

DRIVER HIRING CHECKLIST

Driver Qualification File

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		Driver-specific application for employment
<input type="checkbox"/>	<input type="checkbox"/>		Motor vehicle record (MVR)
<input type="checkbox"/>	<input type="checkbox"/>		Road test/certificate conducted by our carrier
<input type="checkbox"/>	<input type="checkbox"/>		Photocopy of a CDL accepted in lieu of road test
<input type="checkbox"/>	<input type="checkbox"/>		Road test certificate less than 3 years old accepted in lieu of road test
<input type="checkbox"/>	<input type="checkbox"/>		Background investigation (Safety Performance History)
<input type="checkbox"/>	<input type="checkbox"/>		Medical examiner's certificate

Drug and alcohol records (if subject)

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		DOT pre-employment drug screen result received
<input type="checkbox"/>	<input type="checkbox"/>		Documentation of pre-employment exception received from former employer(s)
<input type="checkbox"/>	<input type="checkbox"/>		Driver issued educational materials and company policy
<input type="checkbox"/>	<input type="checkbox"/>		Asked driver about positive DOT pre-employment tests over the past 2 years

Other Documentation

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:

Notes: