

APPLICATION FOR QUALIFICATION

Elison Ranch Trucking

PO BOX 250 Tremonton, UT 84337
 1855 West Main Tremonton, UT 84337
 Phone: 435-257-4500 FAX: 435-257-0181

The purpose of this application is to determine whether the applicant is qualified to
**Operate motor carrier equipment according to the requirements of the Federal Motor Carrier
 Safety Regulations and the Company named above.**

Office Use

Only:

Applicant Hired?
 YES () NO ()
 Date Employed:

INSTRUCTIONS TO APPLICANT: *Driver must complete application personally. Original must be turned into office for hiring purposes. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". Also please write legible! This is important!*

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check One: Contractor Driver

PERSONAL INFORMATION

Name: Last		First	Middle	Age	Date of Birth
Home Phone Number:		Cell Phone Number:		Email Address	
Emergency Contact:	Relationship	Phone Number:		Social Security	
Physical Exam Taken		Medical Card Expires		State of CDL	CDL Number
Date CDL Issued:		CDL Expires		Endorsements	
Years Local Experience	Years Over the Road Experience		DOT Accidents		OOS Violations

ADDRESS HISTORY Current Address and Previous Addresses for the past 10 Years

Current Address:					
Street Address		City	State	Zip	From To
Street Address		City	State	Zip	From To
Street Address		City	State	Zip	From To
Street Address		City	State	Zip	From To

EDUCATION HISTORY

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12											
College: 1 2 3 4				Post Graduate: 1 2 3 4							

Explain any/all gaps in employment:

List all states or foreign countries operated in for the last five years:

DRIVING EXPERIENCE

Class of Equipment	Dates		Type of Equipment (Van, Tank, Flat, etc.)	Approximate Total Miles
	From	To		
Straight Truck				
Tractor and Semi-trailer				
Tractor –two trailers				
Reefer Experience				

ACCIDENT RECORD FOR THE PAST THREE YEARS (attach a sheet if more space is needed)

Date of Accident	Nature & Details of Accidents DOT or NON DOT (Head on, rear end, upset, etc.)	Location of Accident # of Vehicles Towed Preventable	# of People Injured	# of Fatalities

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS (All convictions, other than parking violations)

Date	Location	Vehicle Type	Charge	Penalty
		CMV Non CMV		
		CMV Non CMV		
		CMV Non CMV		

DRIVER'S LICENSE (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

DRIVER'S SAFETY (List all Awards, Violation, Out of Service, Training Courses, etc. for the last year)

Date	Award, Violation, Out of Service	Comments

EMPLOYMENT HISTORY

Give a Complete Record of all employment for the past **THREE** years, including any unemployment of self-employment, and all commercial **driving experience** for the past **TEN** years. Begin with your most recent history.

Please make copies of this page if you need more to reach 10 YEARS!

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason For Leaving:	Co Address:	Co Phone #:	Co Fax #:
Job Duty Description:			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason For Leaving:	Co Address:	Co Phone #:	Co Fax #:
Job Duty Description:			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason For Leaving:	Co Address:	Co Phone #:	Co Fax #:
Job Duty Description:			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason For Leaving:	Co Address:	Co Phone #:	Co Fax #:
Job Duty Description:			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES () NO ()
- B. Has any license, permit or privilege ever been suspended or revoked? YES () NO ()
- C. Have you ever been convicted of a felony? YES () NO ()
- D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? YES () NO ()

If the answer to A, B, C or D is "YES", give details:

PERSONAL REFERENCES

List three persons for reference (other than family members) who have knowledge of your safety habits.

Name:	Phone Number:	Address:	How they know your habits:

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

"I certify 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."

Applicant's Signature

Date



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Eliason Ranch Trucking</u>
Company Contact Name:	<u>Mike Martin</u>
Fax #:	<u>(435) 257 - 0181</u>
HireRight Account Code:	<u>ELIA</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

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 _____ (“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 its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final 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 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 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 a 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 (FMCSR) violations that have been adjudicated by a court of law will also 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 _____ (“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 five (5) years and inspection history from the previous three (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 change 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

Carrier Name	Contact	Phone	Confidential Fax	Address
Eliason Ranch Trucking	Mike Martin	435-230-8265	435-257-0181	PO Box 250 Tremonton, UT 84337

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant Name Printed	Social Sec. #	Date of Birth	Applicants Signature	Date
Dates of Employment From	To			

Previous Employer Name	Company Contact	Company Phone	Company Fax
Company Mailing Address	Dates of Employment From	Dates of Employment To	

Past Employer to Complete DRUG & ALCOHOL INFORMATION

SECTION 1 –Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

If the driver was not subject to Department of Transportation testing requirements, please check here.

