

# CDL APPLICATION

APPLICATION CAN NOT LEAVE THE OFFICE

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APPLICANTS NAME: \_\_\_\_\_

<u>DO YOU HAVE:</u>	<u>CIRCLE ANSWER</u>	
3 Years CDL Bus driving Experience?	YES	NO
Passenger Endorsement on your CDL?	YES	NO
DOT Medical on Card?	YES	NO
Are you between 24 and 69 years old?	YES	NO
Can you work on <b>SATURDAY'S?</b>	YES	NO

“When you do not tell Truth --- your answer is a LIE”

If you answered **NO** to any question above

You will **NOT** be interviewed

Don't waste your time.

# ANNUAL REVIEW

## Driving Record

(FMCSR 391.27, 383.31) Each motor carrier shall, at least once every 12 months, require each driver it employs, to furnish it with a list of violations for motor vehicle traffic laws. (except parking violations)

### THIS SECTION MUST BE COMPLETED BY CDL EMPLOYEE

PRINT FULL NAME: \_\_\_\_\_

CDL NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ CDL EXPIRES \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DOT MEDICAL CERTIFICATION EXPIRES ON: \_\_\_\_\_

In compliance with FMCSR Part 383, CDL employee must show all motor vehicle violations during the last 12 months:

	<u>DATE</u>	<u>VIOLATION-CITATION</u>	<u>CITY-STATE</u>	<u>WHAT TYPE OF VEHICLE WERE YOU DRIVING</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If you have NO violations in the last 12 months – write NONE above

**I certify the information I have given is true and factual:**

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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### THIS SECTION IS COMPLETED BY EMPLOYER

I have reviewed the records of the above named drivers in accordance with the FMCSR 391.25 and find the he/she

\_\_\_\_\_ **Medical Certification conforms to FMCSR's (certification shows on MVR)**

\_\_\_\_\_ **Meets the minimum requirements for safe driving**

\_\_\_\_\_ **Disqualified to drive a CMV – CFR 391.15**

\_\_\_\_\_ **Does not meet the Company safe driving performance standard**

**MVR Report Dated :** \_\_\_\_\_ **Recertified:** \_\_\_\_\_

**PSP Report Dated :** \_\_\_\_\_ **Hired:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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

# DRIVER'S APPLICATION for EMPLOYMENT

FMCSR 391.21

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

CDL# \_\_\_\_\_ State: \_\_\_\_\_ CDL Expire Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Present Age: \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

How long have you lived at the address shown above? \_\_\_\_\_ years \_\_\_\_\_ months

- If you have NO lived at this address for the **LAST 10 YEARS** you must show all locations for the last 10 years.:

- Previous Address: \_\_\_\_\_

What years did you live here? From \_\_\_\_\_ To \_\_\_\_\_

- Previous Address: \_\_\_\_\_

What years did you live here? From \_\_\_\_\_ To \_\_\_\_\_

How many years have you had a CDL License? \_\_\_\_\_ years \_\_\_\_\_ months

- Your CDL, is it a Class A --- Class B --- Class C --> My License is a Class \_\_\_\_\_
- Do you have PASSENGER ENDORSEMENT on your CDL?      **YES**      **NO**
- Do you have AIR BRAKE ENDORSEMENT on your CDL?      **YES**      **NO**
- Does your MEDICAL CARD show your CDL? (self-certified)      **YES**      **NO**

## PRINT CLEARLY

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Double Reel Investments, Inc. 1400 Schuylkill Avenue Philadelphia Pa 19146

..... Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. ....

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2018**

▶ **Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(This form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ]-[ ]-[ ]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>3-D Barcode</b>                      Do Not Write in This Space                 </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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# EMPLOYMENT HISTORY

CFR 383.35

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What type of Vehicle did you drive? \_\_\_\_\_

Did you have a drug testing? YES NO When was your last drug test? \_\_\_\_\_

Reason you no longer work here? \_\_\_\_\_

I did not work, I was unemployed from \_\_\_\_\_ to \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What type of Vehicle did you drive? \_\_\_\_\_

Did you have a drug testing? YES NO When was your last drug test? \_\_\_\_\_

Reason you no longer work here? \_\_\_\_\_

I did not work, I was unemployed from \_\_\_\_\_ to \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What type of Vehicle did you drive? \_\_\_\_\_

Did you have a drug testing? YES NO When was your last drug test? \_\_\_\_\_

Reason you no longer work here? \_\_\_\_\_

I did not work, I was unemployed from \_\_\_\_\_ to \_\_\_\_\_

**YOU MUST SHOW THE LAST 10 YEARS OF WORK HISTORY**

## ACCIDENT HISTORY

FMCSR 392.21 (b)(7)

Show ALL motor vehicle accidents for the last 3 years ( you were driving)

DATE OF ACCIDENT	TYPE OF VEHICLE	NATURE OF ACCIDENT	INJURIES		FATALITIES		HAZ-MAT	
			Yes	No	Yes	No	Yes	No

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## MOTOR VEHICLE TRAFFIC VIOLATIONS

FMCSR 392.21 (B) (8)

For the last 3 years, list all traffic offenses, convictions, suspensions

DATE	LOCATION CITY & STATE	EXPLANATOIN OF VIOLATION	FINE OR SUSPENSION?
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## USDOT ROADSIDE INSPECTIONS

FMSCR 396.9 (d) (1)

Within the last 3 years, have you had a DOT roadside inspection?

**YES**      **NO**

If Yes, were you written up for a violation?

**YES**      **NO**

If yes, did you have to pay a fine for a violation?

**YES**      **NO**

## COMMERCIAL DRIVING EXPERIENCE

List all of the different types of commercial vehicles you have driven in the last **10** years:

<u>BUS</u> or <u>TRUCK</u>	HOW MANY AXLES	HOW MANY PASSENGERS	MILES PER YEAR – YOU DROVE
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# EDUCATION – TRAINING – SKILLS

**SCHOOL:** circle the highest grade you completed 7 8 9 10 11 12      College 1 2 3 4      GED

Name of High School: \_\_\_\_\_ College/University \_\_\_\_\_

Professional CERTIFICATIONS: \_\_\_\_\_

What **YEAR** did you get your **CDL**? \_\_\_\_\_

1. Did you get your CDL while paid and working for a company?      YES      NO
2. Did you go to a Commercial Driving School to get your CDL?      YES      NO

    If **YES**, what was the name of the school: \_\_\_\_\_

3. How many days of “classroom” training did you have **BEFORE** you got your CDL? \_\_\_\_\_ days
4. How many days of “road training” did you have **BEFORE** you got your CDL? \_\_\_\_\_ days

Have you had any **ADDITIONAL** driver training **SINCE** you got your CDL?      YES      NO

    If **YES**, explain: \_\_\_\_\_

List any **MECHANICAL – TECHNICAL** skills? \_\_\_\_\_

List any **HEAVY EQUIPMENT** experience? \_\_\_\_\_

List any **Office, Computer or Management** Experience: \_\_\_\_\_

    What you did: \_\_\_\_\_

Volunteer Work – Social & Community Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In compliance with United States Department of Transportation**      CFR: 391.21 (b) (12)

## Federal Motor Carrier Safety Administration

### 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 ability”**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant’s Signature)

# FAIR CREDIT REPORTING ACT

## DISCLOSURE STATEMENT

CFR: 382.413 391.23 391.25

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law #91-508, as amended by the Consumer Credit Reporting Act of 1996, Title II, Subtitle D, Chapter 1 of the Public Law 104-208, You are being informed that reports will be secure which will verify the following: (1) previous employment background investigation (2) Accident History (3) Motor Vehicle Driving (4) PSP Records from Federal Motor Carrier Safety Administration. These reports are used to determine "QUALIFICATIONS FOR EMPLOYMENT."

All reports are considered confidential and proprietary.

