

# New Hire – Step 1

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___ Driver Application	(pg 2-5)	391.21
___ Controlled Substance & Alcohol Questionnaire	(pg 6)	40.25j
___ MVR Authorization Form	(pg 7)	
___ PSP Authorization Form	(pg 8)	
___ Criminal Background Authorization Form	(pg 9)	
___ Prior Employment Form	(pg 10)	
___ Release of Information Form	(pg 11)	40
___ Certification of Compliance with Driver License Requirements	(pg 12)	
___ <b>Copy of Driver License</b>		
___ <b>Copy of Social Security Card</b>	(or Birth Certificate or Passport)	
___ Copy of Current DOT Physical Card/Long Form		

Rev Group of Companies

1004 Empson Road

Ulysses, PA 16948

814-848-5053

**COMMERCIAL DRIVER APPLICATION**

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED—PRINT OR TYPE

Date: \_\_\_\_\_ Rev LNG \_\_\_\_\_ Container \_\_\_\_\_ Rev Hoopes \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_  
Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_  
Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_  
Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ Yes    ☐ No    If yes; state of issuance; explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?    ☐ Yes    ☐ No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?    ☐ Yes    ☐ No  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?    ☐ Yes    ☐ No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?    ☐ Yes    ☐ No  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

Use backside of sheet for additional employers

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

### Certification

**"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 Signed

### TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### SIGNIFICANT DATES:

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date First Used In Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Rev Group of Companies  
1004 Empson Road  
Ulysses, PA 16948  
814-848-5053

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <b><u>MUST BE PROVIDED</u></b> before any safety-sensitive transportation function is performed.		

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

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

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

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

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

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



**pennsylvania**  
DEPARTMENT OF TRANSPORTATION

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: **\$8.00 FEE** (Driver history is **not** included)  
☐ 3 YEAR DRIVER RECORD: **\$8.00 FEE**  
☐ 10 YEAR DRIVER RECORD: **\$8.00 FEE** (Employment Purposes Only)

- ☐ FULL HISTORY: **\$8.00 FEE**  
☐ CERTIFIED DRIVER RECORD: **\$30.00 FEE**  
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$8.00 FEE**  
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$30.00 FEE**

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

## A REQUESTER INFORMATION

NAME/COMPANY

**Rev Hoopes Trucking LLC**

ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.

**1004 Empson Road**

CITY

**Ulysses**

STATE

**PA**

ZIP CODE

**16948**

DAYTIME TELEPHONE NUMBER (REQUIRED),

**(814) 848-5053**

RELATIONSHIP TO DRIVER (REQUIRED),

**Potential Employer**

SIGNATURE **X**

NOTARIZATION **NOT** REQUIRED WHEN REQUESTING YOUR OWN RECORD

## C DRIVER INFORMATION

NAME: LAST

FIRST

INITIAL

ADDRESS

**Rev Group of Companies**

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

DRIVER NUMBER

MONTH DAY YEAR

## E DRIVER RELEASE

I \_\_\_\_\_ hereby request  
 the Department of Transportation to furnish a copy of my PA Driver's  
 Record to **Rev Hoopes Trucking LLC/Rev LNG LLC**  
 NAME OF PERSON/COMPANY

**X**

SIGNATURE OF DRIVER

DATE

## F MICROFILM

TYPE OF DOCUMENT

DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

## B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

**St Marys Insurance Agency Inc**

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

**301 Depot Street**

CITY

**St Marys**

STATE

**PA**

ZIP CODE

**15857**

DAYTIME TELEPHONE NUMBER (REQUIRED),

**(814) 834-2897**

RELATIONSHIP TO DRIVER (REQUIRED),

**Potential Employer's Agent**

## D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: **CHECK ONLY ONE**

- ☐ **B = Driver Release** (Driver must complete Section E.)  
☐ **C = Credit Business** (Legitimate Business need in connection with a business transaction initiated by the driver.)  
☐ **C = Credit Potential Investor, Server or Current Insurer** (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)  
☒ **E = Employment** (To support the hiring or the continuation of employment. Driver must complete Section E.)  
☐ **R = Insurance Company** requesting record of person it intends to insure, now insures, or has rejected for insurance.  
☐ **K = Court Order** must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).  
☐ **L = Attorney** representing driver identified in Section C (Driver must complete Section E.)