Reason not Subject: _____

1. Yes () No () Has this person had any alcohol test with a result of 0.04 or higher alcohol concentration
2. Yes () No () Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Yes () No () Has this person refused to submit to a post accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?
4. Yes () No () Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or part 40)?
5. Yes () No () If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?

If **YES** to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employment. *

*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Past Employer to Complete **ACCIDENT INFORMATION**

SECTION 2 – Please provide the following information on the driver/applicant;

Was the applicant involved in any accidents? Yes () No () If so, include dates and brief explanation:

DOT/Non-DOT Recordable? Yes () No () Was the accident Preventable? Yes () No ()

Was the driver responsible for the accident? Yes () No ()

Other details of Accident:

Past Employer to Complete **SAFETY/ADMINISTRATIVE INFORMATION**

SECTION 3 – Please provide the following information on the driver/applicant;

He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

What was the applicants' position with your company? Was he/she a:

Company Driver Contract Driver Contractor Other

If employed as a driver, what type of equipment did he/she operate.

Straight Trucks Tractor/Trailer Doubles Triples Other
Flat Bed Belly Dump Van Reefer Other

Was the driver ever placed out of service for hours of service violations? If yes, please explain.

Was the applicants' general conduct satisfactory?

Reason for leaving your company: Discharged Laid Off Resigned

Comments:

Would you re-hire him/her? If not why?

Yes Re-hire Upon Review No – would not re-hire

Comments:

General area traveled and commodities transported.

What kinds of work did the applicant do?

Was the applicant a safe driver?

Previous Employer Representative Supplying Information:

Printed Name

Signature

Title

Date

CONTROLLED SUSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Eliason Ranch Trucking, LLC, Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver, who tests positive for a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the MFCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals:

NAME	Michele Myers SAPAA	Marlin Andrus EAPA	Maria G. Jensen ASAP
ADDRESS	4155 Harrison Blvd., Ste. 200 Ogden, UT 84403	1196 West South Jordan Parkway Suite A3 South Jordan, UT 84095	2975 Overland Ave Burley, ID 83318
EMAIL	mmyers@smartfella.com	Mandrus528@aol.com	options@pmt.org
PHONE #	(801) 510-4790	(801) 253-3169	(208) 878-2600

All Controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol testing requirements and understand them. I acknowledge the receipt of the referral list of Substance Abuse Professionals.

Applicant Signature

Employer Signature

Date

REQUEST FOR MVR BASED ON PERMISSIBLE USE #13 OF THE DPPA

This form shall be used by persons making requests for a driver record (**MVR** – Motor Vehicle Report) under U.C.A. 53-3-104. The form shall be completed by any requester who requires the written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to >permissible uses= articulated in the federal Driver Privacy Protection Act (**DPPA**).

PERSON REQUESTING THE MVR

Name of the requester Katie Noorda 435-257-4500
Eliason Ranch Trucking

Certification Statement: I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. “2721-2724).

PERSON TO WHOM THE MVR PERTAINS

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. “2721-2724, concerning the following person:

First Name		Middle	Last Name	Maiden Name
Date of Birth	Drivers License Number		State of License	Social Security Number
Physical Address:			Mailing Address:	

I am the individual to whom the MVR pertains and am the subject of the record. I grant permission for the above requester to receive copies of my driver license record (MVR) Reports.

Drivers Signature

**DRIVERS RIGHTS PERTAINING TO RELEASE OF
DRIVER INFORMATION UNDER REGULATIONS 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

(a)(1) An inquiry into the driver’s driving record during the preceding three years to the appropriate agency of every state in which the driver held a motor vehicle operator’s license or permit during those three years:

ELIASON RANCH TRUCKING, LLC

PO BOX 250 Tremonton, UT 84337
 1855 West Main Tremonton, UT 84337
 PHONE 800-760-8135 FAX 435-257-0181

Job Requirements

Commercial Motor Vehicle Driver Over-the-Road

This job description is only intended to be a general guideline, and is not intended to include every rule, regulation, or company policy.