## NOTICE TO APPLICANTS

In compliance with Federal and State EEO laws, qualified applicants are considered for all positions, without regard to race, color, religion, sexual orientation, national origin, atrial status, disabilities\* or any other protected group. I authorize the Employer, Double Reel Investments Inc., make such investigations and inquires of my personal history, employment history and other related matters may be necessary in arriving at an employment decision. I hereby release this company, all former employers and/or any state or local government agencies providing information from all liability in responding to inquiries and providing valuable information in connection with my application to the Employer, Double Reel Investment Inc., I understand this company reserves the right to terminate my employment due to false or misleading information contained in this application, or information which was secured during the interview, orientation, training or investigation.

In compliance with 49CFR 391.23 (d) (e) I understand all the information which I provided about my current or former employers will be used, and an investigation will be conducted to examine my "Safety Performance History" in addition to my "Alcohol & Controlled Substance Testing" records. I understand I have the right to: (1) review the information provided by former employers, (2) have errors in the information corrected by my previous employers, and for those previous employers to resend that corrected information to Employer (3) have a rebuttal statement attached to the alleged erroneous information if an agreement cannot be reached regarding accuracy.

CDL employees of this company are classified "INTERSTATE COMMERCE" drivers in compliance with the Federal Motor Carriers Safety Administration (USDOT). All CDL employees of this company are exempt from the Federal Labor Standards Act (FLSA).

## THE APPLICATION PROCESS

Filling out the Application for Employment is NOT an employment offer. The hiring process involves a review of applications by management. The process will look for applicants with the best experience and work theory. Special emphasis will be placed the applicants MVR and PSP reports. Employment decisions are not subject to personal option, Double Reel Investments Inc. will only hire qualified, experienced CDL drivers as determined by Management.

Applicants with the best qualifications will be called for a Step 2 "Interview. "Applicants who pass the interview will be offered employment. Applicants will be given a "Pre-Employment" Drug Test" as required by Federal Motor Carrier Safety Regulations (USDOT). Applicants cannot be "hired" until they "pass" the pre-employment drug test. Applicants must attend and complete the "Training & Orientation Program"

TODAY'S DATE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

SIGNATURE OF UNDERSTANDING: \_\_\_\_\_

## LEGAL DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with the Employer, Double Reel Investments Inc., 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 other adverse employment decisions 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 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 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 reason 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 inspect 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 adjunction. 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 the Employer, Double Reel Investments Inc., to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and 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 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 State, FMCSA cannot change or correct this data. I understand my request will be forwarded by followed by the DataQs system to the appropriate State for adjunction. 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 driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand a; 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 the 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.

TODAY'S DATE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

SIGNATURE OF UNDERSTANDING: \_\_\_\_\_

# RECORD OF ROAD TEST

(FMCR-391.31)

“A person shall not drive a CMV unless he/she has first successfully completed s road test has been issued a CERTIFICATE OF DRIVER’S ROAD TES, in accordance with section 391.31 of the FMCSR.”

Driver’s Name: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

Road Test Dates: \_\_\_\_\_

- Part 1 Pre-Trip and Post-Trip Inspections \_\_\_\_\_
- Part 2 Brake Operation  
Manual Brakes vs Air Brakes \_\_\_\_\_
- Part 3 Steering \_\_\_\_\_
- Part 4 Lights \_\_\_\_\_
- Part 5 Engine & Transmission \_\_\_\_\_
- Part 6 Backing Up \_\_\_\_\_
- Part 7 Parking \_\_\_\_\_
- Part 8 Operation of Vehicle with Passengers \_\_\_\_\_
- Part 9 Passing \_\_\_\_\_
- Part 10 Turning Left and Turning Right \_\_\_\_\_
- Part 11 Traffic Signals & Traffic Signs \_\_\_\_\_
- Part 12 Intersections \_\_\_\_\_
- Part 13 Crosswalks & Pedestrians \_\_\_\_\_
- Part 14 Speed Management \_\_\_\_\_

- Double Reel Investment Inc. Defensive Driving Program** 4 hours \_\_\_\_\_
- Double Reel Investment Inc. Training Films** 1 hour \_\_\_\_\_
- Double Reel Investments Inc. Classroom Training Program** 20 hours \_\_\_\_\_

ROAD TEST INSTRUCTOR: \_\_\_\_\_

SAFETY INSTRUCTOR: \_\_\_\_\_

## PHYSICAL QUALIFICATIONS

"A person shall not operate a commercial vehicle unless he/she is physically qualified to do so?"

(FMCSR 391.41, part 40, 382.203, 382.305, 382.307, 382.211)

Have you ever tested positive on a PRE-EMPLOYMENT drug test?	YES	NO
Have you ever tested positive on a RANDOM drug test?	YES	NO
Have you ever tested positive on a POST-ACCIDENT drug test?	YES	NO
Have you ever tested positive on an ALCOHOL breath test?	YES	NO
Have you ever REFUSED to submit or take a drug / alcohol test?	YES	NO
Have you ever attended a DRUG TREATMENT program?	YES	NO
Are you DIABETIC, or being treated for diabetes by a Medical Doctor?	YES	NO
Are you fitted with a prosthetic are (and/or) leg?	YES	NO
Do you have a MEDICAL WAIVER that was issued by FMCSA	YES	NO

"WHEN YOU DO NOT TELL THE TRUTH, YOUR ANSWER IS A LIE"

I have read everything on this page and answered all questions honestly

**Signature of Understanding:** \_\_\_\_\_



**ALCOHOL and/or DRUG TEST NOTIFICATION**

Double Reel Investments Inc.

**APPLICANT/ DRIVER NAME:** \_\_\_\_\_

(Print Full Name)

You are hereby notified the following test will be administered in compliance with the  
Federal Motor Carrier Safety Administration.

**The test is scheduled for:**

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

**LOCATION:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**REASON FOR TEST:** **PRE-EMPLOYMENT DRUG TEST**

I understand as a condition of my employment with this company, the above test is required.

**APPLICANT/DRIVER SIGNATURE:** \_\_\_\_\_

Human Resource Witness: \_\_\_\_\_ DATE: \_\_\_\_\_

USDOT – FMCSA CFR 382.113 CONTROLLED SUBSTANCES AND ALCOHOL USE TESTING APPLIES TO CDL EMPLOYEES OF THIS COMPANY  
INQUIREMENT FOR NOTICE: BEFORE PERFORMING AN ALCOHOL OR CONTROLLED SUBSTANCES TEST UNDER THIS PART (382) EACH EMPLOYER  
SHALL NOTIFY A DRIVER THAT THE ALCOHOL OR CONTROLLED SUBSTANCE TEST IS REQUIRED BY THIS PART (382). NO EMPLOYER SHALL  
FALSELY REPRESENT THAT A TEST IS ADMINISTERED UNDER THIS PART (382).

**ATTACH  
DRUG  
TEST  
RESULTS**



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

**DRIVER STATEMENT OF ON – DUTY HOURS**

Driver Name (print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CDL Number: \_\_\_\_\_ State: \_\_\_\_\_

**You must show all compensated work hours for the LAST 7 DAYS:**

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

Are you currently working for another employer? **YES** **NO**

At this do you intend to continue working for another employer  
while still employed by this company? **YES** **NO**

**FMCSA, CFR 395 HOURS OF SERVICE**

CDL employees cannot exceed 70 hours in any 8 day period. This includes all time spent “working” in any capacity, performing any type of job, for any and all companies. Compensated work applies to CDL and non-CDL employment

I hereby certify that the information given above is true, and I understand that once I become employed with this company, if I work for any other employer for compensation that I must inform this company immediately of such employment activity.

Today’s Date: \_\_\_\_\_ Exact Time: \_\_\_\_\_ am pm

Employee Name: \_\_\_\_\_

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

U.S. Department of Transportation

**Federal Motor Carrier Safety Administration**

---

**SAFETY PERFORMANCE HISTORY RECORD**

Applicant's Name: \_\_\_\_\_ (PRINT CLEARLY)

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

CDL Number: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested by this document, concerning my accident history, controlled substance and alcohol testing records. This information is being requested in compliance with the Federal Motor Carrier Safety Administration (USDOT) CFR 40.25, 391.23.

