2531 west 5780 south
Taylorsville, Utah 84129
801-599-9062

- ☐ **Driver Application for Employment**
- ☐ **Medical Examiner's Report & Certificate**
- ☐ **Driver's Road Test**
- ☐ **Certification of Road Test**
- ☐ **Safety Performance History Records Request**
- ☐ **Annual Driver's Certificate of Violations**
- ☐ **Annual Review of Driving Records**

***Drivers MUST be issued copies of these certificates. Drivers only NEED a copy of the Medical Examiner's Certificate in their possession while driving.**

AUTHORIZATION FOR EXAMINATION OR TREATMENT

Rocky Mountain Care Clinic Inc.
MEDICAL CLINIC

☐ Employee to pay charges

_____ ☐ Paid

Patient Name: _____ S.S#: 000 - 00 - [redacted]

Employer: TJ Trucking Date of Birth: _____

Substance Abuse Testing

DRUG TESTING

- ☐ DOT Drug Screen
- ☐ NON-DOT Drug Screen
  - ☐ 5 Panel
  - ☐ 9 Panel
  - ☐ 10 Panel
  - ☐ 12 Panel
  - ☐ Oakland Panel
  - ☐ Other _____

ALCOHOL TESTING

- ☐ DOT Breath Alcohol
- ☐ NON-DOT Breath Alcohol

REASON FOR SUBSTANCE ABUSE TESTING

list category reason for drug & alcohol testing

- ☒ Pre-Employment
- ☐ Random
- ☐ Post Accident
- ☐ Reasonable Suspicion
- ☐ Follow Up
- ☐ Return to Duty
- ☐ Annual
- ☐ New Job Site
- ☐ Other _____

Physical Examinations

- ☐ DOT Physical
- ☐ NON-DOT Physical
- ☐ Hazmat Physical (KUC)
- ☐ Flex Test
  (Employee capable to perform job duty)
- ☐ Other Physical Type: _____

Occupational Testing

RESPIRATORY

- ☐ Respirator Fit Test
  - ☐ Full Face _____ (Make/Model)
  - ☐ Half Face _____ (Make/Model)
- ☐ Pulmonary Function

LABORATORY

- ☐ Chest X-ray
- ☐ Hazmat (KUC)
- ☐ Lead ZPP
- ☐ Blood Labs _____

OTHER TESTING/TREATMENT

- ☐ Audiometric
- ☐ Injury/Illness
- ☐ Vaccination _____

Authorized By: Debbie Jacketta Phone Number: 801-828-5205

Comments: _____

RMCC Notes/Comments: _____

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 ***TJ TRUCKING LLC,*** 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 ***TJ TRUCKING LLC*** 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 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 the FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history, I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

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

LAST UPDATED 2/11/2016

2531 west 5780 south
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Cell Phone Policy

FMCSA passed the final rule on cell phone use for drivers of commercial motor vehicles (CMV) effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone to conduct a voice communication and from dialing a mobile telephone by pressing more than a single button.

Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

***TJ Trucking LLC* has adopted the following policy effective immediately.**

Cell Phone use is only allowed in conjunction with a hands-free device and only in the following limited circumstance:

- **Should a driver receive an incoming call while operating a *TJ Trucking LLC* owned/leased vehicle, if he/she does not reach for or hold the actual mobile telephone in his/her hand while driving, and the driver is able to touch the button needed to operate the push-to-talk feature from a normal seated position with the safety belt fastened, then he/she may briefly acknowledge the incoming call and inform the caller that he/she will call back when stopped and out of traffic, or once he/she has reached an authorized layover location and the vehicle is safely and legally parked.**

Restrictions also may exist for customer loading and unloading facilities. Ensure you are following any cell phone restrictions at these locations.

TEXTING IS NEVER ALLOWED WHILE OPERATING A CMV

Texting includes phone texting, PDA use, satellite communications, or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment for *TJ Trucking LLC.* Violations of this policy may result in disciplinary actions, up to and including termination.

_____ **Date:** _____

Driver's Name Printed

_____

Driver's Signature

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DRUG AND ALCOHOL ABUSE POLICY STATEMENT

TJ TRUCKING LLC, is committed to providing a safe work environment and is fostering the well-being and health of its employees. That commitment is jeopardized when any ***TJ TRUCKING LLC*** employee illegally uses drugs and or alcohol on the job, comes to work under the influence or possesses, distributes, or sells drugs in the workplace. Therefore, ***TJ TRUCKING LLC*** has established the following policy:

1. It is in violation of company policy for any employee to possess, sell, trade, or offer for sale, illegal drugs or otherwise engage in the illegal use of drugs on the job.
2. It is a violation of company policy for anyone to report to work under the influence of illegal drugs
3. It is a violation of the company policy for anyone to use prescription drugs illegally, (however, nothing in this policy precludes the appropriate use of legally prescribed medications).
4. Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company supervisors to counsel employees whenever they see changes in performance or behavior that suggest any employee has a drug problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources to do so. Everyone shares responsibility for maintaining a safe work environment and coworkers should encourage anyone who may have a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it while sending a clear message that illegal use of drugs is incompatible with employment at ***TJ TRUCKING LLC.***

As a condition of employment, ALL employees must abide by the terms of this policy and must notify *TJ TRUCKING LLC* in writing of any conviction of a violation of a criminal drug statute occuring in the workplace no later than FIVE calendar days after such conviction.

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CONSENT FORM
TO BE SIGNED AND RETURNED WITH EMPLOYEES NEW HIRE PACKET

I have read and understand the company policy and procedures concerning the substance abuse program. I certify that I will provide my urine specimen to the collector, that I have not altered it in any manner and that the specimen bottle was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label affixed to the specimen bottle is correct.

I hereby consent for **Rocky Mountain Care Clinic** to have their designated laboratory perform a urine drug test to identify the presence of drugs in my system. I agree and consent to give specimens of my urine for the test of presence of drugs in my system. I release **Rocky Mountain Care Clinic** or any liability resulting from the collection of the specimen of the results obtained from the laboratory. I voluntarily authorize the testing laboratory to release the information concerning the results of the test to **Rocky Mountain Care Clinic** and **TJ TRUCKING** only.

Printed Name: _____

Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

In the event of a positive drug result the specimen test must be sent to be verified by the laboratory.

Discipline:
Any violations of this policy shall result in adverse employment action up to and including dismissal and referral for criminal prosecution.

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TJ TRUCKING COMPANY POLICY

BASIS FOR THE POLICY:

TJ TRUCKING LLC is committed to protecting the safety, health and wellbeing of its employees and all people who come into contact with its workplace and property, and/or use its services and products.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all employees have an opportunity to reach their full potential TJ TRUCKING LLC is committed to assuring a drug free working environment for all its employees.

DRUG AND ALCOHOL PROHIBITIONS

TJ TRUCKING LLC therefore strictly prohibits the illicit use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substance in any amount or in any manner. In addition, TJ TRUCKING LLC strictly prohibits the abuse of alcohol and prescription.

DRUG AND ALCOHOL TESTING

The company asserts its legal right and prerogative to test any employee for substance abuse. Employees may be asked to submit to a medical examination and/or to submit urine, blood, saliva, breath and or hair testing for drugs or alcohol. Employees acceptance of a medical examination and testing when requested by the company is a mandatory condition of employment. TJ TRUCKING reserves the right to test any employee at any given time including after an accident. Refusal to submit to such a medical examination and or test refusal will be considered by TJ TRUCKING LLC to be a "positive test".

NEW HIRES

All new hires and rehires of regular full time or part time employees are required to submit to pre-employment drug test, safety sensitive positions, post-accident, "for cause", reasonable suspicion, periodic (announced), random (unannounced). Failure to pass any drug test shall result in denial of employment.

NOTIFICATION OF CRIMINAL CONVICTIONS

Any employee convicted of a violation of a criminal drug statute that is workplace related must notify TJ TRUCKING LLC in writing within five calendar days of the conviction. This provision is required for most federal contractors and most recipients of federal grants under the Drug Free Workplace Act of 1988.

SEARCHES

When TJ TRUCKING LLC has reason to believe that an employee is violating any aspect of this policy, he or she may be asked by the company to submit immediately to a search or inspection at any time including during breaks or lunch while on the company property or in a company vehicle, or on a company job site. This includes search of an employee's persona and/or the requirement that the employee make a vehicle or any other property he or she uses or has access to available to inspection. Refusal to consent to a search or inspection when requested by TJ TRUCKING LLC constitutes a violation of the company policy and is grounds for adverse employment action.

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TJ TRUCKING COMPANY POLICY

EMPLOYEE ASSISTANCE

TJ TRUCKING LLC urges individuals with substance abuse problems to seek help, and the company is committed to aiding in this regard. TJ TRUCKING LLC considers drug addiction and alcoholism to be treatable diseases.

The goal of TJ TRUCKING company policy on employee Drug and Alcohol Abuse is not only deference it also is detection and treatment. The company therefore makes available to all employees a confidential employee assistance program (EAP) whose goal is rehabilitation. This program is available at no cost (or low cost) to employees and their dependents and includes initial assessment, referral, and counseling. The successful rehabilitation of a substance abuser. Any subsequent treatment and referral for the company EAP to an outside treatment provider may be covered under the employees' health insurance care coverage. The costs of continuing or long-term rehabilitation services, whether covered by the employee's medical plan or not, are the ultimate responsibility of the employee.

GENERAL RESPONSIBILITY AND APPLICABILITY

Substance abuse prevention is everyone's responsibility. TJ TRUCKING LLC expects all its employees to recognize and accept this responsibility, and to do their part in assuring that working together we can achieve and maintain a drug-free working environment for all TJ TRUCKING employees. This policy applies equally to all TJ TRUCKING LLC personnel, no matter what position or employment status including all management employees, contract employees and part time employees without exception.

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TJ TRUCKING COMPANY POLICY

SAFETY AND HEALTH RULES

The following are the primary occupational safety and health rules and regulations applicable to our operations that must be complied with by our company.

- **A. Report unsafe conditions to your immediate supervisor.**
- **B. Promptly report all accidents/injuries/incidents to your supervisor.**
- **C. Use eye, sleeve, hand, and face protection where there is danger from unsafe objects including flying objects, oil and chemical splashes.**
- **D. Dress properly, wear appropriate work clothes, gloves, boots, coats, hard hats (where required).**
- **E. Operate machinery and vehicles only when all guards and safety devices are in place and in proper working condition.**
- **F. Keep all equipment in safe working condition. Never use defective tools or equipment. Report defective equipment and tools to a supervisor.**
- **G. Properly care for and be responsible for all personal protective equipment (PPE) Wear and use such equipment where required.**
- **H. Lockout or tagout or disconnect power on an equipment or machine before any maintenance, unjamming, and adjustments are made.**
- **I. Do not leave materials out in work areas or roadways.**
- **J. Practice good housekeeping at all times.**
- **K. Training on equipment is required prior to unsupervised operation.**
- **L. Compliance with all government regulations/ rules and all company safety rules in the following sections is required.**

HOUSEKEEPING

- **A. Proper housekeeping is the foundation for a safe work environment. It definitely helps prevent accidents and fire, as well as creating a professional appearance in the workplace.**
- **B. Material will be stored in a stable safe manner so that it will not be subject to falling or spilling.**
- **C. Combustible debris and barrage shall be removed from the work area at frequent intervals.**

FIRE PREVENTION

- **A. All firefighting equipment shall be conspicuously located, accessible, inspected periodically, and maintained in all operating conditions.**
- **B. All Employees must know the location of firefighting equipment in the work area and trucks and have acknowledgement of its use and application.**
- **C. Only approved safety cans shall be used for handling or storing flammable liquid in quantities greater than one gallon.**
- **D. When heat producing equipment is used, the work area must be kept clear of all fire hazards and all sources of potential fires will be eliminated.**
- **E. Fire extinguishers will be always available when utilizing heat producing equipment.**
- **F. Storage of LPG within buildings is prohibited.**

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TJ TRUCKING COMPANY POLICY

PRE TRIP INSPECTION IS A MUST!!!

Check oil, radiator, p/s fluid, betts, fuel, tires, wheels, lug-nuts, hubs, brakes, and springs. Check and clean lights and signal EVERY TIME before leaving the yard.

DURING TRIP

If Brakes need adjusting, pull over and adjust them!! This takes approximately 10 minutes to adjust a full set. If you don't know how to do this, let us know so that we can show and explain this process to you. It is our equipment and your life on the line, so take a few extra minutes to do this.

WHILE LOADING

Stay with your truck!! Make sure you do not overload or underload. Loading to the correct level is your responsibility. Do not pull under or away from the loading too quickly, if you make a mess of any kind at a customer's site, clean it up before leaving.

WHEN FUELING

Take time and wash your windows and mirrors, blow or sweep out the cab, dust off your dash and keep your trucks as clean as possible. Use the truck wash a few times per month, take a little pride in the appearance of your truck!!

WHEN RETURNING TO THE YARD

Make sure that all paperwork is filled out completely and correctly. Keep all your trip paper together in your weekly envelope, including inspections, freight bills, receipts etc. Be sure to park in the correct manner so that all the trucks can park in the yard. If you have any type of problem with your unit, make sure that it is noted on your inspection and reports that day to a supervisor so that it can immediately be taken care of. If your unit needs work done on it, please try to get back to the yard as soon as possible so that the repairs can be completed.

There are absolutely no riders in the truck except for company employees, this includes pets.

Please try to be on time for all jobs, especially when we are busy because it is a chain reaction of problems when we are late. Our customers rely on us to be on time for all jobs. Try to get to the jobsite on time everytime! Please let us know if there are questions regarding any of these policies.

Date_____ **Printed Name**_____

Signature_____

For driver applications 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: _____

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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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?			
IF YES	**Have you successfully completed the return-to-duty process?**		
IF YES	**Documentation <u>MUST BE PROVIDED</u> 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:**

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

Refusals to be tested? …… YES or NO If yes, please give date(s): _____ • Was rehabilitation

TO: _____ DATE: _____

Former Employer's Name

_____

Mailing Address

_____

City / State / Zip

_____ _____

Phone Number **Fax Number**

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

Applicant's Signature & Date _____ _____

Witness's Signature & Date _____

_____

REQUEST FROM:
Company: TJ TRUCKING
Address/City/State/Zip: 2531 WEST 5780 SOUTH
Telephone Number: 801-599-9062 **Fax Number: 801-967-4500**
Contact Person & Title _____ _____
NAME OF APPLICANT: _____ **SSN _____**

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

• Did applicant work for you as a _____ from ____/____/____ to ____/____/____ or

IF NO, please explain:_____

• If employed as a driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
• Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

• Why did this employee leave your company? _____

_____

• Would you re-employ this person? YES or NO IF NO, please explain:

• Additional comments:_____

_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS
• Alcohol tests with a result of 0.04 or greater? ……. YES or NO **If yes, please give date(s): _____**
• Verified positive controlled substances test results? … YES or NO **If yes, please give date(s): _____**

Refusals to be tested? …… YES or NO If yes, please give date(s): _____ • Was rehabilitation

completed as required? ……... YES or NO If yes, please give date(s): _____ Person providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Driver Application

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM	DATES TO		APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor – Two Trailers	Van, Reefer, Tank, Flat			OR	
Tractor – Three Trailers	Van, Reefer, Tank, Flat				
Motorcoach – School Bus (Greater than 8 passengers)	N/A				
Motorcoach – School Bus (Greater than 15 passengers)	N/A				
Other: _____	Van, Reefer, Tank, Flat, N/A				

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State _____ License Number _____ Expiration Date _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No
If yes, give details _____

Applicant Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

TJ TRUCKING DRIVER APPLICATION
2531 West 5780 South Taylorsville, Utah 84129

TO BE READ AND SIGNED BY APPLICANT

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

NAME _____
Last First Middle

_____
Social Security Number Phone Number Date of Birth Email Address

ADDRESS

_____
Street City State Zip

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name city state and zip code.

