need to be checked.

**URINALYSIS CONSENT** – This is a Pre-employment Consent for Substance Abuse Testing, from the applicant when you send him/her for Pre-employment Substance Abuse Testing. Be sure applicant answers the question on pre-employment drug testing.

**CONTROLLED SUBSTANCE TEST RESULTS** – Pre-employment drug test results must be received before utilizing the applicant on any safety sensitive work. Setup a system to insure you know you have received a verbal confirmation of a negative drug test result.

**MVR REQUEST** – Have a drive fill out completely, fax us a copy and we will secure the MVR. Be sure to mail us the original. We do get audited from time to time and we must have the original on file.

**ROAD TEST** – This form is structured to meet the required testing areas set aside by the FMCSR. Please read the Equivalent to Road Test at the bottom of that form to insure you are required to do a Road Test. However, it is always a good idea to test driver in this area and it shows the Company is providing indoctrination and training. If the driver operates a Tanker Truck, he/she must be road tested.

**CERTIFICATE OF ROAD TEST** – Certifies a Road Test was preformed and by whom. The person signing must be the same person who gave the actual Road Test.

**DRIVER DATA SHEET-** This is a statement of the Driver's hours of service for the preceding seven days. This is required on all new hires and initial use of temporaries. This will ensure you know how many hours the driver has worked during the preceding seven days and how many hours he/she has left to work. This form needs to be completed when the driver actually starts to work.

**CERTIFICATION OF COMPLIANCE SINGLE LICENCE** – This is a certification by the driver that he/she only has one license. It also explains their responsibility when or if they are convicted of a traffic violation or state law.

**MOTOR VEHICLE DRIVER CERTIFICATION** - This form must be filled out by your driver at least every 12 months. It is a declaration of any traffic violation convictions received for that time period. This is generally done at the same time Annual Reviews are done. If he/she did not receive any convictions, then they also must certify by checking the “      NONE”. This form must be dated and signed by the driver. It also must be reviewed and signed by the Motor Carrier.

**WORK QUESTIONNAIRE-** This form notifies a driver that any time worked must be reported to you and recorded against their Hours of Service. It also makes it his/her responsibility to do so.

**ANNUAL REVIEW OF DRIVING RECORD** –12 months review the driving record of each driver. Read 391.15 &391.25. The Motor Carrier must at least every

**DPS DRUG TEST RELEASE-** Texas Motor Carriers are required to report all positives and refusals of substance abuse tests to the DPS on DPS forms. In addition, carriers are required to check with the DPS, on DPS forms. For new applicants to determine if the applicant is listed in their file as having tested positive or refused a substance abuse test and reported by another motor carrier.

**MANDATORY PAPERWORK IN FILE-** Other information that must be in your Driver qualification File includes: a reliable copy of Substance Abuse Policy or a receipt stating the driver received a copy and evidence of the driver receiving Drug Awareness Training.

*D.O.T compliance is a must for every Motor Carrier, large and small. It takes a lot of work to set up a Driver Qualification File, and this is only the start in your compliance process. All training needs to be documented and all areas of compliance need to be periodically reviewed, to insure ongoing compliance.*

Any questions contact: Safety Manager, Enrique Acosta (915) 504-1109

# Axis Solutions, Inc.

9701 Pan American Dr.  
El Paso, TX. 79927

## DRIVER'S APPLICATION FOR EMPLOYMENT

**NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section 391.23 of the FMCSRs.**

DATE: \_\_\_\_\_ Please check one: Owner Operator  Company Driver

NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP YEARS AT ADDRESS

If at the above address for less than 3 years, list below residence for the past 3 years. Attach a separate sheet is necessary.