Release of this information must be made in a written form that insures confidentiality such as fax or certified mail. This information should be sent to:

**Alfred Barone**

**President**

**Double Reel Investments, Inc.**

1400 Schuylkill Avenue

Philadelphia, Pa. 19146

215-922-2300 ext. 107

Fax: 267-758-5597

---

Today's Date

Applicant's Signature



# ACCIDENT HISTORY

This Driver was employed by us from: \_\_\_\_\_ to \_\_\_\_\_

Type of vehicle they drove: **BUS** **TRUCK** **Other** \_\_\_\_\_

In compliance with USDOT – FMCSR CFR 390.15									
Please show all accidents involving this driver which show on your company <b>“ACCIDENT REGISTER”</b>									
DATE	CITY/STATE	INJURIES		FATALITY		HAZMAT		REPORTABLE	
		YES	NO	YES	NO	YES	NO	YES	NO
_____	_____								
_____	_____								
_____	_____								
Were any of these accidents classified as “preventable?”						<b>YES</b>	<b>NO</b>		

Please show any other vehicle accidents retained under internal company policies, which involve “property damage” or “insurance payments” for minor events (that were not recorded on the Accident Register)

Date: \_\_\_\_\_ Accident \_\_\_\_\_ Incident \_\_\_\_\_

Date: \_\_\_\_\_ Accident \_\_\_\_\_ Incident \_\_\_\_\_

Date: \_\_\_\_\_ Accident \_\_\_\_\_ Incident \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_ This company is not required to maintain accident history records.

\_\_\_\_\_ We will not comply with this request.

# DRUG and ALCOHOL HISTORY

CFR Part 40, 382.405, 382.413, in compliance with USDOT Federal Motor Carrier Safety Administration

- HAS THIS PERSON HAD ALCOHOL TEST WITH A RESULT OF 0.04  
OR HIGHER ALCOHOL CONCENTRATION? YES NO
- HAS THIS PERSON TESTED POSITIVE, ADULTERATED, OR SUBSTITUTED?  
A TEST SPECIMIN FOR CONTROLLED SUBSTANCES? YES NO
- HAS THIS PERSON EVER REFUSED TO SUBMIT TO AN ALCOHOL OR  
CONTROLLED SUBSTANCE TEST? YES NO
- HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B PF PART 382  
OR, PART 40 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

If you answered  YES to any question above:

1. Were they referred to Substance Abuse Program? YES NO
2. Did this person attend the SAP? YES NO
3. Did this person complete the SAP as prescribed? YES NO

If you answered  NO to question 1,2 or 3, please provide contact information for our Human Resource Office

PLEASE INCLUDE ANY REQUIRED USDOT DRUG AND ALCOHOL TESTING INFORMATION OBTAINED FROM PREVIOUS EMPLOYERS  
BE SURE TO INCLUDE COMPANY INFORMATION IDENTIFYING PREVIOUS EMPLOYER'S NAME, ADDRESS AND CONTACT INFORMATION

\_\_\_\_\_ This company does **NOT** conduct Drug and Alcohol Testing

\_\_\_\_\_ This company will **NOT** provide Drug and Alcohol Testing Information

This form was completed by: \_\_\_\_\_

PRINT CLEARLY

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

**FAX: (    ) \_\_\_\_\_**

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

Page 1 of 4

Subject:     **USDOT EMPLOYMENT CONFIRMATION**

Employee's Name: \_\_\_\_\_

Attachments:   SIGNED AUTHORIZATION TO RELEASE INFORMATION  
                  REQUEST FOR ACCIDENT HISTORY RECORDS  
                  REQUEST FOR DRUG & ALCOHOL TESTING RECORDS

Compliance:    CFR 391.23 Sub Part C (g) (1)

**Fax Completed Documents to: 267-758-5597**

From: Alfred Barone

Email: [me@philadelphiasightseeingtours.com](mailto:me@philadelphiasightseeingtours.com)

Office: 215-922-2300 ext. 107

Fax: 267-758-5597

## QUESTION & ANSWER

CIRCLE ANSWER

Are you working FULL time right now?	YES	NO
Are you working PART TIME right now?	YES	NO
Are you <u>UNEMPLOYED</u> right now?	YES	NO
Are you looking for a full time CDL job?	YES	NO
Are you looking for a part time CDL job?	YES	NO
-----OR----- only Weekend Work?	YES	NO
<b>CAN YOU WORK ON <u>SATURDAYS</u>?</b>	<b>YES</b>	<b>NO</b>
<b>CAN YOU WORK ON <u>SUNDAYS</u></b>	<b>YES</b>	<b>NO</b>
Are you able to work Monday – Friday between 2pm and 11pm?	YES	NO
If NO, why not? _____		
Are you able to work on <u>WEEKENDS</u> between 2pm and 11pm?	YES	NO
If No, why not? _____		
Have you ever driven a TRANSIT bus?	YES	NO
Have you ever driven a PARA-TRANSIT bus?	YES	NO
Have you ever driven a MINI – Coach Bus with deluxe 30 – 35 seats?	YES	NO
Have you ever driven a TROLLEY bus?	YES	NO
Have you ever driven a large, full size SCHOOL BUS?	YES	NO
Have you ever driven a DOUBLE DECKER TOUR BUS?	YES	NO
Have you ever driven a 2 or 3 axle TRUCK? (NOT a Van)	YES	NO
Have you ever driven a MANUAL STICK SHIFT commercial vehicle in traffic?	YES	NO
Have you ever driven a commercial motor vehicle in PHILADELPHIA?	YES	NO
Have you ever driven a CMV in NEW YORK CITY?	YES	NO
Have you ever driven a CMV in WASHINGTON D.C.?	YES	NO
Have you ever driven a MOTOR COACH bus with a restroom?	YES	NO
Have you ever driven a BUS to Philadelphia airport?	YES	NO
Have you ever driven a BUS to JFK airport in New York City?	YES	NO

PRINT NAME: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**QUESTION & ANSWER Page 2**

Circle Answer

Do you know anyone who works for this company? YES NO

If yes – who do you know? \_\_\_\_\_

**Have you ever served in the MILITARY?** YES NO

If yes – what branch of the military were you in? \_\_\_\_\_

If yes – when did you serve? From: \_\_\_\_\_ To: \_\_\_\_\_

Were you born in the United States? YES NO

If NO – where were you born \_\_\_\_\_

If NO how long have you lived in the United States? \_\_\_\_\_ years

Do you speak any LANGUAGE- other than English? YES NO

If YES – What other language(s) can you speak? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the last **10 years**, have you been involved in any type of LITIGATION? YES NO

In the last **10 years**, have you received an INSURANCE SETTLEMENT? YES NO

In the last **10 years**, show all CITIES/STATES that you have lived in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEN YOU DO NOT TELL THE TRUTH = THEN YOUR ANSWER IS A LIE

PRINT NAME: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

# BACKGROUND INVESTIGATION

THE INSURANCE COMPANY FOR THE EMPLOYER WILL CONDUCT AN INVESTIGATION OF CDL APPLICATIONS

**PROHIBITION AGAINST UNFAIR DISCRIMINATION**  
**City of Philadelphia Ordinance 110111A Section 9-3504**

Applicants may cross out any question they do not wish to answer. This page contains background investigation information.