CURRENT OR LAST EMPLOYER: Name Phone Number (____)
Street Address City State Zip
Position Held _____ From _____ (month/year) To _____ (month/year)
Reasons for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason

SECOND LAST EMPLOYER: Name Phone Number (____)
Street Address City State Zip
Position Held From (month/year) To (month/year)
Reasons for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason

THIRD LAST EMPLOYER: Name Phone Number (____)
Street Address City State Zip
Position Held From (month/year) To (month/year)
Reasons for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

INQUIRY TO PAST EMPLOYER

PREVIOUS EMPLOYER	PROSPECTIVE EMPLOYER	PROSPECTIVE EMPLOYERS CONTACT INFO.
	TJ Trucking	TJ Trucking
	Troy Jacketta Tjtruckingasphalt.com troy@tjtruckingasphalt.com 801-599-9082	2531 West 5780 South, Taylorsville UT 84129 HR Payroll: Debbie Jacketta debbie@tjtruckingasphalt.com Fax: 801-967-4500

Dear Motor Carrier:

The person listed below has made application to this company for employment or contracting or contracting as a Driver and states that he/she was employed by you as a Driver from _____ to _____. If these dates are not correct, please provide from_____ to_____. The applicant has waived any claim of liability against your company for information submitted in response to the inquiry – See release form at the bottom of this page.

Name of Applicant: _____

Social Security Number: _____

Date of Birth: _____

1. Is the employment record with your company, including dates, correct as stated above? _____
2. What kind of work did the applicant do? _____
3. If employed as a driver, specify type of equipment: _____
4. If tractor-trailer, please specify type: Dry Van ___Tanker ___ Flatbed___ Reefer___ Dump___
5. Total Miles Driven _____
6. Number of Accidents_____ Number Preventable _____
7. Was the applicant's general conduct satisfactory? Yes_____ No_____
8. Reason for leaving your employment: Discharged_____ Laid Off_____ Resigned_____
9. Was applicant's Driver's License ever suspended? _____
10. Is the applicant competent for the position applicant is seeking? Yes_____ No_____
11. Would you re-employ? Yes_____ No_____
12. Any remarks regarding questions 1-11 above? _____

Signature of person supplying information_____

Date_____

I hereby authorize you to release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

Applicant's Signature Date

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Title_____ Signature_____ Date_____

INQUIRY TO PAST EMPLOYER

Driving History & Safety Performance

Previous Employer:

Applicant
Applicant Name: Social Security Number: DOB:

Date of Employment: From:

Prospective Employer:
TJ Trucking
2531 West 5780 South Taylorsville, Utah 84129
Troy Jacketta
801-599-9082
Confidential Email; Debbie@tjtruckingasphalt.com
Confidential Fax: 801-967-4500

Prospective Employer's Agent:
TJ Trucking
2531 West 5780 South Taylorsville, Utah 84129
HR Administrative Payroll
801-828-5205
Confidential Email: Debbie@tjtruckingasphalt.com
Confidential Fax: 801-967-4500

Section 1 (Applicant)
Applicant Authorization

I, _____ authorize _____to release and forward the information requested in sections 2 and 3 of this document concerning my Accident History within the previous 3 years to TJ Trucking (Prospective Employer).

Date:

Applicants Signature, _____

This information is being requested in compliance with 49 CFR 40.25 and 391.23.

In compliance with 49 CFR 40.25 (g) and 391.23 (h), release of this information must be made in a form that ensues confidentiality, such as fax, email or letter.

Section 2 (Previous Employer)
ACCIDENT HISTORY

The applicant named above was employed by you._____
Employed as (Job Title)_____
From Date_____To Date_____
Did he/she drive motor vehicle for you?_____
ACCIDENTS: Complete the following for any accidents included on your accident registrar that involved the applicant in the 3 years prior to date shown above or check here if there is no accident register data for this driver.
Check here if there is no accident data for this driver and skip to the last section _____.

DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL	PREVENTABLE	DESCRIPTION

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Title_____ Signature_____ Date_____

ROAD TEST EVALUATION

INSTRUCTIONS TO EXAMINER: For each section, use the following symbols to evaluate the driver's performance. In the SECTION SCORE, enter the number of tasks completed "Satisfactory."

Satisfactory = ✓ **Unsatisfactory = ✗** **Not Evaluated = N/A**

Driver's Name: _____

Phone: (__ __ __) __ __ __-__ __ __ __ License Number: _____ State: _____ Class: _____

Endorsements: _____

Equipment Driven: Truck/Tractor: _____ Trailer(s): _____
(Make & Model) (Body Type & Length of Each)

Date of Test: __ __/__ __/__ __ __ __ Start Time: __ __:__ __ (am/pm) Finish Time: __ __:__ __ (am/pm)

From: _____ To: _____ Length of Test: _____ miles

Weather Conditions: _____

PART 1 - PRE-TRIP INSPECTION

____ ____ ____ ____ ____	General Awareness • Driver is alert to hazards in the area. • Driver wears appropriate footwear/clothing. • Driver uses 3-point contact when entering and exiting the vehicle. • Driver keeps hands free when entering/exiting. • Driver uses a flashlight in low-lit areas.	____ ____ ____ ____ ____	Tractor Rear Driver checks: • Lights and reflectors • Supply (red), service (blue), electrical (green), and hydraulic (black) lines • Glad hands • Fifth wheel
____ ____ ____ ____ ____	Emergency & Personal Protective Equipment Driver checks for: • Emergency warning devices • Fire extinguisher and spare fuses • Work gloves • Fifth wheel pin puller, if equipped • Wheel chocks	____ ____ ____ ____ ____	Trailer Front Driver checks: • Supply (red), service (blue), electrical (green), and hydraulic (black) couplers • Kingpin • Reefer unit, if applicable • Condition of trailer front (signs of damage)
____ ____	Tractor Cab and Engine Driver checks: • Cab interior - Steering, brakes, horn, windshield wipers, ELD/ AOBR, mirrors, headlamps, signals, fluid levels • Engine - Fluid levels, battery, belts, signs of leaks	____ ____ ____ ____ ____	Trailer Sides Driver checks: • Landing gear crank and legs • Auxillary tank • Trailer skirts and trailer structure • Wheels, mud flaps, and spare tire • Lights, reflectors, and placards
____ ____ ____ ____ ____ ____ ____ ____	Tractor Front and Sides Driver checks: • Headlamps, turn signals/flashers • Tire tread depth and defects • Side steps, grab handles, • Bodywork, wipers, mirrors • Fuel tanks • Air tanks • Frame & cross members • Brakes	____ ____ ____ ____ ____ ____	Trailer Rear Driver checks: • DOT bumper • Doors and frame parts • Lights and reflective tape • Condition of trailer (signs of damage) • Padlock and seal, if applicable • Wheels flaps
		____	Driver Vehicle Inspection Report • Driver checks prior defects are repaired

PART 1: SATISFACTORY TASKS = _____ (out of 40)

Continued on next page.

ROAD TEST EVALUATION

INSTRUCTIONS TO EXAMINER: For each section, use the following symbols to evaluate the driver's performance. In the SECTION SCORE, enter the number of tasks completed "Satisfactory."

Satisfactory = ✓ **Unsatisfactory = ✗** **Not Evaluated = N/A**

PART 2 - TRAILER OPERATIONS

A. COUPLING THE TRAILER

- ____ • Driver inspects fifth wheel and king pin.
- ____ • Driver ensures fifth wheel is in proper position before coupling.
- ____ • Driver inspects area around truck for hazards.
- ____ • Driver ensures wheel chocks are in place.
- ____ • Driver uses 3-point contact to enter the tractor.
- ____ • Driver positions the tractor correctly.
- ____ • Driver connects glad hands to trailer before coupling.
- ____ • Driver couples the trailer properly.
- ____ • Driver raises the landing gear completely after coupling.

B. UNCOUPLING THE TRAILER

- ____ • Driver stretches before activity.
- ____ • Drivers checks for hazards around truck.
- ____ • Driver ensures ground is flat and can support trailer weight.
- ____ • Driver lines the tractor up straight with trailer.
- ____ • Driver shuts off trailer air supply and chocks the wheels.
- ____ • Driver disconnects air and electrical lines.
- ____ • Driver lowers the landing gear properly.
- ____ • Driver uses a fifth wheel pin puller.
- ____ • Driver uses proper technique to pull fifth wheel pin properly to avoid injury.

C. OPENING TRAILER DOORS

- ____ • Driver checks for shifted and fallen cargo before opening doors.
- ____ • Drivers installs a door strap before opening.
- ____ • Driver checks wind direction before opening.
- ____ • Driver stands to side before opening door.
- ____ • Driver understands not to catch falling cargo.
- ____ • Driver understands not to catch door if caught by high winds.

D. CRANKING THE LANDING GEAR

- ____ • Driver stretches before activity.
- ____ • Drivers checks for hazards around truck.
- ____ • Driver ensures ground is flat and can support trailer weight.
- ____ • Driver ensures range of motion is not inhibited by nearby objects/equipment.
- ____ • Driver wears gloves.
- ____ • Driver positions his/her body properly to avoid injuries and cranks handle away from body.
- ____ • Driver properly raises landing gear.
- ____ • Driver properly lowers the landing gear.

E. SLIDING TRAILER AXLES

- ____ • Driver stretches before activity.
- ____ • Drivers checks for hazards around truck.
- ____ • Driver ensures range of motion is not inhibited by nearby objects/equipment.
- ____ • Driver wears gloves.
- ____ • Driver sets parking brakes for tractor and trailer before sliding tandems.
- ____ • Driver uses proper body positioning for manually and automatically sliding the axles.
- ____ • Driver uses proper technique to manually slide the trailer axles properly.
- ____ • Driver slides the trailer axles properly using automatic release.

F. CARGO SECUREMENT

- ____ • Driver checks that cargo is properly distributed and adequately secured.
- ____ • Driver ensures cargo does not obstruct his/her view ahead or to either side.
- ____ • Driver ensures cargo does not impede arms, legs or access to emergency equipment.
- ____ • Driver ensures cargo does not impede exit from cab or driver compartment.
- ____ • Driver ensures cargo is secure from:
  - Leaking,
  - Spilling,
  - Blowing off the vehicle,
  - Falling from the vehicle,
  - Falling through the vehicle,
  - Dislodging from the vehicle, or
  - Shifting to an extent that the vehicle's stability or maneuverability is adversely affected.
- ____ • Driver is aware that each cargo securement system must be able to withstand a minimum amount of force in each direction.
- ____ • Driver ensures anchor points and elements of the vehicle are in good working order with no obvious damage, distress, or weakened points that would affect performance or reduce the working load.
- ____ • Driver ensures securing devices for assigned vehicle are in good working order.
- ____ • Driver ensures blocking and bracing materials can withstand being split or crushed by cargo.
- ____ • Driver ensures commodity-specific cargo securement procedures are used in accordance with FMCSR Part 393 and National Safety Code Standard 10 (Canada only).
- ____ • Drivers ensures vehicle is not overweight.

PART 2: SATISFACTORY TASKS = _____ (out of 51)

Continued on next page.

ROAD TEST EVALUATION

INSTRUCTIONS TO EXAMINER: For each section, use the following symbols to evaluate the driver's performance. In the SECTION SCORE, enter the number of tasks completed "Satisfactory."

Satisfactory = ✓ **Unsatisfactory = ✗** **Not Evaluated = N/A**

PART 3 - OPERATING THE VEHICLE

A. PRE-DEPARTURE

____	• Driver knows proper use of and checks tractor protection valve
____	• Driver tests service brakes
____	• Driver tests parking brake
____	• Driver builds full pressure in air tanks before starting
____	• Driver places transmission in neutral before starting engine
____	• Driver properly starts engine without dificulty and checks instruments to normal readings
____	• Driver checks instruments at regular interval
____	• Drivers turns on lights before driving

B. DRIVING

____	• Driver accelerates unit moving smoothly from a standstill
____	• Driver selects proper gears and shifts correctly
____	• Driver maintains proper RPM while driving
____	• Driver checks instruments regularly while driving
____	• Driver manages space around the truck
____	• Driver does not exhibit aggressive driving behaviors or road rage
____	• Driver uses horn only when necessary
____	• Driver yields the right of way
____	• Driver comes to a complete stop at all stop signs
____	• Driver adjusts speed in construction and school zones
____	• Driver dims lights when approaching another vehicle or following other traffic
____	• Driver adjusts speed for range of headlights
____	• Driver stops clear of crosswalks
____	• Driver obeys all traffic laws and signals
____	• Driver maintains proper following distance
____	• Driver only passes slower traffic when it is safe and legal to do so
____	• Driver returns promptly to the right lane after passing, but only if it is safe to do so
____	• Driver allows suficient space ahead for passing
____	• Driver gets out and checks area around truck before backing
____	• Driver utilizes mirrors properly
____	• Driver signals when backing (if appropriate)
____	• Driver avoids backing from blind side
____	• Driver requests traffic control when backing across travel lanes

C. GRADE CROSSING

____	• Driver approaches highway-rail grade crossings slowly
____	• Driver turns on 4-way flashers, if required
____	• Driver turns off fan and radio and rolls down window to check for approaching trains
____	• Driver stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary
____	• Driver selects proper gear and does not shift gears while crossing
____	• Driver understands FMCSA regulations pertaining to grade crossings

D. TURNING

____	• Driver does not pull into middle of intersection when waiting to turn left
____	• Driver can judge the closing rate of oncoming traffic properly when making a left turn
____	• Driver does not run red light to make a turn
____	• Driver checks traffic conditions and turns only when intersection is clear
____	• Driver performs maneuver safely
____	• Driver positions rear of trailer close to curb to prevent a right-turn squeeze collision
____	• Driver does not cross center line in path of oncoming traffic when making sharp right turn
____	• Driver signals intention to turn well in advance
____	• Driver gets in proper lane well in advance of turn
____	• Driver does not make a U-turn unless instructed by emergency responders

E. PARKING

____	• Driver parks where it is safe and legal to do so
____	• Driver can park the unit without hitting any other vehicles or stationary objects
____	• Driver understands emergency warning devices must be in place within 10 minutes of stopping
____	• Driver can demonstrate where to place emergency warning devices
____	• Driver parks adequate distance from curbs
____	• Driver carefully enters traffic from parked position
____	• Driver secures unit properly once parked

PART 3: SATISFACTORY TASKS = _____ (out of 54)

Continued on next page.

ROAD TEST EVALUATION

INSTRUCTIONS TO EXAMINER: For each section, use the following symbols to evaluate the driver's performance. In the SECTION SCORE, enter the number of tasks completed "Satisfactory."

Satisfactory = ✓ **Unsatisfactory = ✗** **Not Evaluated = N/A**

PART 4 - CRITICAL CRASHES

A. PREVENTING REAR-END CRASHES

- Driver maintains proper following distance.
- Driver can explain how to calculate proper following distance by counting seconds using a stationary object.
- Driver operates the truck 2-3 MPH below the flow of traffic without exceeding the speed limit.
- Driver adjusts speed based on conditions.
- Driver can identify in-cab distractions.
- Driver enters GPS coordinates before departure.
- Driver puts mobile devices away before departure.
- Driver does not answer cell phone while driving.
- Driver has a general knowledge of factors that contribute to rear-end crashes:
  - Following distance,
  - Speed,
  - Distractions, and
  - Improper reaction to hazards.
- Driver has a general knowledge of how to calculate a tractor-trailer's stopping distance at 65 MPH:
  - Perception time,
  - Reaction time,
  - Brake lag, and
  - Braking distance.