\_\_\_\_\_  
STREET CITY STATE ZIP YEARS AT ADDRESS

\_\_\_\_\_  
STREET CITY STATE ZIP YEARS AT ADDRESS

POSITION APPLYING FOR: \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ WHEN ARE YOU AVAILABLE TO WORK? \_\_\_\_\_

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY \_\_\_\_\_

### EDUCATION – TRAINING – AWARDS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

LIST DRIVING AWARDS HELD AND FROM WHICH COMPANY \_\_\_\_\_

### GENERAL

HAVE YOU EVER BEEN DENIED A BOND \_\_\_\_\_ IF SO WHEN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_





**DRIVING EXPERIENCE:**

<u>TYPE OF EQUIPMENT</u>	<u>YEARS OF DRIVING</u>
FLATBEDS	_____
BUSES	_____
STRAIGHT TRUCKS	_____
TRACTORS	_____
SEMITRAILERS	_____
DOUBLES (PUPS)	_____
OTHER: _____	_____

**ACCIDENTS:**

Below is a list of all accidents that I have had in the **previous 3 years** preceding the date of this application:

<b>DATE OF ACCIDENT</b>	<b>NATURE OF ACCIDENT</b>	<b>INJURIES</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TRAFFIC VIOLATIONS:**

Below is a listing of all traffic violations of motor vehicle laws or ordinances of which I was convicted or forfeited bond or collateral during 3 years preceding the date of this application (excluding parking violations):

<b>DATE</b>	<b>OFFENSE</b>	<b>LOCATION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HAVE YOU EVER HAD A DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? \_\_\_\_\_ (IF YES, EXPLAIN FACTS BELOW)**

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**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

This Company does not discriminate on the basis of race, color, religion, creed, national origin, sex, or ancestry, or on the basis of age. No questions on this application are intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.



**APPLICANT MUST READ AND SIGN**

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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

I agree to furnish such additional information and complete such examinations as may be required to complete to complete my driver qualification file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

NOTE TO APPLICANT: You have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must submit to us within 30 days, a written request for this information. We will have this available for you, at our place of business, within 5 days, from your request or within 5 days of having received the information from the previous employer. The previous employer will have 15 days to respond to your request for a correction of erroneous information. If you choose to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to us (prospective employer) and they are to append a copy of the rebuttal to your permanent safety and performance history.

DATE

APPLICANT SIGNATURE

## DRIVERS “DUE PROCESS RIGHTS” STATEMENT

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Federal Motor Carrier Safety Regulations 49 CFR Part 391.23(i)(j)(k) specifically provides for the due process rights for you, our prospective driver/employee/contractor. In complying with all parts of this specific regulation, (YOUR COMPANY NAME) is providing the following “Due Process Statement” that will outline your individual rights and the procedures for enacting them. If you have any questions or need clarification on anything that is written here, please bring it immediately to the attention of your recruiter or the administrator assisting you in this hiring process.

### Expressed Notification

391.23(i)(1): If, on our driver’s application, you disclose that you have been employed or contracted in a position that was specifically regulated by the Department of Transportation in the preceding three years of the date of the application, then you are hereby advised of your rights to due process regarding any and all data obtained through investigative means used during the pre-employment hiring process.

391.23(i)(1)(i): Provides you the right to review any and all information that upon or investigative request was provided by our previous Department of Transportation-regulated employers;

391.23(i)(1)(ii): This rule provision affords you the right to have a errors in the information that we obtained from all previous erroneous information if you and your previous employer, and to resend the corrected information to us, your prospective employer.

391.23(i)(1)(iii): This particular part of 392.23 allows you the right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer cannot agree of the information.

391.23(i)(2): If you wish to exercise your rights to due process and review safety-related information provided by those previous Department of Transportation-regulated employers you have disclosed being employed by for the previous three years, then you must submit a written request to our recruiter or supervisor we have indicated to you who would be responsible for this information. You can make your request at any time, including during this application process, or as late as 30 days after being employed or being notified of denial of employment with our company. If your request is made in writing and submitted within the time frame allowed by rule, and if we have received the information you are requesting from your previous Department of Transportation-regulated employers, we then will make the specific information you are requesting available to you within 5 days of your request. If you have not made suitable arrangements with our Safety Department or Personnel Department to view the requested records at our main office within thirty (30) days after we have indicated, they were available for you. Then we will automatically assume that you have waived or abandoned your rights to due process regarding your specific request.

391.23(i)(1): If you wish to have your previous employer retract, alter, or otherwise correct any erroneous information in your safety performance history provided by that previous Department of Transportation-regulated employer pursuant to paragraph (i) of this section, then you must send the request for said correction to that previous employer that provided the records to **AXIS SOLUTIONS, INC.**

391.23(i)(2): After October 29, 2004, the previous Department of Transportation-regulated employer must either correct and forward the information to **AXIS SOLUTIONS, INC** or notify you personally within 15 days of receiving your written request that they, your previous employer, do not agree to correct the data, and that they stand by their original submission.

