

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : OLUWASEUN OLUGBEMI

Date / Fecha : 11/18/2023

Company applying to / Compañía a que aplica : ROY SALMON

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 : _____

Social Security / Seguro Social : 213-53-9605 Date of Birth / Fecha de Nacimiento : 02/15/78

Address / Dirección : 9 AL HANNA CIRCLE, PIKESVILLE MD

City / Ciudad : PIKESVILLE State / Estado : MD Zip / Código Postal : 21208

CDL / CDL : 0-421-660-029-121 CDL Expiration / Expiración de CDL : 02/15/26

Home / Hogar : 443-825-9786 Work / Trabajo : _____

Cell / Celular : _____ Email / Email : _____

Emergency Contact / Contacto de Emergencia : ANA VAZQUEZ Tel. / Tel. : 443-780-6695

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 9 AL HANNA CIRCLE, PIKESVILLE
MD 21208 How long / Tiempo : 11

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? _____

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	0-421-660-029-121	A	02/15/26.

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 : 2009 17

Years of Commercial Motor Vehicle experience : 17

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

- | | | |
|----------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <input 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 type="checkbox"/> Dump Truck | <input 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 type="checkbox"/> Tractor |
| <input 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		N/A		
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

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

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD
		N/A	

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 sí yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.



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 : _____

Date : 11/18/23

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 : OLUGBASEUN OLUGBEMI

Address : 9 ALHAMBRA CIRCLE City, State, Zip : PIKESVILLE MD 21208

Former Address : _____ City, State, Zip : _____

Date of Birth : 02/15/78

Social Security No. : 213-53-9605 License No. : 0-421-660-029-121

REQUESTED BY:

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 : DAUNASEUN OLUGBEMI

Company : ROY SALMON

Social Security # : 213-53-9605

CDL # : 0-421-660-029-121

Address : 9 ALHANNA CIRCLE

City : PIKESVILLE State: MD Zip : 21208



Signature : [Signature]

Date: 1/18/23

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 : ~~XXXX~~ OLUNWASEUN OLUGBEMI Date / Fecha : 11/18/23

Company applying to / Compañía a que aplica : ROY SALMON

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 : NOV 2022 To / Hasta : TILL DATE

☐ 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 : XGS Position Held / Posición : COMPANY DRIVER

Address / Dirección : 4601 CURTIS AVE
CURTIS BAY, MD 21226 Reason for Leaving / Razón de Renuncia : BETTER OPPORTUNITY.

Contact Person / Supervisor : LAMEKA

Phone / Teléfono : 443-850-3813 Fax / Fax : _____



Signature / Firma : _____

Date / Fecha : 11/18/23

Date / Fecha : From / Desde : FEB 2022 To / Hasta : Nov 2022

☐ 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 : APACHE LOGISTICS

Position Held / Posición : DRIVER

Address / Dirección : 1121 OTTAWA BEACH RD
HOLLAND, MI 49424

Reason for Leaving / Razón de Renuncia : Laid Off

Contact Person / Supervisor : AMY

Phone / Teléfono : 877-716-7766

Fax / Fax : _____

Date / Fecha : From / Desde : Nov 2020 To / Hasta : FEB 2022

☐ 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 : SWIFT TRANS

Position Held / Posición : DRIVER

Address / Dirección : 2200 SOUTH 75TH AVE
PHOENIX, AZ 85043

Reason for Leaving / Razón de Renuncia : LOST JOB

Contact Person / Supervisor : CHRIS

Phone / Teléfono : 602-269-9700

Fax / Fax : _____

SIGN HERE Signature / Firma : [Signature]

Date / Fecha : 11/18/2023

Date / Fecha : From / Desde : AUGUST 2020 To / Hasta : Nov 2020

☐ 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 : TMC Position Held / Posición : DRIVER

Address / Dirección : 6115 SW LELAND AVE
DES MOINES IA 50321 Reason for Leaving / Razón de Renuncia : NO WORK
DUE TO PANDEMIC

Contact Person / Supervisor : JERRY

Phone / Teléfono : 800-247-2460 Fax / Fax : _____

Date / Fecha : From / Desde : FEB 2020 To / Hasta : AUGUST 2020

☐ 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 : CARRIER ONE Position Held / Posición : LEASE OPERATOR

Address / Dirección : 2023 N LAFAYETTE CT.
GRIFFITH, IN 46319 Reason for Leaving / Razón de Renuncia : PANDEMIC

Contact Person / Supervisor : BARRY

Phone / Teléfono : 219-516-1011 Fax / Fax : _____

 SIGN HERE Signature / Firma : _____ Date / Fecha : 11/18/23

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 2126-0066. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. 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 Office, Federal Motor Carrier Safety Administration, MC-98A, 1200 New Jersey Avenue, SE, Washington, DC 20020.