B. PREVENTING LANE CHANGE CRASHES

- Driver can identify the six most dangerous positions around the truck.
- Driver adjusts mirrors before driving.
- Driver avoids unnecessary lane changes.
- Driver maintains proper following distance to avoid abrupt lane changes.
- Driver uses the "Lean and Look" technique.
- Driver does not change lanes near exit/ entrance ramps or intersections.
- Driver uses turn signals properly.
- Driver avoids abrupt lane changes.
- Driver has a general knowledge of factors that contribute to lane change crashes:
  - Frequent lane changes,
  - Improper space management,
  - Poor planning,
  - Distractions, and
  - Improper following distance.

C. PREVENTING LOSS OF CONTROL CRASHES

- Driver can explain how to react when the tractor or trailer begins to jackknife:
  - Disengage the clutch or shift to neutral,
  - Steer into the skid, and
  - Make corrections until vehicle straightens.
- Driver can explain the effect of centrifugal force when entering curve, turn, or ramp.
- Driver understands the risks of braking too hard in a curve, ramp or turn.
- Driver slows down 10-15 MPH below the posted speed on ramps, curves, and turns.
- Driver understands to hit an animal or object in the road instead of swerving to avoid it.
- Driver understands to never veer to the left if oncoming traffic enters his/her lane.
- Driver has a general knowledge of factors that contribute to jackknifes:
  - Adverse road conditions,
  - Driver behavior,
  - Equipment failure, and/or
  - Empty or lightly-laden trailers.
- Driver has a general knowledge of factors that contribute to rollovers:
  - Excessive speed,
  - Centrifugal force,
  - Driver behavior,
  - Environment, and/or
  - High center of gravity.

D. PREVENTING RUN-UNDER CRASHES

- Driver does not pull into middle of intersection when making a left turn.
- Driver yields the right of way.
- Driver understands U-turns are never allowed.
- Driver understands to back up across traffic lanes only if traffic control and spotters are available.
- Driver stops at all railroad crossings.
- Driver slows at all intersections.
- Driver understands if a turn or exit is missed, it is better to go to the next exit to turn around or make four right turns to double back.
- Driver has a general knowledge of factors that contribute to run under crashes:
  - Timing (Miscalculating speed of oncoming traffic),
  - Failing to yield the right of way,
  - Night conspicuity,
  - U-turns, and/or
  - Backing across travel lanes.

PART 4: SATISFACTORY TASKS = _____ (out of 35)

Continued on next page.

ROAD TEST EVALUATION

REMARKS

ROAD TEST EVALUATION

CALCULATE OVERALL SCORE

INSTRUCTIONS:

1. For Sections 1 through 4, enter the total number of tasks completed satisfactorily (✓).
2. In the SUM field, add together the scores for Sections 1 through 4.
3. Divide the SUM amount by 180. Enter this percentage in the DRIVER SCORE field. This is the percentage of tasks that were completed satisfactorily.
4. Compare the driver's score against the company's minimum passing score to determine if the driver meets company hiring and retention standards.
5. Answer the four questions below. Have the driver and road test examiner sign and date the form.

SECTION SCORES

SECTION 1 _____ out of 40

SECTION 2 _____ out of 51

SECTION 3 _____ out of 54

SECTION 4 _____ out of 35

SUM: _____ ÷ 180 = **DRIVER SCORE:** _____ = _____ %

Minimum Passing Score

1. Does the driver's performance meet or exceed company standards? **YES** ___ **NO** ___

2. If NO, was this due to a critical violation or an overall low score?

   Critical Violation _____ **Low Overall Score** _____ (check one)

   If a critical violation occurred, please list the violation(s) below.

   Critical Violation(s): _____

   _____

3. If the driver's performance meets company standards but areas for improvement were documented, please list the corrective actions below. If not applicable, write "N/A."

   Corrective Action(s): _____

   _____

4. Is the driver qualified to operate the equipment on which he/she was evaluated? **YES** ___ **NO** ___

   Reason: _____

   _____

   _____

_____ _____

Signature of Driver Date

_____ _____

Signature of Examiner Date

ROAD TEST EVALUATION

The Road Test Evaluation form is an optional risk management tool to help motor carriers determine if a driver meets company-established performance standards. It can be used to evaluate applicant drivers as well as tenured drivers. Before using this form, motor carriers should establish the minimum score needed to achieve a "Satisfactory" rating by the company's road test evaluator.

ROAD TEST EVALUATOR INSTRUCTIONS

1. Ensure the evaluation is of sufficient length to properly evaluate the driver's skills.
2. Be sure the driver has a valid license to operate the type of equipment to be driven.
3. Ensure the evaluation will be performed in the type of equipment for which the driver is being hired. If possible, trailers should be loaded (especially tanks).
4. Explain the evaluation process and scoring to the driver. Be clear that if a critical violation occurs the test will end immediately. The driver will be scored as failing to meet company standards.
5. Give the driver an opportunity to ask questions before the start of the evaluation.
6. Provide necessary direction and instructions during the evaluation.
7. Conduct the evaluation over a well-planned course that includes the types of environments the driver may work in (i.e. city, rural, highway, etc.).
8. Non-driving tasks should be carefully observed. Watch for body position and behaviors that indicate knowledge of proper injury prevention techniques.
9. After each section is complete, add the total number of tasks completed "Satisfactorily."
10. Any time the driver commits a critical violation, the road test must be stopped. The evaluator should assume driving duties and escort the driver back to the terminal.
11. When the road test is complete, the evaluator should:
    a. Include remarks based on his/her observations, including areas for improvement.
    b. Calculate the overall percentage of tasks completed satisfactorily and determine if the driver's score meets company standards.
    c. Sign the completed form along with the driver.
    d. Provide the driver constructive review.
    e. Turn the evaluation in to the hiring manager or designated company representative.

Note: Additional evaluation and training may be necessary depending on the type of equipment the driver will be driving. Longer Combination Vehicles (LCVs) require documentation of experience and training; and must be attested to by appropriate company officials.

For the most current list of **critical violations**, go to the SMS Methodology website: https://csa.fmcsa.dot.gov/Documents/SMSMethodology.pdf

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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	Employee's E-mail Address	Employee's 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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

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				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

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	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **5304-SIMPLE**
(Rev. March 2012)
Department of the Treasury
Internal Revenue Service

Savings Incentive Match Plan for Employees of Small Employers (SIMPLE)—Not for Use With a Designated Financial Institution

OMB No. 1545-1502

Do not file with the Internal Revenue Service

_____ establishes the following SIMPLE
Name of Employer

IRA plan under section 408(p) of the Internal Revenue Code and pursuant to the instructions contained in this form.

Article I—Employee Eligibility Requirements *(complete applicable box(es) and blanks—see instructions)*

1 **General Eligibility Requirements.** The Employer agrees to permit salary reduction contributions to be made in each calendar year to the SIMPLE IRA established by each employee who meets the following requirements (select either 1a or 1b):

a ☒ **Full Eligibility.** All employees are eligible.

b ☐ **Limited Eligibility.** Eligibility is limited to employees who are described in both (i) and (ii) below:

(i) **Current compensation.** Employees who are reasonably expected to receive at least $ _____ in compensation (not to exceed $5,000) for the calendar year.

(ii) **Prior compensation.** Employees who have received at least $ _____ in compensation (not to exceed $5,000) during any _____ calendar year(s) (insert 0, 1, or 2) preceding the calendar year.

2 **Excludable Employees.**

☐ The Employer elects to exclude employees covered under a collective bargaining agreement for which retirement benefits were the subject of good faith bargaining. **Note:** *This box is deemed checked if the Employer maintains a qualified plan covering only such employees.*

Article II—Salary Reduction Agreements *(complete the box and blank, if applicable—see instructions)*

1 **Salary Reduction Election.** An eligible employee may make an election to have his or her compensation for each pay period reduced. The total amount of the reduction in the employee's compensation for a calendar year cannot exceed the applicable amount for that year.

