

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre: Edward Severe Date / Fecha: 4-28-20

Company applying to / Compañía a que aplica: _____

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica: Driver Referred by / Referido por: Andra Hill

Social Security / Seguro Social: 213-90-4760 Date of Birth / Fecha de Nacimiento: 9-7-73

Address / Dirección: 4127 5TH ST

City / Ciudad: Baltimore State / Estado: MD Zip / Código Postal: 21225

CDL / CDL: S-160-189-441-696 CDL Expiration / Expiración de CDL: 9-7-20

Home / Hogar: _____ Work / Trabajo: _____

Cell / Celular: 443-597-3517 Email / Email: EdwardSevere1973@G

Emergency Contact / Contacto de Emergencia: JoAnn Gilliss 443-857-6403 mail
Mary Will 443-525-0350 .com

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección: 4127 5TH ST

Baltimore MD 21225 How long / Tiempo: 5 Years

2. Address / Dirección: _____

How long / Tiempo: _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU? ☒ Yes / Si ☐ No

Are you presently working / Usted esta actualmente trabajando? ☐ Yes / Si ☒ No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo? 1 month

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /

Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si

☒ No

Have you ever tested positive for drugs or alcohol as a commercial driver /

Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si

☒ No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	MD	S-160-189-441-696	A	9-7-20

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
Alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si

☒ No

B. Has any license, permit or privilege ever been suspended or revoked /
Alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si

☒ No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 1-5-2000

Years of Commercial Motor Vehicle experience : 20

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input checked="" type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input checked="" type="checkbox"/> Dump Truck | <input checked="" type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input checked="" type="checkbox"/> Low Boy | <input checked="" type="checkbox"/> Tractor |
| <input checked="" type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck |

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1		NONE		
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD
		NONE	

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido si yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.



Signature / Firma :

Edward Selee

Date / Fecha :

2-28-20

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to * _____ for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**SIGN
HERE** ▶

Driver's Signature : Edward Seewee

Date : 4-28-20

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

**SIGN
HERE** ▶

Requester's Signature : _____

Date : _____

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : _____

Address : _____ City, State, Zip : _____

Former Address : _____ City, State, Zip : _____

Date of Birth : _____

Social Security No. : _____ License No. : _____

REQUESTED BY:

Name : _____

Title : _____

**SIGN
HERE** ▶

Signature : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Edward Severe Company : _____

Social Security # : 213-90-4760 CDL # : _____

Address : _____ City : _____ State: _____ Zip : _____

 Signature : Edward Severe Date: 4-28-20

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____

Seguro Social : _____ CDL : _____

Dirección : _____ Ciudad : _____ Estado: _____ Zip : _____

 Firma : _____ Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre: Edward Severe Date / Fecha: 4-28-20

Company applying to / Compañía a que aplica: *

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha: _____

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha: From / Desde: 2-20 To / Hasta: 3-20

☐ Unemployed / Desempleado ☒ Worked for Company / Trabaje Para Una Compañía ☐ Self-Employed / Trabaje por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía: AV S Kinard Position Held / Posición: Driver

Address / Dirección: 310 N. Zarfoss Dr Reason for Leaving / Razón de Renuncia: work slow
York, PA 17404 corona virus

Contact Person / Supervisor: Larry

Phone / Teléfono: 1-800-233-1906 Fax / Fax: _____

 Signature / Firma: Edward Severe Date / Fecha: 4-28-20

Date / Fecha : From / Desde : 1-20 To / Hasta : 2-20

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Evans Delivery Position Held / Posición : Driver
Address / Dirección : 8203 Fischer Rd Reason for Leaving / Razón de Renuncia : no Money
Baltimore MD 21222
Contact Person / Supervisor : Hosea Miller
Phone / Teléfono : 410-926-0182 Fax / Fax : _____

Date / Fecha : From / Desde : 2-19 To / Hasta : 1-20

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : TcI Logistics Position Held / Posición : Driver
Address / Dirección : 3701 Duncanwood lane Reason for Leaving / Razón de Renuncia : work slow
Baltimore MD 21213 x To much equipment
Break Down
Contact Person / Supervisor : Jamie Peterson
Phone / Teléfono : 443-883-1364 Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____

Date / Fecha : From / Desde : 7-18 To / Hasta : 1-19

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Quint & Quade Position Held / Posición : Driver

Address / Dirección : 9401 Brunswick Circle Reason for Leaving / Razón de Renuncia : not
Baltimore MD 21229 Enough work

Contact Person / Supervisor : Charlie

Phone / Teléfono : 443-360-2479 Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____

CERTIFICATION OF ROAD TEST

Driver's Name EDWARD SEVERE
213 90 4760 S-160-189-441-696 MD
(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit TRACTOR Type of Trailer(s) 53 VAN

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20____ consisting of approximately _____ miles of driving.