“IF THE APPLICANT VOLUNTARY DISCLOSES ANY INFORMATION REGARDING HIS OR HER CRIMINAL CONVICTIONS” ON THE APPLICATION OR “AT THE INTERVIEW” THE EMPLOYER MAY DISCUSS THE CRIMINAL CONVICTION DISCLOSED BY APPLICANT.” BY ANSWERING ALL QUESTIONS ON THIS PAGE HONESTLY, THE APPLICANT IS VOLUNTARILY OFFERING INFORMATION TO ASSIST WITH THE HIRING PROCESS AND INVESTIGATION. THE INFORMATION CONTAINED ON THIS PAGE IS CONSIDERED STRICKLY CONFIDENTIAL, AND WILL NOT BE DISTRIBUTED TO ANY THIRD PARTY.

Since age **18**, have you ever been **ARRESTED** by the police? YES NO

If yes, what year \_\_\_\_\_

Since age **18**, have you ever served time in **PRISON**? YES NO

If yes, what year \_\_\_\_\_

Are you on **PROBATION** or **PAROLE** right now? YES NO

Does your name appear on **MEAGANS LIST** or any sex offender registry? YES NO

If yes, what state \_\_\_\_\_

Have you ever **CHANGED** your name – or – used a different name, alias? YES NO

Do you have any **MEDICAL** conditions that would limit your ability to work 8 hours? YES NO

Do you have any physical limitations or disability (involving hands, arms, legs, feet) YES NO

Do you have the ability to stand, sit and/ or walk in the course of an 8 hour work day? YES NO

Do you have the ability to work **OUTSIDE** in all weather conditions? YES NO

Are you presently being treated by medical **DOCTOR** for any type of **INJURY**? YES NO

Do you have a **MEDICAL WAIVER** which permits you to drive a commercial vehicle? YES NO

Name of Applicant: \_\_\_\_\_

PRINT CLEARLY

SIGNATURE: \_\_\_\_\_



Double Reel Investments, Inc.	<b>COMPANY POLICY</b>	USDOT FMCSR FLSA OSHA
Original Issue Date December 15, 2017		Policy # 17-3

## Hours of Service

CDL employees of Double Reel Investments, Inc. will record all work hours / hours of service on the **USDOT TIME RECORD / EXEMPTION LOGS**. CDL employees must turn in time records / exemption logs on pay day.

CDL employees operating (specific) company vehicles doing “Interstate Commerce” work will use the “Electronic Logging Devices” provided by the company. (in addition to written records)

All CDL employees will comply with the **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION** rules and regulations with regards to “hours of service.” (USDOT)

Print Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Double Reel Investments, Inc.	<b>COMPANT POLICY</b>	USDOT FMCSR Compliant FLSA Compliant
Original Issue Date: June 1, 2015		<b>Company Policy 15-06</b>

## PAID SICK TIME

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**All DRIVERS employed by Double Reel Investments, Inc. will be entitled to PAID SICK TIME. This includes part time and full time drivers.**

**You earn/accrue one (1) hour of paid time off**

**For every 40 hours you work**

**Maximum pay time: 40 hours per year**

**RESTRICTIONS:** sick time can only be used/collected when an employee is off work sick, or to care for a family member who is ill. Sick time can be used to address domestic abuse and/or assault cases.

Employee begins accruing time from day one of employment. New employees must complete their "Probationary Period" of 90 days, before they can request paid sick time.

**END OF EMPLOYMENT:** employees will NOT be paid any sick time accrued upon notice the employment relationship has ended

Paid sick time is NOT intended to provide "financial gain" at the end of employment with the company

**NOTICE:** employees must ask their supervisor or manager for paid sick time, based on the normal 40 hour work weeks. Paid sick time will not be paid unless the employee makes a request

**Print Name:** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Understanding: \_\_\_\_\_

<b>Double Reel Investments, Inc.</b>	<b>COMPANY POLICY</b>	USDOT FMCSR FLSA OSHA
Original Issue Date June 21, 2012		Policy #12-9

## **PEAK SEASON**

**April 1<sup>st</sup> to September 30<sup>th</sup>**

- **CDL employees are NOT permitted to take VACATION time during Peak Season**
- **SATURDAY is a mandatory work day for ALL CDL employees during Peak Season**

**I have read the company policy shown above. I have had the opportunity to ask questions regarding “peak season” company policies.**

**PRINT NAME:** \_\_\_\_\_

**Signature of Understanding** \_\_\_\_\_

Double Reel Investments, Inc	<b>COMPANY POLICY</b>	USDOT FMCSR FLSA OSHA
Original Issue Date: October 30, 2017		POLICY #17-8

## PAID TRAINING

- Training / orientation program involves your first 4-5 days
- All time spent “training” during the first week will NOT be paid until you complete one (1) month of employment with Double Reel Investments. Inc.
- To qualify for training pay, you must work a minimum of four (4) days during the first month, or four (4) weeks employment.
- Training rate is \$7.25 Per hour, average training period: 30 – 40 hrs
- Employment Agreement: The cost of providing the first week of training exceeds \$800.00 (instructor pay) Any driver who “quits” their employment during the first thirty (30) days, from “Date of Hire” will NOT be paid for any / all time spent training.

I have read this “employment agreement.” I was given the opportunity to ask questions regarding “training pay.”

Signature of Understanding:

Print Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# Worker's Compensation Information

This notice shall serve to advise you of your rights and responsibilities under the PENNSYLVANIA WORKERS COMPENSATION ACT.

If you sustain a work related injury requiring medical treatment, you are REQUIRED to first with a doctor who is on a list medical providers posted by your employer. You are REQUIRED to treat with that provider for ninety (90) days from the first visit. If invasive surgery is recommended by the designated physician, then you are allowed a second opinion by a physician of your choice. If the second opinion differs from the first you have the right to determine which course of treatment to follow, provided that the second opinion provides a specific and detailed course of treatment. If you chose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the second opinion visit. Treatment with your own medical provider in VIOLATION of the above may result in your medical bills being UNPAID for the prescribed period. Upon expiration of the prescribed period, if you select a medical provider NOT ON the panel below, you must notify your employer of your choice of providers within five (5) days of the first visit or risk NON-PAYMENT of those medical bills until proper notice is given. Double Reel Investments, Inc.

(see posting in employee lounge)

I have read the above and understand the rights and responsibilities explained to me therein:

**APPLICANT/EMPLOYEE SIGNATURE:** \_\_\_\_\_

The Worker's Compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work related injury. Benefits are required to be paid by your employer when self insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying Workers' Compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, area used for the treatment of injured employees or for the administration of first aid.

YOU SHOULD REPORT IMMEDIATELY ANY INJURY OR WORK RELATED ILLNESS TO YOUR EMPLOYER

YOUR BENEFITS COULD BE DELAYED or DENIED IF YOU DO NOT NOTIFY YOUR EMPLOYER IMMEDIATELY

If your claim is denied by your employer, you have the right to request a hearing before a workers compensation judge.

The Bureau of Workers Compensation cannot provide legal advice. You may contact the Bureau for additional general information at: Bureau of Workers Compensation, 1171 South Cameron Street, Room103, Harrisburg Pa. 17104-2501. Telephone number: 1-800-482-2383. Website: [www.state.pa.us](http://www.state.pa.us) Keyword: workers comp.

I have read the above and understand my rights and under the Workers Compensation Act.