2 **Timing of Salary Reduction Elections**

a For a calendar year, an eligible employee may make or modify a salary reduction election during the 60-day period immediately preceding January 1 of that year. However, for the year in which the employee becomes eligible to make salary reduction contributions, the period during which the employee may make or modify the election is a 60-day period that includes either the date the employee becomes eligible or the day before.

b In addition to the election periods in 2a, eligible employees may make salary reduction elections or modify prior elections _____, _____. If the Employer chooses this option, insert a period or periods (for example, semi-annually, quarterly, monthly, or daily) that will apply uniformly to all eligible employees.

c No salary reduction election may apply to compensation that an employee received, or had a right to immediately receive, before execution of the salary reduction election.

d An employee may terminate a salary reduction election at any time during the calendar year. ☐ If this box is checked, an employee who terminates a salary reduction election not in accordance with 2b may not resume salary reduction contributions during the calendar year.

Article III—Contributions *(complete the blank, if applicable—see instructions)*

1 **Salary Reduction Contributions.** The amount by which the employee agrees to reduce his or her compensation will be contributed by the Employer to the employee's SIMPLE IRA.

2a **Matching Contributions**

(i) For each calendar year, the Employer will contribute a matching contribution to each eligible employee's SIMPLE IRA equal to the employee's salary reduction contributions up to a limit of 3% of the employee's compensation for the calendar year.

(ii) The Employer may reduce the 3% limit for the calendar year in (i) only if:

(1) The limit is not reduced below 1%; **(2)** The limit is not reduced for more than 2 calendar years during the 5-year period ending with the calendar year the reduction is effective; and **(3)** Each employee is notified of the reduced limit within a reasonable period of time before the employees' 60-day election period for the calendar year (described in Article II, item 2a).

b **Nonelective Contributions**

(i) For any calendar year, instead of making matching contributions, the Employer may make nonelective contributions equal to 2% of compensation for the calendar year to the SIMPLE IRA of each eligible employee who has at least $ _____, (not more than $5,000) in compensation for the calendar year. No more than $250,000* in compensation can be taken into account in determining the nonelective contribution for each eligible employee.

(ii) For any calendar year, the Employer may make 2% nonelective contributions instead of matching contributions only if:
(1) Each eligible employee is notified that a 2% nonelective contribution will be made instead of a matching contribution; and
(2) This notification is provided within a reasonable period of time before the employees' 60-day election period for the calendar year (described in Article II, item 2a).

3 **Time and Manner of Contributions**

a The Employer will make the salary reduction contributions (described in 1 above) for each eligible employee to the SIMPLE IRA established at the financial institution selected by that employee no later than 30 days after the end of the month in which the money is withheld from the employee's pay. See instructions.

b The Employer will make the matching or nonelective contributions (described in 2a and 2b above) for each eligible employee to the SIMPLE IRA established at the financial institution selected by that employee no later than the due date for filing the Employer's tax return, including extensions, for the taxable year that includes the last day of the calendar year for which the contributions are made.

* *This is the amount for 2012. For later years, the limit may be increased for cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS's internet website at* ***IRS.gov.***

Article IV—Other Requirements and Provisions

1 **Contributions in General.** The Employer will make no contributions to the SIMPLE IRAs other than salary reduction contributions (described in Article III, item 1) and matching or nonelective contributions (described in Article III, items 2a and 2b).

2 **Vesting Requirements.** All contributions made under this SIMPLE IRA plan are fully vested and nonforfeitable.

3 **No Withdrawal Restrictions.** The Employer may not require the employee to retain any portion of the contributions in his or her SIMPLE IRA or otherwise impose any withdrawal restrictions.

4 **Selection of IRA Trustee.** The Employer must permit each eligible employee to select the financial institution that will serve as the trustee, custodian, or issuer of the SIMPLE IRA to which the Employer will make all contributions on behalf of that employee.

5 **Amendments To This SIMPLE IRA Plan.** This SIMPLE IRA plan may not be amended except to modify the entries inserted in the blanks or boxes provided in Articles I, II, III, VI, and VII.

6 **Effects Of Withdrawals and Rollovers**

a An amount withdrawn from the SIMPLE IRA is generally includible in gross income. However, a SIMPLE IRA balance may be rolled over or transferred on a tax-free basis to another IRA designed solely to hold funds under a SIMPLE IRA plan. In addition, an individual may roll over or transfer his or her SIMPLE IRA balance to any IRA or eligible retirement plan after a 2-year period has expired since the individual first participated in any SIMPLE IRA plan of the Employer. Any rollover or transfer must comply with the requirements under section 408.

b If an individual withdraws an amount from a SIMPLE IRA during the 2-year period beginning when the individual first participated in any SIMPLE IRA plan of the Employer and the amount is subject to the additional tax on early distributions under section 72(t), this additional tax is increased from 10% to 25%.

Article V—Definitions

1 **Compensation**

a **General Definition of Compensation.** Compensation means the sum of the wages, tips, and other compensation from the Employer subject to federal income tax withholding (as described in section 6051(a)(3)), the amounts paid for domestic service in a private home, local college club, or local chapter of a college fraternity or sorority, and the employee's salary reduction contributions made under this plan, and, if applicable, elective deferrals under a section 401(k) plan, a SARSEP, or a section 403(b) annuity contract and compensation deferred under a section 457 plan required to be reported by the Employer on Form W-2 (as described in section 6051(a)(8)).

b **Compensation for Self-Employed Individuals.** For self-employed individuals, compensation means the net earnings from self-employment determined under section 1402(a), without regard to section 1402(c)(6), prior to subtracting any contributions made pursuant to this plan on behalf of the individual.

2 **Employee.** Employee means a common-law employee of the Employer. The term employee also includes a self-employed individual and a leased employee described in section 414(n) but does not include a nonresident alien who received no earned income from the Employer that constitutes income from sources within the United States.

3 **Eligible Employee.** An eligible employee means an employee who satisfies the conditions in Article I, item 1 and is not excluded under Article I, item 2.

4 **SIMPLE IRA.** A SIMPLE IRA is an individual retirement account described in section 408(a), or an individual retirement annuity described in section 408(b), to which the only contributions that can be made are contributions under a SIMPLE IRA plan and rollovers or transfers from another SIMPLE IRA.

Article VI—Procedures for Withdrawals

(The Employer will provide each employee with the procedures for withdrawals of contributions received by the financial institution selected by that employee, and that financial institution's name and address (by attaching that information or inserting it in the space below) unless: ***(1)*** *that financial institution's procedures are unavailable, or* ***(2)*** *that financial institution provides the procedures directly to the employee. See* ***Employee Notification*** *in the instructions.)*

Article VII—Effective Date

This SIMPLE IRA plan is effective _____. See instructions.

* * * * *

_____ By: _____ Signature _____ Date

Name of Employer

_____ _____

Address of Employer Name and title

Model Notification to Eligible Employees

I. Opportunity to Participate in the SIMPLE IRA Plan

You are eligible to make salary reduction contributions to the _____ SIMPLE IRA plan. This notice and the attached summary description provide you with information that you should consider before you decide whether to start, continue, or change your salary reduction agreement.

II. Employer Contribution Election

For the 2023 calendar year, the Employer elects to contribute to your SIMPLE IRA *(employer must select either (1), (2), or (3)):*

☐ **(1)** A matching contribution equal to your salary reduction contributions up to a limit of 3% of your compensation for the year;

☐ **(2)** A matching contribution equal to your salary reduction contributions up to a limit of 3 % *(employer must insert a number from 1 to 3 and is subject to certain restrictions)* of your compensation for the year; or

☐ **(3)** A nonelective contribution equal to 2% of your compensation for the year (limited to compensation of $250,000*) if you are an employee who *makes at least $* _____ *(employer must insert an amount that is $5,000 or less)* in compensation for the year.

III. Administrative Procedures

To start or change your salary reduction contributions, you must complete the salary reduction agreement and return it to _____ (employer should designate a place or *individual by* _____ *(employer should insert a date that is not less than 60 days after notice is given).*

IV. Employee Selection of Financial Institution

You must select the financial institution that will serve as the trustee, custodian, or issuer of your SIMPLE IRA and notify your Employer of your selection.