391.23(j) (3): If you wish to offer up, or have entered into the record a statement that rebuts information received pursuant to paragraph (i) of this section, then you must your rebuttal to that previous Department of Transportation employer who submitted the information you're intending to rebut. You must send along specific instructions to include the rebuttal in your safety performance history record/file.

391.23(j)(4): So that this notification fully informs you of all your rights within this regulatory due process, we ask that you be advised that as of October 29, 2004 and beyond, your previous Department of Transportation employer(s) must, within five business days of receiving a rebuttal form you, do the following:

- (i) Forward a copy of the rebuttal to us, your prospective motor carrier employer.
- (i) We will then include the rebuttal in your driver's information 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 period.

391.23(j)(5): You may submit a rebuttal initially without a request for correction.

391.23(k)(6): You may report failures of previous employers to correct information or to include your rebuttal(s) as part of the safety performance information, to the FMCSA following procedures specified at 386.12.

391.23(k)(1): We here, or any other future prospective motor carrier employer, must use the information only as part of the decision on whether to extend you an offer of employment.

391.23(k)(2): This section of the rules obligates us, as your prospective employer, to take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire you. We also disclose to you that this is part of the rules restricts us from providing any information about alcohol or controlled substance use to our insurance carrier.

391.23(l)(1): This part advises and informs you that "no" action, or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver.
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraphs (l)(1) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2): The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

AXIS SOLUTIONS, INC.

EMPLOYMENT GAP HISTORY

1. I WAS UNEMPLOYED [ ] OTHER [ ] FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE DATE

2. I WAS UNEMPLOYED [ ] OTHER [ ] FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE DATE

3. I WAS UNEMPLOYED [ ] OTHER [ ] FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE DATE

4. I WAS UNEMPLOYED [ ] OTHER [ ] FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE DATE

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT IN EXPLAINING THE GAPS IN MY EMPLOYMENT HISTORY.

DRIVER NAME (PRINT) \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

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

COPY OF

CDL & S.S.

CARD –

FRONT AND

BACK

**AXIS SOLUTIONS, INC.**

**CERTIFICATION OF COMPLIANCE  
SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF VIOLATIONS  
FMCSR 383.21 AND 383.31**

**SINGLE LICENSE RULE:** “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” This rule applies to all drivers’ who operate a motor vehicle and is subject to the CDL requirements.

**NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS:** “Each person who operates a commercial Motor vehicle, who has a commercial drivers’ license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.

“Each person who operates a commercial motor vehicle, who has a commercial driver’s license issued by State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted.”

**DRIVER CERTIFICATION:**

I CERTIFY THAT I HAVE READ THE RULES PERTAINING TO SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS. I FUTHER CERTIFY THAT I ONLY HAVE ONE DRIVER’S LICENSE ISSUED TO ME AND THAT I WILL NOTIFY THE APPROPRIATE PERSON(S) IF I AM CONVICTED OF ANY LAW RELATING TO MOTOR VEHICLE TRAFFIC CONTROL, OTHER THAN A PARKING VIOLATION.

**THE BELOW LISTED LICENSE IS THE ONLY ONE ISSUED TO ME:**

Driver’s License #:  State  Expiration Date:

Driver’s Signature:  Date:

**Axis Solutions, Inc.**  
**MVR AND BACKGROUND RELEASE FORM**  
Signed Release Form  
*Please print top portion*

Name  A.K.A. \_\_\_\_\_  
*First Middle Last*

Address  City/State  Zip   
*Current*

Previous  City/State  Zip

Previous \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

SSN  DOB  (For identification only)

Drivers License Number  State issued

**LIST ALL CONVICTIONS INCLUDING TRAFFIC AND CRIMINAL**

Year	Criminal Offense(s) Offense	County	Year	Traffic Offense(s) Offense	County
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	3. _____	_____	_____
4. _____	_____	_____	4. _____	_____	_____

I hereby authorize the release to Axis Solutions, Inc., of information held by any parties **regarding my Criminal History information to include my record of arrests and, or convictions for violations of any federal, state, local statutes or ordinances, my credit history, workers compensation history, driving record and hereby release any said person, companies or law enforcement authorities from any liability for any damage whatsoever for issuing this information.**

I further understand this information may be reviewed initially and periodically by Axis Solutions, Inc. I understand that my prospective employer intends to utilize the investigation into my background for employment purposes only and shall not disclose such information to any other party. I hereby acknowledge that Axis Solutions, Inc cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release Axis Solutions, Inc., its agents and / or my prospective employer from any and all liability arising out of any errors or omissions regarding my background information. **NOTE: Louisiana driving records are supplied by American Driving Records.**

Applicant Signature:  Date:   
Signature is required – Please **DO NOT PRINT**

**Must be completed by company authorized representative**

Client: AXIS SOLUTIONS, INC.

Safety Representative: \_\_\_\_\_

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

AXIS SOLUTIONS, INC.  
9701 PAN AMERICAN DR.  
EL PASO, TX. 79927

### PREVIOUS EMPLOYERS VERIFICATION REQUEST/CONSENT FORM

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

TO: \_\_\_\_\_

PREVIOUS EMPLOYER NAME

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

COMPANY ADDRESS

\_\_\_\_\_

FAX NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

APPLICANT NAME PLEASE PRINT

\_\_\_\_\_

APPLICANT SIGNATURE

I, THE ABOVE SIGNED, HEREBY AUTHORIZE YOU TO RELEASE INFORMATION AS TO MY PREVIOUS EMPLOYEMENT WITH YOUR COMPANY. **THIS IS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TO: AXIS SOLUTIONS, INC.**

I FURTHER AUTHORIZE YOU TO RELEASE ALL INFORMATION ON MY ALCOHOL, AND CONTROLLED SUBSTANCES TESTING AND TRAINING RECORDS AS REQUIRED BY SECTION 382.405 (f) and (h) OF THE FMCSR, WHICH STATES,

(f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the drivers' request.

(h) An employer shall release information regarding drivers' records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release if such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

SECTION 382.413 & 40.25(b) STATES: An employer shall obtain, pursuant to drivers' consent information on the driver's alcohol tests with a result of .04 or greater, positive controlled substances test results, and refusals to be tested, other violations, within the preceding three years, which are maintained by the drivers' previous employer. In addition information on the return to work process in case of a violation.

**TO PREVIOUS EMPLOYER:** THE ABOVE-NAMED PERSON HAS MADE AN APPLICATION TO THIS COMPANY AS A DRIVER SUBJECT TO THE RULES AND REGULATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO COMPLERE THIS WORK VERIFICATION, ALCOHOL AND CONTROLLED SUBSTANCES TESTING/TRAINING CHECK. TO EXPEDITE AND INSURE COMPLIANCE WITHIN 30 DAYS OF EMPLOYEMENT PLEASE RETURN TO FAX OR EMAIL ADDRESS PROVIDING BY PERSON REQUESTING EMPLOYMENT VERIFICATION AS PROMPTLY AS POSSIBLE.

1. EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ AS A \_\_\_\_\_
2. DID APPLICANT DRIVE A MOTOR VEHICLE FOR YOU? \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR \_\_\_\_\_ OTHER \_\_\_\_\_
3. WAS APPLICANT A SAFE/EFFICIENT DRIVER? \_\_\_\_\_ ANY RECORDABLE ACCIDENTS WHILE UNDER YOUR EMPLOYMENT? \_\_\_\_\_ IF SO GIVE DETAILS: FATALITY \_\_\_\_\_ INJURY \_\_\_\_\_ OWED \_\_\_\_\_ DETAILS \_\_\_\_\_
4. REASON FOR LEAVING YOUR EMPLOYMENT (CHECK ONE): DISCHARGED \_\_\_\_\_ LAYOFF \_\_\_\_\_ RESIGNED \_\_\_\_\_
5. HAS THIS PERSON EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_
6. HAS THIS PERSON EVER HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OR GREATER? YES \_\_\_\_\_ NO \_\_\_\_\_
7. HAS THIS PERSON REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST 3 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_
8. ANY OTHER VIOLATION OF **DOT AGENCY** DRUG AND ALCOHOL TEST REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_
9. IF YES TO ANY OF THE ABOVE QUESTIONS PLEASE ADVISE IF THIS PERSON **COMPLETED A SUBSTANCE ABUSE PROGRAM.** YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES PLEASE PROVIDE THE SAP'S NAME, ADDRESS AND PHONE NUMBER.**