I hereby Certify that

**Rev Hoopes Trucking/Rev LNG**

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

**X**

SIGNATURE OF REQUESTER

Title

SUBSCRIBED AND SWORN

TO BEFORE ME:

MONTH

DAY

YEAR

**X**

SIGNATURE OF PERSON ADMINISTERING OATH

**NOTARIZATION**  
**S E A L**

SIGN IN PRESENCE OF NOTARY

MESSANGER NO.

**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.

LAST UPDATED 12/22/2015

## Consent to Background and Reference Check

Applicant Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ hereby authorize Rev Hoopes Trucking LLC, Rev LNG LLC and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verifying all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Dated: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

## PAST EMPLOYMENT VERIFICATION

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Rev Group of Companies uses TenStreet Xchange to order prior employment history reports.

I hereby authorize the use of TenStreet Xchange to provide all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to Rev Group of Companies (or their authorized agents) which may request such information in connection with my application for employment with Rev Group of Companies. In conformity with 49 CFR part 40, I hereby authorize the use of TenStreet Xchange and their agents to furnish Rev Group of Companies the requested reports and information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater, the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40.

By signing below, I certify that I have read and fully understand this release and that I executed it voluntarily with the knowledge that any and all information released could affect my being employed with Rev Group of Companies.

It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used and the applicant's prior employers may be contacted for the purpose of investigating the applications safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations as described below.

Applicant's Due Process Rights: 1) The right to review information provided by previous employers; 2) 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 Rev Group of Companies; and 3) 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.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review employer provided investigative information must submit a request to the Safety Compliance Manager of Rev Group of Companies which may be done at any time, including when applying or as late as thirty days after being employed or being notified of denial of employment. Rev Group of Companies will provide this information to the applicant within 10 business days after receiving the written request. If, however, Rev Group of Companies has not yet received the requested information from the previous employers, then it will provide the information to the applicant within 10 business days after it receives the requested information. If the driver has not arranged to pick up or receive the requested records within 30 days of Rev Group of Companies making them available, Rev Group of Companies will consider the driver to have waived the request to review the records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Witness

**Suggested Format: "Release of Information Form — 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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

**I-A.**

New Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~**

- |   |                           |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ____ NO ____          |
| 2. Did the employee have verified positive drug tests?  | YES ____ NO ____          |
| 3. Did the employee refuse to be tested?  | YES ____ NO ____          |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ____ NO ____          |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ____ NO ____          |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

**NOTE:** If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

## Motor Vehicles Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)

Rev Group of Companies 1004 Empson Road Ulysses, PA 16948

## New Hire – Step 2

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\_\_\_Drug/Alcohol Test Consent & Release Form

\_\_\_Medical Examiner Certificate 391.43

\_\_\_Driver Road Test Examination & Certification 391.31

\_\_\_Annual Driver Certificate of Violations 391.27

\_\_\_Driver Statement of On-Duty Hours

\_\_\_Applicant Risk Profiler Test

\_\_\_Reference Check

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies. I further agree to and hereby authorize the release of the results of said tests to the Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies.

I further agree to hold harmless the Rev Hoopes Trucking LLC/Rev LNG LLC and Rev Group of Companies and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT:**

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

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

**WITNESS:**

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

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

# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a \_\_\_\_\_ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner		Telephone	Date
Medical Examiner's Name (Print)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician <input type="checkbox"/> Advanced Assistant    Practice Nurse	
Medical Examiner's License or Certificate No. / Issuing State			
Signature of Driver		Driver's License No.	State
Address of Driver			
Medical Certificate Expiration Date			

## DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

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

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

### Rating of Performance

_____	The pre-trip inspection (as required by 49 CFR 392.7).
_____	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
_____	Placing the equipment in operation.
_____	Use of vehicle's controls and emergency equipment.
_____	Operating the vehicle in traffic and while passing other vehicles.
_____	Turning the vehicle.
_____	Braking and slowing the vehicle by means other than braking.
_____	Backing and parking the vehicle.
_____	Other, explain: _____

Type of equipment used in giving the test: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

### CERTIFICATE OF DRIVER'S ROAD TEST

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

#### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)

## Annual Motor Vehicle Driver's Certification of Violations

In Accordance with 49 CFR 391.27, I \_\_\_\_\_ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (city/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Driver's Signature

## Annual Review of Driving Record

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 39.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 39.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving and operating a vehicle under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file as required by 49 CFR 391.51

\_\_\_\_\_  
(Motor Carrier's Name)

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

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed By Signature)

\_\_\_\_\_  
(Title)

# DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVER'S)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver information:

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

Day	1 (yesterday)	2	3	4	5	6	7
Date							
Hours Worked							Total Hours

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

X \_\_\_\_\_ A.M.  
Time P.M. On X \_\_\_\_\_  
Day Month Year

X \_\_\_\_\_  
First Name Last Name

X \_\_\_\_\_  
Driver's Signature Date

Carrier Official \_\_\_\_\_  
Title

Carrier Official Signature \_\_\_\_\_  
Date

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

## Candidate Reference Check Authorization

### References

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I hereby authorize Rev-Hoopers Trucking LLC (the "Company") or any designated officer, employee, agent, or representative to confer with the above-named references. I understand that the Company may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Company.

I release all of the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## New Hire – Step 3

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\_\_\_ Offer of Employment

\_\_\_ **Local Tax Form**

\_\_\_ **I-9 Form with Proof of Identity**

\_\_\_ **W-4 Form**

\_\_\_ **Paychex Form with Voided Check**

\_\_\_ **New Employee Information Sheet**

\_\_\_ **New Employee Orientation Sheet**

\_\_\_ **Data Collection Form with Emergency Contact Information**

\_\_\_ **Annual Review (Safety Manager)**



## 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 to the local EIT collector. 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. Use the Address Search Application at [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name) Rev Hoopes Trucking LLC		EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">4 6 3 1 6 0 7 5 5</div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 1004 Empson Road			
ADDRESS LINE 2 PO Box 398			
CITY Ulysses	STATE PA	ZIP CODE 16948	PHONE NUMBER 814-848-5053
MUNICIPALITY (City, Borough or Township) Ulysses Township			
COUNTY Potter	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">5 3 0 4 0 2</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/Act32](http://www.newPA.com/Act32)

## Employee Information

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Work Location: \_\_\_\_\_

Department: \_\_\_\_\_

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

Rate of Pay: \_\_\_\_\_

Federal Withholdings: \_\_\_\_\_

State Withholdings/Locals: \_\_\_\_\_

**\*Attach Direct Deposit form and void check**

Employee County (live): \_\_\_\_\_

Employee County (work): \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Cell Phone: \_\_\_\_\_

Employee Land Line: \_\_\_\_\_



## Direct Deposit Enrollment/Change Form

Company Name \_\_\_\_\_ Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

#### One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)  
☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)  
☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

☐ Other Bank Documentation – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

### COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

### EMPLOYEE/WORKER CONFIRMATION STATEMENT

#### PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Digital or Electronic Signatures are not acceptable.

DP0002 12/13



Welcome  
to



## Employee Information

### Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver License#: \_\_\_\_\_

Name as it appears on drivers license \_\_\_\_\_

### Job Information

Job Title: \_\_\_\_\_ Status: Full-time / Part-time / Season / Temp

Dispatcher Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Work Location: \_\_\_\_\_ Years CDL: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