**APPLICANT/EMPLOYEE SIGNATURE:** \_\_\_\_\_

Form **8850**

## Pre – Screening Notice

Rev. January 2012  
US Dept of Treasury  
Internal Revenue Service

### EMPLOYER USE ONLY

**Employer Name:** Double Reel Investments Inc.  
**Employer Address:** 1400 Schuylkill Avenue Philadelphia, Pa. 19146  
**FEIN:** 825263936  
**Telephone:** 215-922-2300  
**Contact Information:** Finance Manager 215-922-2300

If the individual identified on page 1 is a member of group 4 or 6 enter number here: -> \_\_\_\_\_

Date the Applicant filled out Page 1:	_____	APPLICATION DATE
Date Applicant was offered the job:	_____	INTERVIEW
Date Applicant was Hired:	_____	DRUG TEST RESULTS
Date Applicant started the job:	_____	DRUG TEST RESULTS

PENNSYLVANIA TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Under penalties of perjury, I declare that the applicant provided the information on FORM 8850 on or before the day a job was offered to the applicant, and that the information I have furnished is, to the best of my knowledge, true, correct and complete. Based on the information the job applicant furnished on page 1 form 8850 I believe the individual is a member of the targeted group. I hereby request a certification that the individual is a member of a targeted group. Internal Revenue Service, Coordinating Committee SE-W:CAR:MP:T:M:S Section 51 (d) (13)

**Employer Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

# Company Policy - Employee Manual

## WHITE SHIRT

Get a LARGE NECK size, hook the top

button Shirt tail is tucked into pants - NOT out

## TIE

Tied – knot – cover top shirt button

## BLACK VEST

Neat, clean

## BLACK PANTS

Neat, clean (black dockers acceptable)

## BLACK BELT/SOCKS

black – NOT red, blue, white, pink, green

## BLACK SHOES

NOT multi-color, shoes, soles must be black

Black boots OK, black sneakers OK

## NO HATS

Definition: NOTHING WORN ON HEAD

\*\*\* Baseball hats must be approved by Management.\*\*\*

NO HEADSETS – EARBUDS

Using phone while driving CMV = \$2,750 FINE

---

Print Your Name: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

# ALCOHOL and DRUG

Certified Receipt As Required by FMCSR – 382.601

Double Reel Investments, Inc.

**I have been provided education materials and training, in addition to the employer's policies and procedures with respect to meeting the Part 382 requirements FMCSR.**

1. The designated contact person to answer questions about training materials.
2. The categories of drivers (CDL) subject to this part
3. Discussion on Safety Sensitive Function and periods of compliance during work days
4. Discussion on prohibited driver conduct
5. Circumstances under which a driver will be Drug and/or Alcohol tested
6. Testing procedures, Testing processes, safeguarding the validity of drug test
7. The requirement that drug tests are administered in accordance with Part 382 FMCSR
8. Explaining what will be considered a Refusal to Test and the consequences
9. Explaining FMCSR – Part 382 Subpart B violations
10. Removal from Safety Sensitive Function Part 40, FMCSR Sub Part – 0 – procedures
11. Information on the affects of alcohol and controlled substances use on your health
12. Information on the affects of alcohol and controlled substances at work and personal life
13. Sign and symptoms employers use to determine a problem exists
14. Methods of interviewing when a problem is suspected
15. What happens to CDL drivers with alcohol concentration of 0.02 and 0.04

**This material was covered during the 24 hours of classroom training**

**Employee Name:** \_\_\_\_\_

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



# JOB SUMMARY – CDL DRIVER

Double Reel Investments, Inc.

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**JOB TYPE:** Part Time or Full Time Driving Position

**JOB TITLE:** Commercial Motor Vehicle Driver (CMV) (CDL)

**REQUIREMENTS:** CDL Class A or Class B with Passenger and Air Brake Endorsements  
USDOT Medical Certification showing on MVR  
NO DUI, DWI – NO Failed Drug or Alcohol Test on CDL  
Ability to speak/talk, read, comprehend & communicate fluently in English

**EXPERIENCE:** Minimum two (2) years commercial driving experience ( last 3 years)

**EDUCATION:** High School Diploma or GED

**CAREER LEVEL:** Entry Level Position, Operations Department

CDL employees report to the dispatcher on duty within the Operations Department. CDL employees will drive all company vehicles which are assigned by the dispatcher CDL Drivers doing charter work must pre-plan their trip. Double Reel Investments, Inc has a strict uniform policy and CDL employees must wear the complete company uniform when driving. Drivers may be required to handle customer luggage. CDL employees must assist customers with disabilities (ADA) utilizing lifts, ramps, and/or secure techniques to insure comfort and safety.

CDL employees are considered “safety sensitive positions,” which mandates they be physically fit, capable of passing the USDOT medical examination. Drivers must have the ability to climb steps and perform safety inspections on their vehicles. CDL employment may entail long periods of sitting, standing or driving. All CDL employees of Double Reel Investments Inc. are “regulated” by, and must comply with Federal Motor Carrier Safety Regulations (exempt from Federal Labor Standards Act). FMCSA regulations stipulate that CDL employees cannot work more than 10 hours “driving time,” or 15 hours “on duty”. On any given day, CDL employees may be required to perform “Interstate Commerce” work using “log books” following the regulations which pertain to “ hours of service”.

CDL employees are subject to monthly random drug and alcohol testing in compliance with USDOT – FMCSR’s CDL employees are required to maintain a current, active, DOT Medical Certification using the medical services provided by the company. When a driver renews their DOT Medical Certification, the employee is responsible for “self-certification” with the state as an “interstate commerce driver”

CDL employees are classified as “Professional Drivers” due to Federal training mandates which regulate the industry. New hire CDL drivers will attend and complete an extensive 50 hour safety / training program which includes Class B Defense Driving. Being a “Professional Driver” requires a “higher degree of skill” and experience due to the size and weight of CMV’s. CDL employees have a legal duty and obligation to operate their vehicle in a safe and defensive manner at all times. If an accident occurs, an investigation will take place, in compliance with USDOT regulations. CDL employees charged with a “preventable accident” will be subject to progressive disciplinary actions, up to and including termination of employment. “Professional CDL Drivers” do not have “preventable accidents.”

CDL employee must be available to work Saturday and Sunday as needed and as required. CDL Employees must complete and turn in all reports and paperwork at the end of each work day. Every new employee is issued an “Employee Manual” when hired. All employees must comply with company policy and procedures as printed in the manual.

**I have read my job description, and was offered the opportunity to ask questions**

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

# STEP 2 INTERVIEW

You have successfully passed the interview process. You are being offered employment with Double Reel Investments Inc. You are being hired because of your knowledge and experience as a CDL driver. Federal Regulations state: you can NOT BE HIRED to perform safety sensitive work until you have passed the Pre-Employment Drug Test.

## PROBATIONARY PERIOD NINETY (90) DAYS

---

The Purpose of the PROBATIONARY PERIOD is to give the employer time to evaluate an employee's ability to perform the job they were hired to do.

The following elements are part of the EVALUATION process:

- *Availability to work on Saturday & Sunday*
- *Customer Service / Passenger Relations Skills*
- *Attendance*
- *Integrity*
- *Safety Fitness - Mental Health*
- *Compliance with Company Policy & Procedures*
- *Compliance with Government Rules & Regulations*

Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

# CONDITION of EMPLOYMENT

- You can NOT be hired until you “pass” the Pre-Employment DOT Drug Test
  - If you fail the drug test, you will not be paid for any time spent at orientation program
  - Your first day of employment, is the date the company receives the drug test result.
- 
- All new-hire employees are classified “Probationary Employees” for the first 90 days
  - All employees must attend and complete the 30 hour orientation program
- 
- All CDL employees will participate in the company Drug and Alcohol testing program
  - All CDL employees are regulated by Federal Motor Carrier Safety Regulations (USDOT)
  - All CDL employees must comply with “Part 395 Hours of Service” (EXEMPT from FLSA)
- 
- SATURDAY is a mandatory, scheduled work day for all CDL employees
  - CDL drivers are guaranteed one day off per week during “peak season schedule”
  - Full time CDL employees must be available to work flexible schedules and flexible days off
- 
- CDL drivers can NOT “refuse work” or vehicle assignment on scheduled work days
  - “Professional Appearance” is extremely important in the Hospitality and Tourism Industry
  - Employees must wear the designated company uniform when working, no exceptions
  - NO hats, NO head gear, No political clothing, No religious clothing, No sports clothing
- 
- There are no promises being made which guarantee “full time employment.” To be considered for full time positions, the CDL employee must:
    1. Complete 30 days of employment
    2. Perfect Attendance (first 30 days)
    3. Customer Service Skills
    4. No preventable accidents (first 30 days)
    5. Certified to drive all company owned vehicles

**Interview Date:** \_\_\_\_\_

**Signature if Understanding:** \_\_\_\_\_

## COMPANY POLICY

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# CODE of CONDUCT

Double Reel Investments, INC. recognizes the importance of communication between management and employees. Double Reel investments Inc. is a ground transportation company which only hires "Professional CDL drivers." The code of conduct helps to guide individual employees toward making good decisions about how they represent themselves in a professional work environment.