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON RELEASING INFORMATION

\_\_\_\_\_  
DATE



AXIS SOLUTIONS, INC.  
9701 PAN AMERICAN DR.  
EL PASO, TX. 79927

### PREVIOUS EMPLOYERS VERIFICATION REQUEST/CONSENT FORM

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

TO: \_\_\_\_\_  
PREVIOUS EMPLOYER NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
APPLICANT NAME PLEASE PRINT

\_\_\_\_\_  
APPLICANT SIGNATURE

I, THE ABOVE SIGNED, HEREBY AUTHORIZE YOU TO RELEASE INFORMATION AS TO MY PREVIOUS EMPLOYEMENT WITH YOUR COMPANY. **THIS IS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TO: AXIS SOLUTIONS, INC.**

I FURTHER AUTHORIZE YOU TO RELEASE ALL INFORMATION ON MY ALCOHOL, AND CONTROLLED SUBSTANCES TESTING AND TRAINING RECORDS AS REQUIRED BY SECTION 382.405 (f) and (h) OF THE FMCSR, WHICH STATES,

(f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the drivers' request.

(h) An employer shall release information regarding drivers' records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release if such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

SECTION 382.413 & 40.25(b) STATES: An employer shall obtain, pursuant to drivers' consent information on the driver's alcohol tests with a result of .04 or greater, positive controlled substances test results, and refusals to be tested, other violations, within the preceding three years, which are maintained by the drivers' previous employer. In addition information on the return to work process in case of a violation.

**TO PREVIOUS EMPLOYER:** THE ABOVE-NAMED PERSON HAS MADE AN APPLICATION TO THIS COMPANY AS A DRIVER SUBJECT TO THE RULES AND REGULATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO COMPLERE THIS WORK VERIFICATION, ALCOHOL AND CONTROLLED SUBSTANCES TESTING/TRAINING CHECK. TO EXPEDITE AND INSURE COMPLIANCE WITHIN 30 DAYS OF EMPLOYEMENT PLEASE RETURN TO FAX OR EMAIL ADDRESS PROVIDING BY PERSON REQUESTING EMPLOYMENT VERIFICATION AS PROMPTLY AS POSSIBLE.

1. EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ AS A \_\_\_\_\_
2. DID APPLICANT DRIVE A MOTOR VEHICLE FOR YOU? \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ TRACTOR \_\_\_\_\_ OTHER \_\_\_\_\_
3. WAS APPLICANT A SAFE/EFFEICIENT DRIVER? \_\_\_\_\_ ANY RECORDABLE ACCIDENTS WHILE UNDER YOUR EMPLOYMENT? \_\_\_\_\_ IF SO GIVE DETAILS: FATALITY \_\_\_\_\_ INJURY \_\_\_\_\_ OWED \_\_\_\_\_ DETAILS \_\_\_\_\_
4. REASON FOR LEAVING YOUR EMPLOYMENT (CHECK ONE): DISCHARGED \_\_\_\_\_ LAYOFF \_\_\_\_\_ RESIGNED \_\_\_\_\_
5. HAS THIS PERSON EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_
6. HAS THIS PERSON EVER HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OR GREATER? YES \_\_\_\_\_ NO \_\_\_\_\_
7. HAS THIS PERSON REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST 3 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_
8. ANY OTHER VIOLATION OF **DOT AGENCY** DRUG AND ALCOHOL TEST REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_
9. IF YES TO ANY OF THE ABOVE QUESTIONS PLEASE ADVISE IF THIS PERSON **COMPLETED A SUBSTANCE ABUSE PROGRAM.** YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES PLEASE PROVIDE THE SAP'S NAME, ADDRESS AND PHONE NUMBER.**

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON RELEASING INFORMATION

\_\_\_\_\_  
DATE

DRIVING  
RECORD  
FROM  
STATE  
AGENCIES —  
3 YEARS

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

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP ONLINE SERVICE***

In connection with your application for employment with **AXIS SOLUTIONS INC.** (“Prospective Employer”). Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

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

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

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

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

**AUTHORIZATION**

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

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

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the

accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State. FMCSA cannot challenge or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault. I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization. Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents and/or affiliates to obtain the information authorized above.