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

(Signature of Examiner) (Title)

(Organization and Address of Examiner)

EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

§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 licenses drivers to operate specific categories of motor vehicles and which, under 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.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

PART 5 - SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of 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 not impede other traffic _____
- B. TRAFFIC SIGNS AND SIGNALS
 - Plans stop in advance and adjusts speed correctly _____
 - Obeys all traffic signals _____
 - Comes to a complete stop at all stop signs _____
- C. INTERSECTIONS
 - Yields right of way _____
 - Checks for cross traffic regardless of traffic controls _____
 - Enters all intersections prepared to stop if necessary _____
- D. GRADE CROSSINGS
 - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
 - Selects proper gear and does not shift gears while crossing _____
 - Knows and understands Federal and State rules governing grade crossings _____

- E. PASSING
 - Allows sufficient space ahead for passing _____
 - Passes only in safe locations _____
 - Signals changing lanes before and after passing _____
 - Warns driver ahead of his intention to pass _____
 - Passes with sufficient speed differential to minimize obstructing traffic _____
 - Returns to right lane promptly but only when safe to do so _____
- F. SPEED
 - Observes speed limits _____
 - Drives at speed consistent with ability _____
 - Adjusts speed properly to road, weather and traffic conditions _____
 - Slows down in advance of curves, danger zones and intersections _____
 - Maintains constant speed where possible _____
- G. COURTESY AND SAFETY
 - Yields right of way _____
 - Consistently strives to drive in safe manner _____
 - Allows faster traffic to pass _____
 - Uses horn only when necessary _____

PART 7 - MISCELLANEOUS

- A. GENERAL DRIVING ABILITY AND HABITS
 - Consistently alert and attentive _____
 - Consistently is aware of changing traffic conditions _____
 - Anticipates problems _____
 - Performs routine functions without taking eyes from road _____
 - Checks instruments regularly while driving _____
 - Personal appearance is professional _____
 - Remains calm under pressure _____
- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory ☐ Needs Training ☐ Explain: _____
 QUALIFIED FOR: Straight Truck ☐ Tractor-Semitrailer ☐ Twin Trailers ☐ Other Combination ☐
 Special Equipment _____

(SPECIFY)

Date _____

SIGNATURE OF EXAMINER _____

Late delivery may result in non-payment of freight charges, and special damages as a consequence of being late may apply. This includes, but is not limited to, freight charges for expedited shipments, packaging materials, additional labor charges, storage charges, spoiled product, loss of sale, the expense of any additional equipment, service, or alternate transportation arrangements that need to be utilized as a result of late delivery

- Driver must sign in at the shipper to be eligible for a TONU (Truck Order Not Used)
- Receivers may have fees up to \$500
- At C&S receiving facilities, the driver must request an Exit Pass at the receiver. Failure to submit the Exit Pass on loads delivering to C&S may result in fines.
- Detention/Layover Protocol:
 - Three (3) hours free, \$25 per hour afterwards
 - Detention/Layover will cap at \$200
 - Driver must notify TQL Two (2) hours after waiting
 - All detention requests must be submitted with the BOL (Bill of Lading) within 24 hours of delivery
- TQL's rate confirmation must be submitted with the POD (Proof of Delivery) when invoicing

TQL PO# 14286423

Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ Roy Salmon





Specimen Result Certificate

ID Number: 7904431097

Report printed on 5/1/2020 9:20:59 AM

Page 1 of 1

Attention:
Roy Salmon
Roy Salmon Trucking
9737 Eustice Rd
Randallstown, MD 21133

Verification Date 4/30/2020 10:59 AM

Collection Site:
2814 - Concentra Medical Center - Rosedale

Medical Review Officer:
Dr. Stephen Kracht
8140 Ward Parkway Ste 275
Kansas City, MO 64114
888-382-2281

Donor Name: Severe, Edward
Date Of Test: 4/29/2020
ID Number: 7904431097

Donor SSN: 213-90-4760
Donor ID: S160189441696
Reason for Test: Pre-employment

Laboratory: Quest Diagnostics

Regulation: DOT-FMCSA
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory	Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation			Screening	Confirmation
		Cutoff *	Cutoff *			Cutoff *	Cutoff *
Marijuana	Negative	50	15	Hydrocodone/Hydromorphone	Negative	300	100
Cocaine	Negative	150	100	Oxycodone/Oxymorphone	Negative	100	100
Amphetamines	Negative	500	250	PCP	Negative	25	25
Opiates	Negative	2000	2000	MDMA/MDA	Negative	500	250
6-Monoacetylmorphine	Negative	10	10				

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 4/29/2020 MM/DD/YYYY - Dr. Stephen Kracht

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Stephen Kracht

Stephen J. Kracht D.O.