**EXPECTATIONS:** employees should endeavor to comply with these guidelines

- Being honest at all times regarding work related matters
- Act with care and diligence in the course of performing your job
- Treat all clients and customer with respect, courtesy and dignity
- Operate vehicles in a safe and defensive manner at all times
- Never touch or use mobile electronic devices when operating a vehicle
- Comply with all State and Federal laws, rules and regulations
- Protect confidential and proprietary information, assets
- Avoid conflicts of interest with competing tour companies

**PROHIBITED BEHAVIOR:** unprofessional conduct which will result in disciplinary action

- Verbally offensive or abusive conduct
- Threatening behavior in the work place
- Harassment complaint from fellow employee
- Unprofessional conduct which disrupts the work environment
- Intimidating words, obscene gestures
- Insubordination against management
- Willful Misconduct (deliberate violation of company policy or procedures)

**Print Name:** \_\_\_\_\_

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

# ACCIDENT POLICY

PROFESSIONAL CDL DRIVERS HAVE A "LEGAL DUTY AND OBLIGATION" TO DRIVE IN A SAFE AND DEFENSEIVE MANNER AT ALL TIMES. TO GET A CDL LICENSE, A PERSON MUST COMPLETE MORE THAN 100 HOURS OF TRAINING AND CERTIFICATION BEFORE THEY CAN DRIVE A COMMERCIAL MOTOR VEHICLE.

ACCIDENTS ARE NOT NORMAL EVENTS. THER ARE TWO CLASSIFICATIONS OF ACCIDENTS FOR THOSE WHO DRIVE COMMERCIAL VEHICLES.

## 1. PREVENTABLE ACCIDENT

## 2. NON-PREVENTABLE ACCIDENT

1<sup>ST</sup> Preventable Accident:

Driver placed on 6 months probation

Driver must complete the Defensive Driving Program

2<sup>nd</sup> Preventable Accident:

While on 6 months' probation

Driver is SUSPENDED pending investigation (Mgmt)

Company Policy:

CDL employee's must report all accidents

## WILLFUL MISCONDUCT

## TERMINATION OF EMPLOYMENT

- When a driver does not report "property damage" to management
- When a driver does not report an accident
- When a driver does not complete an Accident Report (turned in same day as accident)

Print Name: \_\_\_\_\_

Signature of Understanding: \_\_\_\_\_

<b>Double Reel Investments, Inc.</b>	<b>COMPANY POLICY</b>	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date October 20, 2010		Policy #10-19

## UNITED STATES DEPARTMENT OF LABOR

### FMCSA EXEMPTION - FAIR LABOR STANDARDS ACT

- Section 13 (b) of the Fair Labor Standards Act (FLSA) provides an overtime exemption for employees who are within the authority of the Secretary of Transportation (USDOT) to establish qualifications and maximum hours of service pursuant to Section 204 of the Motor Carrier Act
- Section 13(b) overtime exemption applies to CDL employees who are employed by a motor carrier as defined in 49 U.S.C. Section 13102
- “Motor Carriers” are companies providing motor vehicle transportation for compensation
- The motor carrier has an involvement in “INTERSTATE COMMERCE.”
- The motor carrier has been issued “OPERATING RIGHTS” under Federal Motor Carrier Safety Administration (USDOT numbers)

As a CDL employee of Double Reel Investments Inc., I understand my duties may include driving a commercial motor vehicle (CMV) across state lines, for compensation, under definition of “Interstate Commerce.”

I understand my employment is regulated by the Federal Motor Carrier Safety Administration (USDOT)

**I have read the company policy shown above. I have had the opportunity to ask questions regarding FLSA and FMCSA exemption.**

**Print Name:** \_\_\_\_\_

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

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Double Reel Investments Inc.

Double Reel Investments, Inc	<b>COMPANY POLICY</b>	USDOT FMCSR FLSA OSHA
Original Issue Date: October 30, 2017		<b>POLICY</b> #17-8

## PAID TRAINING

- Training rate is \$7.25 Per hour
- Training time is based on previous experience: 4 – 5 days, 32 – 40hrs
- Any driver who “quits” their employment during the first thirty (30) days, from “Date of Hire” will NOT be paid for any / all time spent training.

I have read this “employment agreement.” I was given the opportunity to ask questions regarding “training pay.”

Signature of Understanding:

Print Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# INTERVIEW - CDL

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

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

- When you don't tell the truth ..... your answer is a LIE?  TRUE (excuse = interview end)
- Can you work on WEEKENDS?  Yes  No = interview end

Where do you live right now? \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

CDL# \_\_\_\_\_ ST. \_\_\_\_\_ CDL EXPIRES \_\_\_\_\_

DOT Medical Card Expires? \_\_\_\_\_

What year did you GET your CDL? \_\_\_\_\_ Employer: \_\_\_\_\_

How long was CDL training? \_\_\_\_\_ BUS TRUCK

Ever live in another STATE with a CDL? \_\_\_\_\_ State? \_\_\_\_\_ Year? \_\_\_\_\_ (copy old CDL – run PSP)

Have you driven a BUS in the last 6 months? Yes No Last 12 months? Yes No

NO ---- last time you drove a full size bus? \_\_\_\_\_

Last 10 years: DUI = Yes No SAP= Yes No OOS-DOT= Yes No

Last 10 years: Personal Injury Accident ? Yes No

Last 3 years: CMV accident Bus or Truck ? Yes No

Do you currently have any type of Disability that would prevent you from working 12 hour? Yes No

Are you DIABETIC ? NO YES = (Pills) Yes = (Insulin) – Interview Ends

Are you receiving any type of Social Security? Yes No

Have you ever worked for UBER / LYFT ? Yes No If Yes When \_\_\_\_\_

Since age 18, have you ever been ARRESTED – guilty of a Felony Crime? No Yes \_\_\_\_\_

Have you ever spent more than 1 hour in a prison cell? No Yes \_\_\_\_\_

LAST JOB: Company \_\_\_\_\_ Years? \_\_\_\_\_

PREVIOUS JOB \_\_\_\_\_ Years? \_\_\_\_\_

Do you know anyone who works for Double Reel Investments Inc.? \_\_\_\_\_

- MVR Dated \_\_\_\_\_
- PSP Dated \_\_\_\_\_
- Criminal Record \_\_\_\_\_
- Pre-Employment Drug Test \_\_\_\_\_ DOH: \_\_\_\_\_
- Insurance Co Notified: \_\_\_\_\_
- Finance Office Notice: \_\_\_\_\_
- FAX previous employer: \_\_\_\_\_



**ATTACH  
RESUME**

# ACCIDENT POLICY

PROFESSIONAL CDL DRIVERS HAVE A "LEGAL DUTY AND OBLIGATION" TO DRIVE IN A SAFE AND DEFENSEIVE MANNER AT ALL TIMES. TO GET A CDL LICENSE, A PERSON MUST COMPLETE MORE THAN 100 HOURS OF TRAINING AND CERTIFICATION BEFORE THEY CAN DRIVE A COMMERCIAL MOTOR VEHICLE.

ACCIDENTS ARE NOT NORMAL EVENTS. THER ARE TWO CLASSIFICATIONS OF ACCIDENTS FOR THOSE WHO DRIVE COMMERCIAL VEHICLES.