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

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

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

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

MEDICAL  
EXAMINERS  
CERTIFICATE  
GOES HERE  
ALONG WITH  
LONG FORM

**Axis Solutions, Inc.**  
**ROAD TEST/EXAMINATION**

DRIVER NAME

**Copy of CDL on File**

EQUIPMENT TESTED ON:  TRUCK  TRACTORS  TRAILER  OTHER \_\_\_\_\_

OPERATION	PERFORMANCE	OPERATION	PERFORMANCE
PRE-TRIP INSPECTION	_____	HIGHWAY DRIVING	_____
COUPLING & UNCOUPLING	_____	PASSING	_____
PLACING EQUIPMENT IN OPERATION	_____	BACKING	_____
TURNING	_____	PARKING	_____
BRAKING (SLOWING & STOPPING)	_____	SIGNALS	_____
OTHER MEANS TO SLOW DOWN	_____	DRIVING IN TRAFFIC	_____
USE OF EMERGENCY EQUIPMENT	_____	USE OF TRANSMISSION	_____
SAFE DRIVING SKILLS	_____	OTHER:	_____
			_____

TYPE OF EQUIPMENT USED IN GIVING TEST: \_\_\_\_\_

DATE: \_\_\_\_\_ 20\_\_\_\_\_ EXAMINAR'S SIGNATURE: \_\_\_\_\_

**391.31 Road Test.**

- (a) Except as provided in subpart G, a person shall not drive a 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.
- (b) 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. 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 vehicle, and associated equipment, that the motor carrier intends to assign him.
- (c) 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 motor vehicle and associated equipment that the motor carrier intends to assign him.

**391.33 Equivalent of Road Test**

- (a) In place of, and as equivalent to, the road test required by 391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept –
  - (1) A valid operator's license which has been issued to him by a state that license drivers to operate specific categories of motor vehicle and which, under the laws of the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
  - (2) A copy of a valid certificate of driver's road test issued to him pursuant to 391.31 within the preceding 3 years.

**AXIS SOLUTIONS, INC.,**

**DRIVER HOURS OF SERVICE DATA SHEET**

**REQUIRED FOR NEW HIRES AND TEMPORARIES**

DRIVER NAME: \_\_\_\_\_ SS# \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ TYPE:CLASS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

**RULE 395.8(j)(2): "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 7 days and the time which the driver was last relieved from duty prior to beginning work for the motor carriers."**

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I certify that the work hours started above are true and correct, to the best of my knowledge and that I was last relieved

from work at \_\_\_\_\_ on \_\_\_\_\_  
Time (Day) (Month) (Year)

SIGNED: \_\_\_\_\_

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

**\*NOTE\* Driver please provide previous 8 days of log's (copies) to match Hours indicated on form. For none drivers please leave blank and sign in.**

SUBSTANCE

ABUSE

POLICY

RECEIPT

GOES HERE



RECEIPT  
FOR DOT  
HANDBOOK  
GOES HERE

# Axis Solutions Inc.

## PRE-EMPLOYMENT DRUG TESTING, BREATH ALCOHOL TESTING, & CONTROLLED SUBSTANCE URINALYSIS CONSENT FORM

Axis Solutions Inc. enforces the Federal Motor Carrier Safety Regulations, Section 391.103 and revisions thereof concerning Pre-employment Substance Abuse testing.

### 382.301 Pre-employment testing requirements

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.