4/30/2020 10:59 AM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Edward Severe
(Print) (First, M.I., Last)
B: SSN or Employee ID No. 4760
C: Employer Name Roy Salmon Trucking
Street 9737 Eustice Rd
Randallstown, Md 21133
City, State, ZIP
DER Name and Roy S. 443 629 4648
Telephone No. DER Name DER (Area Code & Phone Number)
D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment

Intoximeters ASV XL
Test Number: 3770
Serial Number: 10641
Test Date: 04/29/2020
Test Time: 13:18:14
Test Temperature: 23.0°C

Test Type: Screening
Reason for Test:
Pre-Employment

Type g/21OL Time
BLNK 0.000 13:18:26
SUBJ:m 0.000 13:19:02

Test Status: Success

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Edward Severe 4 29 20
Signature of Employee Date Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
--------	---------------------	--------------------------------------	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Concentra
8101 Pulaski Hwy, Suite H
Baltimore, MD 21237
Phone: 410-687-6462
Fax: 410-687-2261

Alcohol Technician's Company Shamara Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip
Phone Number (Area Code & Number) 4 29 20
Signature of Alcohol Technician Date Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee Date Month / Day / Year

EDWARD SEVERE



New Driver Checklist

Documents are to be included in DQ file for the duration of employment:

* Documents are to be included in the DQ file for three years from date of execution:

CHECKLIST:		NOTES:
<input checked="" type="checkbox"/>	Driver Application §391.21 Driver must provide <u>10 years of past work history</u> regardless of job title, includes periods of unemployment	
<input checked="" type="checkbox"/>	Copy Of Commercial Driver License (CDL)	
<input checked="" type="checkbox"/>	* Copy Of Medical Examiner's Certificate §391.43	
<input checked="" type="checkbox"/>	* Copy of Medical Examiner Verification https://nationalregistry.fmcsa.dot.gov §391.23(m)(2)	
<input checked="" type="checkbox"/>	Copy of Social Security	
<input checked="" type="checkbox"/>	* MVR State- Driving record Must be no more than 30 days from date of hire §391.23(a)(1)	
<input checked="" type="checkbox"/>	Driver Road Test Certificate or Equivalent §391.31	
<input checked="" type="checkbox"/>	<u>Pre-Employment Drug Test</u> <ul style="list-style-type: none"> Collect Federal Drug Testing Custody & Control Form a/k/a Chain Of Custody (COC) YOU MUST RECEIVE A NEGATIVE RESULT BEFORE DISPATCHING DRIVER OR PLACING ON ANY SAFETY SENSITIVE FUNCTIONS 	
<input checked="" type="checkbox"/>	Drug & Alcohol Policy- Signed Receipt	
<input type="checkbox"/>	Enrollment in DMV Employer Pull Notice Program (California Only) Must be enrolled within 30 days of employment	
<input type="checkbox"/>	Past Employment Verification – Inquiry to Previous Employer- 3 years §391.23(a)(2)(c)	
<input type="checkbox"/>	* Annual MVR §391.25(a)	
<input type="checkbox"/>	* Review Of Annual Driving Record §391.25(c)(2)	
<input type="checkbox"/>	* Annual List of Violations §391.27	

<input type="checkbox"/>	HazMat Security Plan- Signed (applies to all drivers with H,X endorsements) General Awareness, Function Specific, Safety & Security Training	
<input type="checkbox"/>	Multiple-Employer Drivers §391.63 If a motor carrier employs a person as a multiple-employer driver the motor carrier shall comply with all requirements of this part (1) Require the person to furnish an application for employment in accordance with §391.21; (2) Make the investigations and inquiries specified in §391.23 with respect to that person; (3) Perform the annual driving record inquiry required by §391.25(a); (4) Perform the annual review of the person's driving record required by §391.25(b); or (5) Require the person to furnish a record of violations or a certificate in accordance with §391.27. (b) Before a motor carrier permits a multiple-employer driver to drive a commercial motor vehicle, the motor carrier must obtain his/her name, his/her social security number, and the identification number, type and issuing State of his/her commercial motor vehicle operator's license. The motor carrier must maintain this information for three years after employment of the multiple-employer driver ceases.	
<input checked="" type="checkbox"/>	Negative Pre-employment Drug Test Result	

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** **Severe** **First Name** **Edward** in accordance with (please check only one):


- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

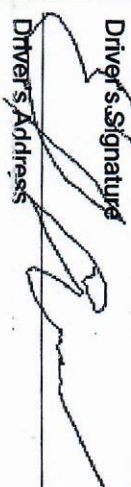
- ☒ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

09/06/2020

Medical Examiner's Signature  Medical Examiner's Name (please print or type) Landymore, Meghan Medical Examiner's State License, Certificate, or Registration Number C0004509	Medical Examiner's Telephone Number (410)247-9595 Medical Examiner's Issuing State MD	Date Certificate Signed 09/06/2018 Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ National Registry Number 5137537134	
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Driver's Signature  Driver's Address Street Address: 4127 5th St City: Baltimore State/Province: MD Zip Code: 21225 CLP/CDL Applicant/Holder	Driver's License Number S160189441696 Issuing State/Province MD		
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Edward
Severe