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

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

I certify that I have examined Chubemi (first name) Okwaseun (last name) in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type):
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

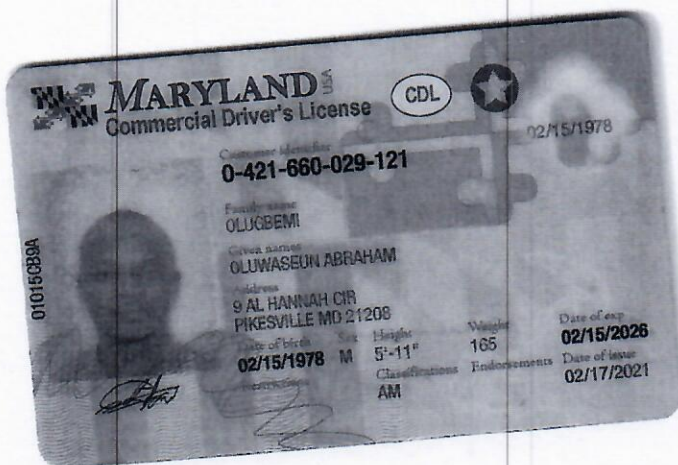
☐ Driving within an exempt intrachain zone (49 CFR 391.43 (Federal))
☐ Qualified by operation of 49 CFR 391.43 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 11/07/2024

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 INFORMATION
 Medical Examiner's Signature: Parekh, Darpan
 Medical Examiner's State License, Certificate, or Registration Number: C0004581
 Medical Examiner's Telephone Number: (410)247-9595
☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):
 Issuing State: MD National Registry Number: 3579628267
 Driver's License Number: 0421660029121 Issuing State/Province: MD
 Zip Code: 21208-3400 ☒ Yes ☐ No

CMV DRIVER INFORMATION
 Driver's Signature: [Signature]
 Driver's Address: 9 Al Hannah Cir City: Pikesville State/Province: MD
 Street Address: 9 Al Hannah Cir



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 2125-0066. Public reporting burden for this collection of information is estimated to be approximately one hour 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-RMA, 1200 New Jersey Avenue, SE, Washington, DC 20020.

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

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Olugbemi (first name) Oluwaseun 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 interstate 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 (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.42) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.49 (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

11/07/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)
Parekh, Darpan

Medical Examiner's State License, Certificate, or Registration Number
C0004581

Medical Examiner's Telephone Number
(410) 247-9595

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State
MD

Date Certificate Signed
11/07/2022

National Registry Number
3579628267

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Driver's License Number
0421660029121

Issuing State/Province
MD

Street Address: 9 Al Hannah Cir City: Pikesville State/Province: MD Zip Code: 21208-1400 ☐ Yes ☐ No CLP/CDL Applicant/Holder





Authorization for Services

Authorization ID: 5372793

This authorization expires on 11/21/2023.
Patient must present photo ID at time of service. If ID other than government issue is used list here:

Employee Information

Personal Info

Name:
Olugbemi, Oluwaseun
Date Of Birth:
02/15/1978
Phone:
(443) 825-9786

Special Instructions/Comments:
—

Company Information

Employer:
Roy Salmon Trucking
Location Name:
Roy Salmon Trucking
Contact Name:
Roy Salmon
Location Phone:
(443)-629-4648
Street Address:
9737 Eustice Rd
City, State, ZIP:
Randallstown, MD, 21133-2511

Processing Info

Staffing Agency / PEO:
Alternate ID:
PO#:

Service Information

Services and Components

Service Package Selected:
Reg UDS & BAT
Required Components:
• **Breath Alcohol Test**
• **Regulated UDS 65304**

Reason For Visit
PrePlacement

Authorization

Authorized by:
Roy Salmon
Title:
Primary Contact
Phone:
(443) 629-4648
Issuance Date:
11/20/2023
Authorization Expires:
11/21/2023

Due to the nature of these specific services, only the patient and staff are allowed in the testing/ treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Driver Evaluation Road Test Form