**I agree to the urine sample collection and controlled substance testing, as a condition of my employment.**

**I understand a positive test for controlled substances will medically disqualify me from consideration as a Driver for Axis Solutions Inc.**

**I have read and understand the above condition for the Pre-Employment Urinalysis and hereby freely give my consent.**

### PART 40.25 (5) (J) Pre-Employment Urinalysis testing with other employers

I, as a prospective driver for Axis solutions Inc., I also state that ***(PLEASE CHECK ONE)***

- I have
- I have not

**TESTING POSITIVE, OR REFUSED TO TEST**, on any pre-employment drug testing or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH DAY YEAR

**WITNESSED BY:**

\_\_\_\_\_  
COMPANY REPRESENTATIVE



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL holder) Has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

## THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail, Email or Fax the completed form to:

Texas Department of Public Safety  
 Motor Carrier Bureau, MSC #0521  
 6200 Guadalupe, Building P  
 Austin, Texas 78752-4019 / Facsimile: 512-424-5310

Email: [MCB.VPR@dps.texas.gov](mailto:MCB.VPR@dps.texas.gov)

\_\_\_\_\_ ,  
 Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
 Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas State Law to

\_\_\_\_\_ ,  
 Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
 Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver:	Date:
X	

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.txdps.state.tx.us/forms/index.htm>

DRIVING  
RECORD  
FROM STATE  
AGENCIES –  
ANNUAL

**ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS 391.28 391.51 (b)(6)**

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 on account of which he has forfeited bond or collateral during the preceding 12 months.

Each driver shall furnish the list required in accordance with the above paragraph. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he shall so certify.

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.

         **NONE (Place checkmark or X if you have no violations as stated above.)**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License Number:  State issuing:  Expiration Date:

Date of Certification

Driver

(Motor Carrier Name)

(Motor Carrier Address)

Reviewed by: (Signature)

Title

AXIS SOLUTIONS, INC.

ANNUAL REVIEW OF DRIVING RECORD 391.25

\_\_\_\_\_  
Print Driver's Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security No.

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirement for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

**First Annual Review**

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: (Signature and Title)

**Second Annual Review**

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: (Signature and Title)

**Third Annual Review**

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: (Signature and Title)

ALL  
DRUG  
TESTING  
INFORMATION  
  
CONFIDENTIAL

Axis Solutions, Inc.  
**LETTER OF RESIGNATION**

LETTER OF RESIGNATION with Axis Solutions, Inc. FOR POSITIVE CONTROLLED SUBSTANCE AND OR BREATH ALCOHOL TEST.

I  am a Commercial Vehicle Driver with a CDL who is hired by Axis Solutions, Inc., I am in full understanding that the transportation industry is regulated by Federal Government under the United States Department of Transportation/Federal Motor Carrier Safety Administration (FMCSA). Under federal regulation I am required to meet all requirements of Title 49 Code of Federal Regulations, this includes all parts 40 and 382 which address Controlled substance and /or Breath Alcohol Testing.

I hereby provide my resignation from my position as a Commercial Vehicle Driver for Axis Solutions, Inc. due to a positive result or refusal to test in either Controlled Substance and/or Breath Alcohol test(s).

Driver Signature

Printed Name

Date

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

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

\_\_\_\_\_  
Date



# AXIS SOLUTIONS, INC.

## Hours of Service Rotating (6 Months) Disciplinary Policy Disciplinary Policy for Non-Compliance with Part 395 Hours of Service

- All drivers employed by Axis Solutions, Inc. will adhere to the Federal Motor Carrier Safety Regulations on Hours of Service as policy for all applicable to the 60/70-hour rule.
- The driver has at least 10 consecutive hours of duty separating each on-duty period;
- The driver does not drive more that 11 hours following at least 10 consecutive hours off duty;
- The driver does not drive;
- After the 14<sup>th</sup> hour after coming on duty on 5 days of any period of 7 consecutive days;
- The driver does not drive;
- After having been on duty for 70 hours in 8 consecutive days if the employing motor carrier operates commercial motor vehicles every day of the week;
- Any period of 7 or 8 consecutive days may end with the beginning of any off-duty period of 34 or more consecutive hours.
- Without taking a 30-minute break within 8 hours of coming on duty and driving.
- CMV Drivers using sleeper berth may split sleeper berth into two rest periods neither is less than two hours. Example; 2 hours and 8 hours or 8 hours and 2 hours.
- Drivers will turn in logs **NO** later than 13 days.