## 1. PREVENTABLE ACCIDENT

## 2. NON-PREVENTABLE ACCIDENT

1<sup>ST</sup> Preventable Accident:

Driver placed on 6 months probation

Driver must complete the Defensive Driving Program

2<sup>nd</sup> Preventable Accident:

While on 6 months' probation

Driver is SUSPENDED pending investigation (Mgmt)

Company Policy:

CDL employee's must report all accidents

## WILLFUL MISCONDUCT

## TERMINATION OF EMPLOYMENT

- When a driver does not report "property damage" to management
- When a driver does not report an accident
- When a driver does not complete an Accident Report (turned in same day as accident)

Print Name: \_\_\_\_\_

Signature of Understanding: \_\_\_\_\_

## COMPANY POLICY

---

# CODE of CONDUCT

Double Reel Investments, INC. recognizes the importance of communication between management and employees. Double Reel investments Inc. is a ground transportation company which only hires "Professional CDL drivers." The code of conduct helps to guide individual employees toward making good decisions about how they represent themselves in a professional work environment.

**EXPECTATIONS:** employees should endeavor to comply with these guidelines

- Being honest at all times regarding work related matters
- Act with care and diligence in the course of performing your job
- Treat all clients and customer with respect, courtesy and dignity
- Operate vehicles in a safe and defensive manner at all times
- Never touch or use mobile electronic devices when operating a vehicle
- Comply with all State and Federal laws, rules and regulations
- Protect confidential and proprietary information, assets
- Avoid conflicts of interest with competing tour companies

**PROHIBITED BEHAVIOR:** unprofessional conduct which will result in disciplinary action

- Verbally offensive or abusive conduct
- Threatening behavior in the work place
- Harassment complaint from fellow employee
- Unprofessional conduct which disrupts the work environment
- Intimidating words, obscene gestures
- Insubordination against management
- Willful Misconduct (deliberate violation of company policy or procedures)

**Print Name:** \_\_\_\_\_

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

# CONDITION of EMPLOYMENT

- You can NOT be hired until you “pass” the Pre-Employment DOT Drug Test
  - If you fail the drug test, you will not be paid for any time spent at orientation program
  - Your first day of employment, is the date the company receives the drug test result.
- 
- All new-hire employees are classified “Probationary Employees” for the first 90 days
  - All employees must attend and complete the 30 hour orientation program
- 
- All CDL employees will participate in the company Drug and Alcohol testing program
  - All CDL employees are regulated by Federal Motor Carrier Safety Regulations (USDOT)
  - All CDL employees must comply with “Part 395 Hours of Service” (EXEMPT from FLSA)
- 
- SATURDAY is a mandatory, scheduled work day for all CDL employees
  - CDL drivers are guaranteed one day off per week during “peak season schedule”
  - Full time CDL employees must be available to work flexible schedules and flexible days off
- 
- CDL drivers can NOT “refuse work” or vehicle assignment on scheduled work days
  - “Professional Appearance” is extremely important in the Hospitality and Tourism Industry
  - Employees must wear the designated company uniform when working, no exceptions
  - NO hats, NO head gear, No political clothing, No religious clothing, No sports clothing
- 
- There are no promises being made which guarantee “full time employment.” To be considered for full time positions, the CDL employee must:
    1. Complete 30 days of employment
    2. Perfect Attendance (first 30 days)
    3. Customer Service Skills
    4. No preventable accidents (first 30 days)
    5. Certified to drive all company owned vehicles

**Interview Date:** \_\_\_\_\_

**Signature if Understanding:** \_\_\_\_\_

# INTERVIEW - CDL

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

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

- When you don't tell the truth ..... your answer is a LIE?  TRUE (excuse = interview end)
- Can you work on WEEKENDS?  Yes  No = interview end

Where do you live right now? \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

CDL# \_\_\_\_\_ ST. \_\_\_\_\_ CDL EXPIRES \_\_\_\_\_

DOT Medical Card Expires? \_\_\_\_\_

What year did you GET your CDL? \_\_\_\_\_ Employer: \_\_\_\_\_

How long was CDL training? \_\_\_\_\_ BUS TRUCK

Ever live in another STATE with a CDL? \_\_\_\_\_ State? \_\_\_\_\_ Year? \_\_\_\_\_ (copy old CDL – run PSP)

Have you driven a BUS in the last 6 months? Yes No Last 12 months? Yes No

NO ---- last time you drove a full size bus? \_\_\_\_\_

Last 10 years: DUI = Yes No SAP= Yes No OOS-DOT= Yes No

Last 10 years: Personal Injury Accident ? Yes No

Last 3 years: CMV accident Bus or Truck ? Yes No

Do you currently have any type of Disability that would prevent you from working 12 hour? Yes No

Are you DIABETIC ? NO YES = (Pills) Yes = (Insulin) – Interview Ends

Are you receiving any type of Social Security? Yes No

Have you ever worked for UBER / LYFT ? Yes No If Yes When \_\_\_\_\_

Since age 18, have you ever been ARRESTED – guilty of a Felony Crime? No Yes \_\_\_\_\_

Have you ever spent more than 1 hour in a prison cell? No Yes \_\_\_\_\_

LAST JOB: Company \_\_\_\_\_ Years? \_\_\_\_\_

PREVIOUS JOB \_\_\_\_\_ Years? \_\_\_\_\_

Do you know anyone who works for Double Reel Investments Inc.? \_\_\_\_\_

- MVR Dated \_\_\_\_\_
- PSP Dated \_\_\_\_\_
- Criminal Record \_\_\_\_\_
- Pre-Employment Drug Test \_\_\_\_\_ DOH: \_\_\_\_\_
- Insurance Co Notified: \_\_\_\_\_
- Finance Office Notice: \_\_\_\_\_
- FAX previous employer: \_\_\_\_\_

# JOB SUMMARY - CDL DRIVER

Double Reel Investments, Inc.

**JOB TYPE:** Part Time / Full Time Commercial Vehicle Operator

**JOB TITLE:** CDL Driver

**REQUIREMENTS:** CDL, Class A or B with Passenger Endorsement USDOT Medical Certification  
24 to 69 Years of Age

**EXPERIENCE:** Three (3) Years Bus Driving Experience

**EDUCATION:** High School Diploma or GED

**CAREER LEVEL:** Entry Level Position, Operations Department

CDL employees report to work in the Operations Department and report to a dispatcher or Operations Manager. CDL employees drive company vehicles which are assigned to specific jobs. CDL employees wear specific clothing attire as determined by management. Newly hired drivers must attend and complete the company training/ orientation program. All CDL employees must provide specialized care involving ADA customers utilizing wheelchairs, lifts, and tie down procedures for safety.

CDL employees are considered "safety sensitive" positions, in compliance with USDOT-FMCSR. Employees must maintain their "medical certification" and participate in company drug and alcohol testing program. CDL employees are regulated by the Federal Motor Carrier Safety Administration (FMCSA-USDOT) and exempt from Federal Labor Standards Act (FLSA). On any given day, a CDL employee will perform "Interstate Commerce" work following the "hours of service" regulations under FMCSA. CDL employees are considered "Professional Drivers" due to their extensive training and experience operating buses with passengers. Professional drivers have a "higher degree of skill" which allows them to safely operate large commercial vehicles. Professional drivers have a "Legal Duty and Obligation to operate their vehicle in a safe and defensive manner at all times. Professional drivers don't have "Preventable Accidents."

Newly hired CDL drivers must complete a 90 day "probationary period." When hired, during the interview process, and during orientation, all CDL employees are informed and reminded of the company policy which mandates Saturday as a scheduled work day. This policy applies to part time and full time CDL drivers. CDL drivers be honest at all times, act with care and diligence, treat all customers with respect, courtesy and dignity. CDL employees will comply with State and Federal laws, regulations. All employees of this company will protect confidential and proprietary information.

CDL employees scheduled to work, can not refuse work assignments or vehicle assigned to a specific job. CDL employees must comply with Part 395 hours of service and complete their "Driver Time Records" on a daily basis.

CDL employees are trained in Accident Investigation. Any employee involved in an accident will complete all reports and submit their paperwork to dispatch office before going home.