Model Salary Reduction Agreement

I. Salary Reduction Election

Subject to the requirements of the SIMPLE IRA plan of _____ *(name of employer)* I authorize _____ % or $ _____ (which equals _____ % of my current rate of pay) to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

II. Maximum Salary Reduction

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the applicable amount for that year. See instructions.

III. Date Salary Reduction Begins

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA plan and as soon as administratively feasible or, if later, _____ . *(Fill in the date you want the salary reduction contributions to begin. The date must be after you sign this agreement.)*

IV. Employee Selection of Financial Institution

I select the following financial institution to serve as the trustee, custodian, or issuer of my SIMPLE IRA.

_____
Name of financial institution

_____
Address of financial institution

_____
SIMPLE IRA account name and number

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE IRA plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE IRA plan. If I fail to update my agreement to provide this information by that date, I understand that my Employer may select a financial institution for my SIMPLE IRA.

V. Duration of Election

This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE IRA plan or until I provide my Employer with a request to end my salary reduction contributions or provide a new salary reduction agreement as permitted under this SIMPLE IRA plan.

Signature of employee _____ Date _____

* *This is the amount for 2012. For later years, the limit may be increased for cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS website at* ***IRS.gov.***

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Form 5304-SIMPLE is a model Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) plan document that an employer may use to establish a SIMPLE IRA plan described in section 408(p), under which each eligible employee is permitted to select the financial institution for his or her SIMPLE IRA.

These instructions are designed to assist in the establishment and administration of the SIMPLE IRA plan. They are not intended to supersede any provision in the SIMPLE IRA plan.

Do not file Form 5304-SIMPLE with the IRS. Instead, keep it with your records.

For more information, see Pub. 560, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans), and Pub. 590, Individual Retirement Arrangements (IRAs).

Note. If you used the March 2002, August 2005, or September 2008 version of Form 5304-SIMPLE to establish a model Savings Incentive Match Plan, you are not required to use this version of the form.

Which Employers May Establish and Maintain a SIMPLE IRA Plan?

To establish and maintain a SIMPLE IRA plan, you must meet both of the following requirements:

1. Last calendar year, you had no more than 100 employees (including self-employed individuals) who earned $5,000 or more in compensation from you during the year. If you have a SIMPLE IRA plan but later exceed this 100-employee limit, you will be treated as meeting the limit for the 2 years following the calendar year in which you last satisfied the limit.

2. You do not maintain during any part of the calendar year another qualified plan with respect to which contributions are made, or benefits are accrued, for service in the calendar year. For this purpose, a qualified plan (defined in section 219(g)(5)) includes a qualified pension plan, a profit-sharing plan, a stock bonus plan, a qualified annuity plan, a tax-sheltered annuity plan, and a simplified employee pension (SEP) plan. A qualified plan that only covers employees covered under a collective bargaining agreement for which retirement benefits were the subject of good faith bargaining is disregarded if these employees are excluded from participating in the SIMPLE IRA plan. If the failure to continue to satisfy the 100-employee limit or the one-plan rule described in 1 and 2 above is due to an acquisition or similar transaction involving your business, special rules apply. Consult your tax advisor to find out if you can still maintain the plan after the transaction.

Certain related employers (trades or businesses under common control) must be treated as a single employer for purposes of the SIMPLE IRA requirements. These are: (1) a controlled group of corporations under section 414(b); (2) a partnership or sole proprietorship under common control under section 414(c); or (3) an affiliated service group under section 414(m). In addition, if you have leased employees required to be treated as your own employees under the rules of section 414(n), then you must count all such leased employees for the requirements listed above.

What Is a SIMPLE IRA Plan?

A SIMPLE IRA plan is a written arrangement that provides you and your employees with an easy way to make contributions to provide retirement income for your employees. Under a SIMPLE IRA plan, employees may choose whether to make salary reduction contributions to the SIMPLE IRA plan rather than receiving these amounts as part of their regular compensation. In addition, you will contribute matching or nonelective contributions on behalf of eligible employees (see *Employee Eligibility Requirements* below and *Contributions* later). All contributions under this plan will be deposited into a SIMPLE individual retirement account or annuity established for each eligible employee with the financial institution selected by him or her.

When To Use Form 5304-SIMPLE

A SIMPLE IRA plan may be established by using this Model Form or any other document that satisfies the statutory requirements.

Do not use Form 5304-SIMPLE if:

1. You want to require that all SIMPLE IRA plan contributions initially go to a financial institution designated by you. That is, you do not want to permit each of your eligible employees to choose a financial institution that will initially receive contributions. Instead, use Form 5305-SIMPLE, Savings Incentive Match Plan for Employees of Small Employers (SIMPLE)—for Use With a Designated Financial Institution;

2. You want employees who are nonresident aliens receiving no earned income from you that is income from sources within the United States to be eligible under this plan; or

3. You want to establish a SIMPLE 401(k) plan.

Completing Form 5304-SIMPLE

Pages 1 and 2 of Form 5304-SIMPLE contain the operative provisions of your SIMPLE IRA plan. This SIMPLE IRA plan is considered adopted when you have completed all applicable boxes and blanks and it has been executed by you.

The SIMPLE IRA plan is a legal document with important tax consequences for you and your employees. You may want to consult with your attorney or tax advisor before adopting this plan.

Employee Eligibility Requirements (Article I)

Each year for which this SIMPLE IRA plan is effective, you must permit salary reduction contributions to be made by all of your employees who are reasonably expected to receive at least $5,000 in compensation from you during the year, and who received at least $5,000 in compensation from you in any 2 preceding years. However, you can expand the group of employees who are eligible to participate in the SIMPLE IRA plan by completing the options provided in Article I, items 1a and 1b. To choose full eligibility, check the box in Article I, item 1a. Alternatively, to choose limited eligibility, check the box in Article I, item 1b, and then insert "$5,000" or a lower compensation amount (including zero) and "2" or a lower number of years of service in the blanks in (i) and (ii) of Article I, item 1b.

In addition, you can exclude from participation those employees covered under a collective bargaining agreement for which retirement benefits were the subject of good faith bargaining. You may do this by checking the box in Article I, item 2. Under certain circumstances, these employees must be excluded. See *Which Employers May Establish and Maintain a SIMPLE IRA Plan?* above.

Salary Reduction Agreements (Article II)

As indicated in Article II, item 1, a salary reduction agreement permits an eligible employee to make a salary reduction election to have his or her compensation for each pay period reduced by a percentage (expressed as a percentage or dollar amount). The total amount of

the reduction in the employee's compensation cannot exceed the applicable amount for any calendar year. The applicable amount is $11,500 for 2012. After 2012, the $11,500 amount may be increased for cost-of-living adjustments. In the case of an eligible employee who is 50 or older by the end of the calendar year, the above limitation is increased by $2,500 for 2012. After 2012, the $2,500 amount may be increased for cost-of-living adjustments.

Timing of Salary Reduction Elections

For any calendar year, an eligible employee may make or modify a salary reduction election during the 60-day period immediately preceding January 1 of that year. However, for the year in which the employee becomes eligible to make salary reduction contributions, the period during which the employee may make or modify the election is a 60-day period that includes either the date the employee becomes eligible or the day before.

You can extend the 60-day election periods to provide additional opportunities for eligible employees to make or modify salary reduction elections using the blank in Article II, item 2b. For example, you can provide that eligible employees may make new salary reduction elections or modify prior elections for any calendar quarter during the 30 days before that quarter.

You may use the *Model Salary Reduction Agreement* on page 3 to enable eligible employees to make or modify salary reduction elections.

Employees must be permitted to terminate their salary reduction elections at any time. They may resume salary reduction contributions for the year if permitted under Article II, item 2b. However, by checking the box in Article II, item 2d, you may prohibit an employee who terminates a salary reduction election outside the normal election cycle from resuming salary reduction contributions during the remainder of the calendar year.