### E-LOGS

- E-LOG system will not be tampered with; disconnected, altered or damage intentionally (Termination Offence)
- Driver will ensure to collect supporting documents as required.
- Driver will annotate and edit RODS, certify RODS, and collect required supporting documents
- Driver will not use paper logs no more than 8 days during any 30-day period
- Driver will know how to display and transfer data to safety officials when requested

**Drivers who fail to comply with the Hours of Service Policy as stated above will be disciplined in the following manner:**

1. First Offense A verbal warning and training (90-day progressive disciplinary program).
2. Second Offense One-week suspension without pay, written warning and training.
3. **Third Offense Interview with supervisor; Termination.**

I  have read the following policy and understand its content and requirements, it has also been explained in detail and I agree to comply with this policy.

Driver's Signature

Date

# PRE-POST TRIP POLICY

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## Axis Solutions Inc.

### SIX (6) MONTH DISCIPLINARY POLICY FOR PRE-POST TRIP INSPECTION

The following policy will go into effect immediately and all drivers for **AXIS SOLUTIONS, INC.** will comply or will receive a disciplinary action in accordance to this policy.

The following is the requirements from the Federal Motor Carrier Safety Regulations 49 CFR.

- **396.11** All motor carriers will require its drivers to report in writing a post trip inspection. With this all drivers employed by **AXIS SOLUTIONS, INC.** will perform a 30-minute inspection at the completion of your work day and it will be noted on the record of duty status. Failure to comply will result in disciplinary action against the driver by **AXIS SOLUTIONS, INC.**
- **396.13** Indicates a driver will be satisfied the vehicle he/she will operate is in a safe operating condition. There is no requirement to perform any written document; this means the driver will be required to perform a visual inspection of the unit prior to departure. HE/SHE (driver) will note in the record of duty status a pre-trip inspection and note it was a **“visual”**. Failing to comply with this result in disciplinary action by **AXIS SOLUTIONS, INC** against the driver.
- **Falsification of a Driver Vehicle Inspection Reports (DVIR) (ZERO TOLERANCE.)**

The following is the disciplinary action that will be administered should a driver fail to comply with this policy. This will include the review of Driver vehicle Inspection Reports (DVIR) by **AXIS SOLUTIONS, INC.** staff and any federal or state official that would perform a roadside inspection and find a violation of a DVIR in accordance to the regulations.

1. First offence, a verbal warning with training and review violation
2. Second offence, written reprimand with possible suspension and training.
3. Third offence, interview with **AXIS SOLUTIONS, INC**, management with possible removal from driving position.

Drivers name (Print)  Signature:

Date:

**CELL PHONE POLICY FOR  
AXIS SOLUTIONS, INC.**

We deeply value the safety and well-being of all **Axis Solutions, Inc** drivers. Due to the increasing number of accidents resulting from the use of cell phones while driving, we are instituting a cell phone policy as set by the (FMCSA) Federal Motor Safety Administration.

**FMCSA REGUALTION - § 392.82: Using a hand-held mobile telephone.**

- (a)(1) No driver shall use a hand-held mobile telephone while driving a CMV
- (2) No motor carrier shall allow or require its drivers to use a hand-held mobile telephone while driving a CMV

**DEPARTMENT OF TRANSPORTATION Federal Motor Carrier Safety Administration 49 CFR Parts 383, 384, 390,391, and 392 [Docket No. FMCSA-2009-0370] RIN 2126-AB22 Limiting the Use of Wireless Communication Devices**  
AGENCY: Federal Motor Carrier Safety Administration, DOT. ACTION: Final rule. SUMMARY: The Federal Motor Carrier Safety Administration (FMCSA) **prohibits texting by commercial motor vehicle (CMV) drivers while operating in interstate commerce and imposes sanctions, including civil penalties and disqualification from operating CMVs in interstate commerce, for drivers who fail to comply with this rule.**

1. Drivers' are not permitted to use a cell phone, either handheld or hands free while operating a Motor Vehicle on company business and/or on company time.
2. Drivers' are not permitted to read or respond to e-mails or text messages while operating a motor vehicle on company business and/or on company time.
3. This policy also applies to the use of electronic devices
4. While driving, calls cannot be answered and must be directed to voice mail.
5. If a driver must make an emergency call (911), the vehicle should first be parked in a safe location.

Driver will be given **two** warnings. If a Driver is found to be in violation of this policy, it will be considered grounds for immediate termination.

Your signature below certifies your agreement to comply with this policy.

Date:

Employee Print Name

Employee Signature