Driver Name: OLUWASEUN OLUGBEMI Test Date: 11-18-23

Observed by: Roy Salmon

Vehicle Type and Number: SLEEPER WITH 53 FOOT VAN TRAILER

PRE-TRIP INSPECTION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	General vehicle condition noted	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	360-degree walk-around performed
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Parking brake set / applied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Tires evaluated
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steering inspected
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Horn and windshield wipers inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mirrors adjusted
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency equipment inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses seat belt	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Verifies passenger(s) is wearing seat belt
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Starts vehicle properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Observes traffic patterns
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll while stopped	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Drives with both hands on steering wheel
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steers smoothly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Speed appropriate for conditions
BACKING AND PARKING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gets out to look before backing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Avoids backing when possible
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses mirrors properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not blind-side back
INTERSECTIONS					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Covers the brake with foot in intersections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic in all directions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Stops vehicle in proper location	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll when stopped
TURNING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle is in proper lane for turn	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signals used in advance of turn
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approaches turn at proper speed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic conditions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Turns only when traffic is cleared	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Keeps vehicle in proper lane while turning
PASSING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Determines that pass is safe and legal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Passes in safe location
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks ahead before passing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses turn signal appropriately
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Returns to lane safely	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not exceed speed limit

YES / NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: [Signature]

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **7939789220**

O M B No. 0930 - 0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Concentra Medical Center - Arbutus
Roy Salmon Trucking - 2818-22749
9737 Eustice Rd
Randallstown, MD 21133
Phone: 443-629-4648 Fax: 443-299-6806

Lab Acct #: 65017175

B. MRO Name, Address, Phone and Fax No.

Michelle Alexander, M.D.
8140 Ward Parkway
Kansas City, MO 64114
Phone: 888-382-2281
Fax: 913-469-4029

C. Donor SSN, Employee I.D., or CDL State and No.

O42166029121

D. Specify Testing Authority:

☐ HHS☐ NRCSpecify DOT Agency: ☒ FMCSA☐ FAA☐ FRA☐ FTA☐ PHMSA☐ USCG

E. Reason for Test:

☒ Pre-Employment☐ Random☐ Reasonable Suspicion/Cause☐ Post Accident☐ Return to Duty☐ Follow Up☐ Other (Specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP☐ THC & COC Only☐ Other (Specify)

G. Collection Site Address:

Concentra Medical Center - Arbutus - 2826
1419 KNECHT AVE
BALTIMORE, MD 21227

2826-MD048

Clinic ID

Collector Contact Info: Phone 410-247-9595

Fax 410-247-7553

Other

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark☒ URINE☐ ORAL FLUID

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F?

☒ Yes☐ No, Enter Remark☐ Observed, Enter Remark

ORAL FLUID: Split type:

☐ Serial☐ Concurrent☐ Subdivided

Each Device Within Expiration Date?

☐ Yes☐ No☐ Volume Indicator(s) Observed

REMARKS: DER Name: Roy Salmon

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s).

Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

X

Signature of Collector

Ky'asia Morgan

11 / 20 / 2023

9:38:20

☐ AM
☒ PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Time of Collection

FEDEX

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

OLUWASEUN OLUGBEMI

(PRINT) Donor's Name (First, MI, Last)

11 / 20 / 2023

Date (Mo./Day/Yr.)

Email

Day Phone (443) 825-9786

Evening Phone () Not Provided

Date of Birth

02 / 15 / 1978

Date (Mo./Day/Yr.)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

☒ URINE☐ ORAL FLUID☐ Negative☐ Positive for:☐ Dilute☐ Refusal to Test because - check reason(s) below:☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:☐ TEST CANCELLED

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for:☐ FAILED TO RECONFIRM for:☐ TEST CANCELLED

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

U.S. Department of Transportation (DOT)

Alcohol Testing Form

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

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Olunaseun Olugbemi
(Print) (First, M.I., Last)
B: SSN or Employee ID No. 313-334-008
C: Employer Name Roy Salmon Trucking
Street 17057 Eustine Rd
City, State, Zip Randallstown MD 21133
DER Name and Telephone No. Roy Salmon ()
DER Name Roy Salmon DER Phone Number 410-212-9464
D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature of Employee [Signature] Date 11/20/2023 Month 11 Day 20 Year 2023

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 US Department of Transportation regulation, 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
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Concentra
1419 Knecht Ave
Baltimore MD 21227
Ph# 410-247-9595

Alcohol Technician's Company R. Salmon Company Street Address ()
(PRINT) Alcohol Technician's Name (First, M.I., Last) R. Salmon Company City, State, Zip 112023 Phone Number ()
Signature of Alcohol Technician [Signature] Date 11/20/2023 Month 11 Day 20 Year 2023

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 [Signature] Date 11/20/2023 Month 11 Day 20 Year 2023

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 2 - EMPLOYEE RETAINS

Intoximeters ASV XL
Test Number: 12514
Serial Number: 11420
Test Date: 11/20/2023
Test Time: 21:33:18
Test Temperature: 21.3°C
Test Type: Screening
Reason for Test:
Pre-Employment
Type g/210L Time
BLNK 0.000 21:33:29
SUBJ:m 0.000 21:34:11
Test Status: Success

Print Additional
Results Here or Affix
With Tamper Evident
Tape