Contributions (Article III)

Only contributions described below may be made to this SIMPLE IRA plan. No additional contributions may be made.

Salary Reduction Contributions

As indicated in Article III, item 1, salary reduction contributions consist of the amount by which the employee agrees to reduce his or her compensation. You must contribute the salary reduction contributions to the financial institution selected by each eligible employee.

Matching Contributions

In general, you must contribute a matching contribution to each eligible employee's SIMPLE IRA equal to the employee's salary reduction contributions. This matching contribution cannot exceed 3% of the employee's compensation. See *Definition of Compensation*, below.

You may reduce this 3% limit to a lower percentage, but not lower than 1%. You cannot lower the 3% limit for more than 2 calendar years out of the 5-year period ending with the calendar year the reduction is effective.

Note. If any year in the 5-year period described above is a year before you first established any SIMPLE IRA plan, you will be treated as making a 3% matching contribution for that year for purposes of determining when you may reduce the employer matching contribution.

To elect this option, you must notify the employees of the reduced limit within a reasonable period of time before the applicable 60-day election periods for the year. See *Timing of Salary Reduction Elections* above.

Nonelective Contributions

Instead of making a matching contribution, you may, for any year, make a nonelective contribution equal to 2% of compensation for each eligible employee who has at least $5,000 in compensation for the year. Nonelective contributions may not be based on more than $250,000* of compensation.

To elect to make nonelective contributions, you must notify employees within a reasonable period of time before the applicable 60-day election periods for such year. See *Timing of Salary Reduction Elections* above.

Note. Insert "$5,000" in Article III, item 2b(i) to impose the $5,000 compensation requirement. You may expand the group of employees who are eligible for nonelective contributions by inserting a compensation amount lower than $5,000.

Effective Date (Article VII)

Insert in Article VII the date you want the provisions of the SIMPLE IRA plan to become effective. You must insert January 1 of the applicable year unless this is the first year for which you are adopting any SIMPLE IRA plan. If this is the first year for which you are adopting a SIMPLE IRA plan, you may insert any date between January 1 and October 1, inclusive of the applicable year.

Additional Information

Timing of Salary Reduction Contributions

The employer must make the salary reduction contributions to the financial institution selected by each eligible employee for his or her SIMPLE IRA no later than the 30th day of the month following the month in which the amounts would otherwise have been payable to the employee in cash.

The Department of Labor has indicated that most SIMPLE IRA plans are also subject to Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Under Department of Labor regulations at 29 CFR 2510.3-102, salary reduction contributions must be made to each participant's SIMPLE IRA as of the earliest date on which those contributions can reasonably be segregated from the employer's general assets, but in no event later than the 30-day deadline described previously.

Definition of Compensation

"Compensation" means the amount described in section 6051(a)(3) (wages, tips, and other compensation from the employer subject to federal income tax withholding under section 3401(a)), and amounts paid for domestic service in a private home, local college club, or local chapter of a college fraternity or sorority. Usually, this is the amount shown in box 1 of Form W-2, Wage and Tax Statement. For further information, see Pub. 15, (Circular E), Employer's Tax Guide. Compensation also includes the salary reduction contributions made under this plan, and, if applicable, compensation deferred under a section 457 plan. In determining an employee's compensation for prior years, the employee's elective deferrals under a section 401(k) plan, a SARSEP, or a section 403(b) annuity contract are also included in the employee's compensation.

For self-employed individuals, compensation means the net earnings from self-employment determined under section 1402(a), without regard to section 1402(c)(6), prior to subtracting any contributions made pursuant to this SIMPLE IRA plan on behalf of the individual.

Employee Notification

You must notify each eligible employee prior to the employee's 60-day election period described above that he or she can make or change salary reduction elections and select the financial institution that will serve as the trustee, custodian, or

This is the amount for 2012. For later years, the limit may be increased for cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS's website at* ***IRS.gov**.*

issuer of the employee's SIMPLE IRA. In this notification, you must indicate whether you will provide:

1. A matching contribution equal to your employees' salary reduction contributions up to a limit of 3% of their compensation;

2. A matching contribution equal to your employees' salary reduction contributions subject to a percentage limit that is between 1 and 3% of their compensation; or

3. A nonelective contribution equal to 2% of your employees' compensation.

You can use the *Model Notification to Eligible Employees* earlier to satisfy these employee notification requirements for this SIMPLE IRA plan. A *Summary Description* must also be provided to eligible employees at this time. This summary description requirement may be satisfied by providing a completed copy of pages 1 and 2 of Form 5304-SIMPLE (including the information described in *Article VI—Procedures for Withdrawals).*

If you fail to provide the employee notification (including the summary description) described above, you will be liable for a penalty of $50 per day until the notification is provided. If you can show that the failure was due to reasonable cause, the penalty will not be imposed.

If the financial institution's name, address, or withdrawal procedures are not available at the time the employee must be given the summary description, you must provide the summary description without this information. In that case, you will have reasonable cause for not including this information in the summary description, but only if you ensure that it is provided to the employee as soon as administratively feasible.

Reporting Requirements

You are not required to file any annual information returns for your SIMPLE IRA plan, such as Form 5500, Annual Return/Report of Employee Benefit Plan, or Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan. However, you must report to the IRS which eligible employees are active participants in the SIMPLE IRA plan and the amount of your employees' salary reduction contributions to the SIMPLE IRA plan on Form W-2. These contributions are subject to social security, Medicare, railroad retirement, and federal unemployment tax.

Deducting Contributions

Contributions to this SIMPLE IRA plan are deductible in your tax year containing the end of the calendar year for which the contributions are made.

Contributions will be treated as made for a particular tax year if they are made for that year and are made by the due date (including extensions) of your income tax return for that year.

Summary Description

Each year the SIMPLE IRA plan is in effect, the financial institution for the SIMPLE IRA of each eligible employee must provide the employer the information described in section 408(l)(2)(B). This requirement may be satisfied by providing the employer a current copy of Form 5304-SIMPLE (including instructions) together with the financial institution's procedures for withdrawals from SIMPLE IRAs established at that financial institution, including the financial institution's name and address. The summary description must be received by the employer in sufficient time to comply with the *Employee Notification* requirements earlier.

There is a penalty of $50 per day imposed on the financial institution for each failure to provide the summary description described above. However, if the failure was due to reasonable cause, the penalty will not be imposed.

Paperwork Reduction Act Notice. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	3 hr., 38 min.
Learning about the law or the form	2 hr., 26 min.
Preparing the form	47 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, keep it with your records.

TJ Trucking Employee Emergency Contact Form

Emergency Contact Name: _____

Relationship to Employee: _____

Phone Number: _____

Email: _____

Address: _____

_____

In the event of an emergency and/or the company is unable to contact me, I authorize TJ Trucking LLC to contact the emergency contact listed above.

Employee Name: _____ Date: _____

Employee Signature: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address | First date of employment | Employer identification number (EIN)

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize _____ *(company name)* to send credit entries, as well as appropriate debit and adjustment entries, to my account indicated below. These deposits may be made electronically or by any other commercially accepted method.

Personal information

Name: _____

Address: _____

City _____, State _____, Zip Code _____.

Social Security #: _____

Financial Institution Information

Name: _____

Branch: _____

Address: _____

City _____, State _____, Zip Code _____.

Transit #: _____

Account #: _____

Type of account: [ ] Checking account [ ] Savings account

Please attach a voided check for each bank account to which funds should be deposited (if necessary)

This authorization will remain in effect until revoked by me in writing.

_____ *Name*

_____ *Signature*

_____ *Date*

Re: Driving Record Release

I,_____, authorize Commercial Underwriters Insurance Agency dba CUI Agency to release information with regard to my personal driving record to **TJ TRUCKING LLC** for driving requirements, which includes a copy of my driving record.

Signature: _____

Date: _____

Full Name: _____

Driver License #: _____

Issuing State: _____

Date of Birth: _____

TJ TRUCKING LLC

2531 West 5780 South

Taylorsville, UT 84129