All employees are issued an EMPLOYEE MANUAL which contains the company policy and procedures, rules and regulations. Any employee who deliberately violates company policy or procedures, will be subjected to disciplinary action, up to and including termination of employment.

Print Name \_\_\_\_\_

Signature of Understanding \_\_\_\_\_

# DOUBLE REEL INVESTMENTS

## STEP 2 INTERVIEW

YOU HAVE SUCCESSFULLY PASSED THE INTERVIEW FOR CDL EMPLOYMENT. YOU ARE BEING OFFERED EMPLOYMENT WITH DOUBLE REEL INVESTMENTS.

YOU ARE BEING HIRED BECAUSE OF YOUR KNOWLEDGE AND EXPERIENCE AS A PROFESSIONAL DRIVER. CDL EMPLOYEES ARE REGULATED BY USDOT – FMCSA. YOU CANNOT PERFORM “SAFETY SENSITIVE” WORK UNTIL YOU HAVE PASSED THE PRE-EMPLOYMENT DRUG TEST.

## PROBATIONARY PERIOD

### NINETY (90) DAYS

The purpose of the Probationary Period is to give the employer time to evaluate an employee’s ability to perform the job they are hired to do.

The following elements are part of the evaluation process:

- AVAILABILITY TO WORK ON WEEKENDS
- CUSTOMER SERVICE SKILLS
- WORK ETHIC
- SAFETY FITNESS and MENTAL HEALTH
- COMPLIANCE WITH COMPANY POLICIES AND PROCEDURES
- COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

<b>Double Reel Investments, Inc.</b>	<b>COMPANY POLICY</b>	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date October 20, 2010		Policy #10-19

## UNITED STATES DEPARTMENT OF LABOR

### FMCSA EXEMPTION - FAIR LABOR STANDARDS ACT

- Section 13 (b) of the Fair Labor Standards Act (FLSA) provides an overtime exemption for employees who are within the authority of the Secretary of Transportation (USDOT) to establish qualifications and maximum hours of service pursuant to Section 204 of the Motor Carrier Act
- Section 13(b) overtime exemption applies to CDL employees who are employed by a motor carrier as defined in 49 U.S.C. Section 13102
- “Motor Carriers” are companies providing motor vehicle transportation for compensation
- The motor carrier has an involvement in “INTERSTATE COMMERCE.”
- The motor carrier has been issued “OPERATING RIGHTS” under Federal Motor Carrier Safety Administration (USDOT numbers)

As a CDL employee of Double Reel Investments Inc., I understand my duties may include driving a commercial motor vehicle (CMV) across state lines, for compensation, under definition of “Interstate Commerce.”

I understand my employment is regulated by the Federal Motor Carrier Safety Administration (USDOT)

**I have read the company policy shown above. I have had the opportunity to ask questions regarding FLSA and FMCSA exemption.**

**Print Name:** \_\_\_\_\_

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

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Double Reel Investments Inc.



# NOTICE

## READ THIS CAREFULLY

WHEN YOU ARE BEING **PAID** BY A COMPANY

**YOU ARE WORKING**

WHEN YOU USE YOUR PERSONAL PHONE  
WHEN YOU TEXT MESSAGE – CHECK E-MAIL – TWEET  
WHEN YOU PLAY ON FACEBOOK OR SOCIAL MEDIA SITE

**THIS IS CALLED PERSONAL BUISNESS**

**FYI:** the Department of Labor calls it “Stealing Time” from your employer  
You can be **FIRED** and you can **NOT** collect Unemployment Compensation  
**YOU HAVE BEEN WARNED**

## COMPANY POLICY

No personal business on company time, when working

Signature of Understanding: \_\_\_\_\_

Double Reel Investment, Inc	<b>COMPANY POLICY</b>	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date April 26, 2009		Policy <b># 9-7</b>

## DRUG TESTING

*This company conducts random drug and alcohol testing **MONTHLY**.*

*It is a violation of company policy for any employee to be on company property while under the influence of an illegal substance, or alcohol.*

*This company has a “**ZERO TOLERANCE**” policy, which means, there is no second chances.*

*WARNING: any employee who fails a alcohol test will be **TERMINATED** immediately. (“fails” means positive test)*

*NOTICE: Upon signing this policy (1) /Employee acknowledges the policy, and (2) agrees to read the company “**Employee Manual**” which explains policies, procedures, rules and regulations. If you have any questions, please contact the Human Resource Office.*

*Signature of Understanding:*

*Print Name:* \_\_\_\_\_

*SIGNATURE:* \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

PRINT YOUR NAME: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_

Home or Other Phone: \_\_\_\_\_

E-Mail (PRINT CLEARLY): \_\_\_\_\_

Your Present Address: \_\_\_\_\_

## **IN CASE OF EMERGENCY -> PLEASE CONTACT THE FOLLOWING PERSON**

Their Name: \_\_\_\_\_

Their Relation to You? \_\_\_\_\_

Their Cell Phone: \_\_\_\_\_

Home or Other Phone: \_\_\_\_\_

Their E-Mail: \_\_\_\_\_

City and State where they live? \_\_\_\_\_

# FAIR CREDIT REPORTING ACT

Code of Federal Regulations

## DISCLOSURE STATEMENT

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Applicant Name: \_\_\_\_\_

Print Full Name

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law #91-508, as amended by Consumer Credit Reporting Act of 1996, Title II, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that reports will be secured which will verify the following:

- 1. Previous Employment**
- 2. Drug and Alcohol Testing Results**
- 3. Criminal Record Check**
- 4. US Department of Justice Sex Offender Registry**
- 5. Megan's Law (aka: Megan's List)**

These documents will be used to determine **Qualifications for Employment.**

All records and reports are considered confidential property.

**Applicants Signature:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_



**Last thing**

**Did you sign each page?**

**Please Check**

**Do we have a copy of your**

**CDL and Medical Card**

**Copy Color 129%**

Company Policy

# PAID TRAINING

- Training is minimum wage
- Any Driver who “quits” their employment during the first seven (7) days, will **NOT** be paid for time spent in training.
- Date of Hire is the date your (negative) drug test results are received (**USDOT – FMSCA**)

I have read the “agreement.” I was given the opportunity to ask questions regarding “training pay.”

Signature of understanding:

**Print Name:** \_\_\_\_\_

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

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Double Reel Investments Inc.



## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

**For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:**

**[www.newPA.com](http://www.newPA.com)**



Double Reel Investment, Inc	<b>COMPANY POLICY</b>	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date September 12, 2014		Policy <b># 14-5</b>

## Time Clocks

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HOURLY EMPLOYEE'S WILL USE A "TIME CARD" TO TRACK WORK TIMES PER WEEK. HOURLY EMPLOYEES HAVE SET WORK SCHEDULES, AND THE TIME CARD MUST REFLECT A TRUE AND ACCURATE RECORD OF THOSE HOURS.

PUNCHING IN OR COMING TO WORK LATE WILL NOT BE TOLERATED. EMPLOYEES HAVE A DUTY AND OBLIGATION TO REPORT FOR WORK ON TIME, WHICH MEANS, YOUR TIME CARD MUST SHOW A PUNCH TIME AT LEAST 5 MINUTES BEFORE YOUR OFFICIAL START TIME FOR THE DAY.

AT THE END OF THE WORK DAY, HOURLY EMPLOYEES MUST PUNCH OUT ON YOUR TIME CARD. EMPLOYEES WILL NOT BE PAID FOR HOURS NOT SHOWING ON THE TIME CARD.

**WARNING: NEVER TOUCH ANOTHER EMPLOYEE'S TIME CARD.** NEVER PUNCH IN OR PUNCH OUT FOR ANOTHER EMPLOYEE, THIS CAN BE CONSIDERED "STEALING TIME."

Did you read this page?                      **YES    NO**

Signature of Understanding: \_\_\_\_\_

---