Principal Duties and Responsibility

<i>Drives tractor and 53-foot reefer combination transporting safely and efficiently all assigned shipments.</i>	<i>Over the road lanes: Including the Western states, Mid-West, Eastern.</i>
Dispatch: Makes pick-up and deliveries of freight timely, obtaining signed receipts for bill of lading and any lumpers. Notify dispatch of all lumper costs before leaving the dock. Communicates all issues or concerns in a timely manner.	Commodities: Ice-cream, dough, produce, groceries, potatoes, dry, etc. Must follow instructions on trailer temperatures to deliver quality product and reduce claims. It is up to the driver to verify product, secure loading, temp of trailer, and very seal on all loads. Trailer should never be unattached from the truck unless authorized by customer.
Communication: Please make a check call if you have issues. Keep in touch with dispatch regarding all pick-ups and deliveries. Notify dispatch of any discrepancies on load. Notify dispatch of all lumper costs before leaving the dock. Please be courteous, patient, and respectful at the docks. Your actions and attitude reflect on the entire company. If you feel you are being treated unfair call into dispatch to clarify concerns.	Safety: Comply with all FMCSA regulations, local laws, rules, and company policies and procedures while performing job duties. Any and all accidents, incidents, traffic violations, and/or arrests must be reported immediately to the proper company representative. Report all road hazards observed en-route. Leave early and plan route ahead for delays to reduce stress.
Logs: Maintain a current log at all times. Always keep empty log books in the truck incase iBright unit goes down. File a repair ticket immediately and write ticket number on logs to keep from getting a violation. Always know how many hours you have available, so you are aware of any concerns and limitations. Paper Logs are due 6 days after delivery with trip paperwork.	Equipment Maintenance: Maintain equipment pre & post trip inspections as required by company policy, state, federal, and local laws to ensure the vehicle is in safe operating condition. If you report a VIR Defect report immediately to the shop manager. If the vehicle is unsafe to drive please contact dispatch with an update of your situation. Work with the shop manager to repair any defects.
Trip Paperwork: Transflo at truck stops or with transflo app after completing all stops on load. Please fill out cover sheet completely with Load #, Truck, & Trailer Number and any expenses noted that need reimbursed. All documents attached to coversheet need to be documented on the front. Please specify load number, drivers name, and how all expenses were paid for. Please turn in all original paperwork attached to transflo cover sheet when coming through the office. All paperwork to be turned in within 6 days of delivery. Including but not limited to bill of lading, lumper receipts, logs, maintenance receipts, and scales.	Payroll: All paperwork is due 2 business days before payroll to reduce errors. Loads with detention will not be paid until detention is approved, denied, or waived. Driver is paid once load is billed. If there are issues with OS&D's, claims, or an accident the freight payment will not be issued until they are resolved.

Work Environment

Will spend time outside at times during inclement weather conditions. Duties including but not limited to: putting chains on tires, maintenance checks on truck and trailer, backing into tight docks, traffic conditions, and other stressful situations, may spend extra time at dock locations.	Subject to irregular work schedules, long trips, tight delivery schedules, and delays en-route on crowded streets and highways in all kinds of weather and during day or night. Driver is required have a hands-free device or they cannot access electronic devices while operating equipment.
Will spend a large percentage of time in the commercial motor vehicle over-the-road in different states across the United States.	May be exposed to heat, cold, dust, noise, and other irritants. Driver should be prepared with appropriate clothing, extra food supply, and emergency equipment.

Driver Initials

Knowledge and Skills Required

<i>Must have two years verifiable over the road experience operating a commercial motor vehicle.</i>	<i>Must be at least 23 years of age.</i>
<i>Must possess and maintain a valid Commercial Driver's License in the state of residence with the proper endorsements.</i>	<i>Must be physically qualified to operate a commercial motor vehicle as required by Title 49, CFR. 301.41 and company policy.</i>
<i>Must possess a good working knowledge and operating ability of a tractor/trailer combination unit; the knowledge and ability to perform minor repairs on the road; and the knowledge and ability to maintain equipment in a good condition consistent with company policy and local, state, and federal laws.</i>	<i>Must have the ability to read, write, and speak the English language sufficiently to complete all paperwork requirements established by company policy, and all laws and regulations.</i>