License State: \_\_\_\_\_ Copy of MVR: If Available, Please Attach

### Supervisor Notes

Hire Date: \_\_\_\_\_ Official Start Date: \_\_\_\_\_

Probationary: YES or NO Probation Start Date: \_\_\_\_\_

Probation End Date: \_\_\_\_\_ Date Firm Date Tentative

Probation \_\_\_\_\_

Reasons: \_\_\_\_\_

Dispatcher Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



Welcome  
to



## New Employee Orientation Data

### Dispatcher Information

Dispatcher Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dispatcher Email: \_\_\_\_\_ Office Location: \_\_\_\_\_  
Woodland Office: \_\_\_\_\_ Ulysses Office: \_\_\_\_\_  
Mike White Phone: \_\_\_\_\_ Mike's Email: \_\_\_\_\_

### Required Testing & Equipment

Steel Toe Boots: \_\_\_\_\_ (P) Hard Hat/Shield: \_\_\_\_\_  
(P) Safety Glasses: \_\_\_\_\_ (P) Gloves: \_\_\_\_\_  
(P) Slip on Ice Cleats: \_\_\_\_\_ Cell Phone w/  
Texting Ability: \_\_\_\_\_  
Motor Vehicle Report: \_\_\_\_\_ (P) Drug Screening: \_\_\_\_\_

(P) 1st set of above equipment is provided to you. If you do not have a current Motor Vehicle Report, one will be obtained. If you do not have a cell phone with a texting package, one will be required to have at your cost.

### Emergency Information

In the event of an emergency where you cannot reach your Dispatcher, the following is the emergency contact information for Preston Hoopes and David Kailbourne who are President and CEO. Preston Hoopes (570)772-4036 [preston@hoopesturfarm.com](mailto:preston@hoopesturfarm.com), David Kailbourne (585)797-8441 or (585)582-6601 [edk@revlng.com](mailto:edk@revlng.com)

### Driver Forms

Trip Sheets: \_\_\_\_\_ Time Sheets: \_\_\_\_\_

All Trip Sheets and Time Sheets must be given to your Dispatcher by 9am every Monday to be included in payroll.

### Employment Forms

I-9 Form: \_\_\_\_\_ W-4 Form: \_\_\_\_\_

Dispatcher Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to Employee, Copy in Employee File, Copy to St Marys Insurance for processing with Corporate

# Rev Hoopes Trucking LLC

## DATA ENTRY FORM

EMPLOYEE DATA		Employee #:	Completed By:
Name First:		Middle:	Last:
Employee No.:		Preferred Name:	Maiden Name:
Salutation:			Sex:
Birth Date:		Age:	Citizenship:
S.I.N.:		S.S.N.:	Special ID:
Street Number:			Home Phone:
City/Town:			Pager:
Prov/State:		Postal/Zip Code:	Mobile Phone:
Country:			Home Facsimile:
Email:			Date Deceased:
Marital status:			<input type="checkbox"/> Treat as a Married Person
Hire Date:		Seniority Date:	Re-Hire Date:
Supervisor:			I-9 Renewal Date:
Telephone:		Extension:	TD1/W4 Status:
Facsimile:		Pref. Language:	Other Language:

EMERGENCY DATA	
Contact:	Doctor:
Relationship:	Clinic Tel.:
Street Number:	Emergency Tel.:
City/Town:	Facsimile:
Prov/State:	Email:
Postal/Zip Code:	Medical Condition:
Country:	
Telephone:	
Facsimile:	
Email:	
Bus. Telephone:	Extension:
Alternate Contact:	
Relationship:	
Telephone:	Facsimile:
Bus. Telephone:	Extension:
Email:	

The emergency contact information will be used in the event you have a medical emergency and you give permission to The Rev Hoopes Companies to contact the above named person. You also give the above named person permission to ask questions and answer questions on your behalf to your employer. You acknowledge that it is your responsibility to contact your employer should the above information need to be changed or updated. This information will become part of your employee file and kept confidential.

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



Welcome  
to



**Employee Information – New Hire**

Employee Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Official Hire Date \_\_\_\_\_

Location to Work \_\_\_\_\_

Corporate Signature \_\_\_\_\_ Date \_\_\_\_\_

Safety Director Signature \_\_\_\_\_ Date \_\_\_\_\_