Physical Demands

<i>Must be able to lift and connect various hoses, fittings, and other equipment weighting up to and more than 50 pounds and walk a distance of up to 150 feet.</i>	<i>Must have the physical and mental ability to sit, stand, and remain alert while driving or while otherwise on duty for long periods of time up to 11 hours driving without rest or relief.</i>
<i>Must be able to walk, bend, twist, reach, stoop, crouch, squat, kneel, crawl, climb, and balance. As required to inspect equipment. Miner maintenance knowledge includes open and/or replace domes, valves, vents, or other equipment necessary for safe and efficient operation of equipment. And to enter and exit vehicles, and to affect loading and/or unloading of commodities transported.</i>	<i>Must be able to enter and exit the vehicle's cab 10 or more times a day with entry and exit achieved with the assistance of various configurations of steps and above shoulder-handholds.</i>
<i>Must have mechanical aptitude. Must be able to grasp, fit and properly use had tools as required.</i>	<i>Must be able to hook and unhook trailers from the tractor including cranking lever used to raise and lower landing gear on trailers.</i>
<i>Report the condition of the equipment used at the end of each trip. Make repairs timely to tractors and trailers as necessary for safe operation.</i>	<i>Must have good working habits, attentiveness, patience, and good communication skills. Keep vehicle(s) assigned in clean condition.</i>
<i>Report all accidents, spills, or property damage, regardless of extent of damage or injury, immediately to the proper company representative.</i>	<i>Must be able to follow written and verbal instructions in the English language.</i>
<i>Follow company guidelines pertaining to acceptable conduct when dealing with supervisors, shop personnel, drivers, and customers.</i>	<i>Complete and maintain records of service, maintenance, costs, and inspections.</i>
<i>Practice good personal hygiene projecting an image of quality and professionalism at all times.</i>	

*We want you to feel comfortable asking questions, requesting, and verifying information.
If you have any questions or concerns, we ask that you bring them to our attention
as soon as possible so they don't balloon into something big or before it is too late to correct.
We want to thank you for all your efforts and hard work.*

Driver Initials

Questions or Concerns report to:

If unsure who to contact use general mailbox

Dispatch= Dispatch@Eliason.com Billing = BOL@Eliason.com

<i>Derek - Load Coordinator 435-230-8026</i> Derek@Eliason.com	<i>Inbound Colorado and East Coast</i>	<i>*Issues at the dock</i> <i>*Discrepancies in load (case counts / temps / pick & delivery locations etc)</i> <i>-----Do NOT LEAVE Stop until resolved-----</i> <i>*Scheduling issues</i> <i>*Delays-Personal, Weather, Violation, Ticket, Accident, or Incident, Maintenance or Concerns</i> <i>*Questions on Loads (Rates, Out of Route, or Layover approval)</i>
<i>Jared - Load Coordinator 435-230-8413</i> Jared@Eliason.com	<i>Inbound West Coast</i>	
<i>Scott - Load Coordinator 435-257-4506</i> Scott@Eliason.com	<i>Outbound Utah, Idaho</i>	
<i>Dale - Dispatch 435-230-8247</i> Dale@Eliason.com	<i>*Check in Calls & Lumpers, text or email</i> <i>*Weather, Directions & Routing</i> <i>*Drop & Hook Truck or Trailers</i>	
<i>Brandi - Detention 435-230-8151 Cell 435-512-4368</i> Brandi@Eliason.com	<i>*Check in Calls & Lumpers, text or email</i> <i>*Detention approval</i>	<i>*Possible Detention ***Driver must check in at 1 ½ hours after appointment time and specify possible detention – driver must update every 30 min with TEXT or email</i>
<i>Denise - Scheduling 435-257-1327</i> Denise@Eliason.com	<i>*Check in Calls & Lumpers, call or email</i> <i>*Weather, Directions & Routing</i>	
<i>Brett - Shop Manager 435-230-8416 Cell 435-720-0544</i> bcFixit76@gmail.com	<i>*Maintenance & Repairs</i> <i>*Violations on equipment</i> <i>*State Inspections</i>	<i>*Driver must turn in ALL receipts with Load # Unit # Driver Name & how it was paid and a description of what was purchased or repaired</i>
<i>Kati - Billing 435-257-1858</i> Kati@Eliason.com	<i>*Paperwork questions & requirements</i> <i>*Transflo</i>	
<i>Kate - Control Manager 435-452-1248</i> Kate@Eliason.com	<i>*Payroll issues</i> <i>*Maintenance documentation</i>	<i>*Fuel Card issues</i>
<i>Mike - HR 435-230-8265</i> MikeM@Eliason.com	<i>*Human Resource all other concerns or issues</i> <i>*Drug and Alcohol, Harassment Issues</i> <i>*Questions on Logs</i>	<i>*Violation, Ticket, Accident, Maintenance, or Incident (also notify Load Coordinator)</i> <i>*Recruiting</i>
<i>Shane - Owner 435-230-8047</i> Shane@Eliason.com	<i>*Any other concerns or questions</i>	

Driver Name

Signature

Date