

## NORTH PARK TRANSPORTATION CO.

5150 COLUMBINE STREET • DENVER, COLORADO 80216  
(303) 295-0300 • FAX (303) 295-6244

### DRIVER APPLICATION

COMPLETE IN FULL OR YOUR APPLICATION WILL NOT BE CONSIDERED.

#### APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Can you legally work in United States? YES NO  
Did anyone refer you? YES NO Name: \_\_\_\_\_  
Have you worked for this company before? YES NO Dates: \_\_\_\_\_  
Do you have any relatives employed by this company? YES NO Name: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Have you ever been convicted of a felony? YES NO If yes: \_\_\_\_\_

#### PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

#### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

List states operated in during the last five years: \_\_\_\_\_

List any special driving courses or training: \_\_\_\_\_

List safe driving awards held and who the awards were presented by: \_\_\_\_\_

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been bonded (answer if only a job requirement)?

YES NO

Name of bonding company: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

If yes, explain: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

YES NO

If yes, explain: \_\_\_\_\_

Have you ever tested positive or refused to test on any pre-employment alcohol or drug test administered by any prospective employer?

YES NO

If yes, explain: \_\_\_\_\_

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

YES NO

If yes, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Regulations?      YES      NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?      YES      NO

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N	
High School					
College					
Other					

List types of equipment you can operate: \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT	
<p>I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I understand and consent to any pre- or post-employment testing required such as a substance abuse testing. I understand that under the Fair Credit Reporting Act, Public Law 91-508, and I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living. I agree to furnish and/or complete any additional information required to complete my employee file.</p> <p>I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:</p> <ul style="list-style-type: none"> <li>• Review information provided by current/prior employers;</li> <li>• Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and</li> <li>• 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.</li> </ul> <p>I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite point of time. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice.</p> <p>This certifies that I completed and understood all of this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</p>	
Applicant Signature	Date
Applicant Name (printed)	

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

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

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by, the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

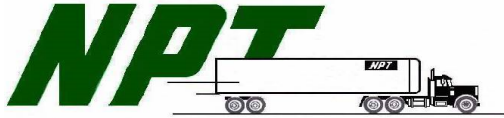
Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver Name: \_\_\_\_\_

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

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



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### **Background Check Disclosure and Authorization Form**

I hereby authorize North Park Transportation to utilize the services of an outside agency to make an investigation of my personal, employment history, education, financial and credit records if required. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies; and other records as may be appropriate. Previous employment reference will also be verified as needed. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

We hereby disclose to you that in the event that information from the report is utilized in whole or in part in making an adverse decision with regard to employment. Before making an adverse decision, you will be provided with a copy of the consumer report and a summary of rights under the Fair Credit Reporting Act. The Company will carry out this requirement in a fair, consistent and non-discriminatory manner, complying with applicable state and federal laws and guidelines, including the Fair Credit Reporting Act and the Equal Opportunities Commission.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information, which is obtained in this investigation.

Background searches will be conducted by Asurint, P.O. Bos 14730, Cleveland, OH 44114, 800-906-2034.

Any copies of this authorization shall be deemed an original and shall be accepted as such by every person.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

For residents of California, New York, Washington, Minnesota and Oklahoma, please check the appropriate box below:

☐ I would like a copy of this report

☐ I waive my right to receive a copy of the report

If you live or are applying for a job in the State of California, please review this additional notice: you may view the file maintained on you during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing in person to North Park Transportation offices during normal business hours and with reasonable notice, or by mail. You may also receive a summary of the file by telephone. The Company has trained personnel available to explain your file to you, including coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.



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I, \_\_\_\_\_, hereby provide consent to North Park Transportation “the Company” to conduct pre-employment full queries and year end limited query of the \*FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must then prohibit me from performing safety-sensitive functions, including driving a commercial moving vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*The CDL Drug and Alcohol Clearinghouse is a database for the FMCSA that contains information on drug and alcohol violation for commercial drivers. The purpose of the Clearinghouse, as mandated by section 32402 of MAP-21, is to maintain records of all drug and alcohol program violations in a central repository and require that employers query the system to determine whether current and prospective employees have incurred a drug or alcohol violation that would prohibit them from performing safety-sensitive functions covered by the FMCSA and U.S. Department of Transportation (DOT) drug and alcohol regulations.

Every CDL holder is required to have an account with the Federal Drug and Alcohol Clearinghouse. This is a federal mandate, not just something the Company must do. Once an account is set-up, you will have to accept the Company’s access to your profile when the query is sent out. A notification will be sent out to you when the query is sent and the Clearinghouse will also send a notification via email or mail informing you of the request.

You must sign-up immediately if you are not in the Clearinghouse system and verified as you will not be allowed to operate a commercial motor vehicle for the Company until that has happened.

The website and instructions for the Clearinghouse is [clearinghouse.fmcsa.dot.gov](http://clearinghouse.fmcsa.dot.gov), for any other questions please contact the Safety Department.

#### Clearinghouse Instructions:

1. Navigate to [clearinghouse.fmcsa.dot.gov](http://clearinghouse.fmcsa.dot.gov) and select the log-in button on the top right corner
2. Create a new account
3. Input a valid email address
  - a. Open your email account and open the email sent from [login.gov](mailto:login.gov) to confirm your email address
4. Create a password
5. Set-up authentication (choose cell phone, option #3
6. Input a cell phone number and you will be sent a 6-digit code via text message to input
7. Once successfully logged in select Driver, option #2
8. Add your personal information and hit next to add your CDL info (do not input dashes or spaces in your CDL number)
9. Accept the terms and agreements to complete your registration



***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Signature

\_\_\_\_\_  
Name (Please Print)

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

*LAST UPDATED 12/22/2015*

**Employee's Withholding Certificate****2022**

- ▶ **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.**

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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  
Dependents**

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 and 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)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



**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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<i>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.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 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)
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**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



Employer Completes Next Page





**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

**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.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		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.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

## GENERAL HANDBOOK ACKNOWLEDGMENT

This Employee Handbook is an important document intended to help employees become acquainted with North Park Transportation. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this Handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Handbook.

**I have received and read a copy of North Park Transportation's Employees Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Company at any time.**

**I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.**

**I understand that no representative of North Park Transportation other than the CEO and/or the Head of Human Resources may alter "at will" status and any such modification must be in a signed writing.**

**I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Employee Handbook.**

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

Employee's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

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

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.



### EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires North Park Transportation to determine this information by visual survey and/or other available information.

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

JOB TITLE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

GENDER:      ☐ Male                      ☐ Female                      ☐ Other

#### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ Native American or Alaska Native

☐ Two or more races

☐ I do not wish to disclose

#### VETERAN STATUS:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ Vietnam Era Veteran

☐ Special Disabled Veteran

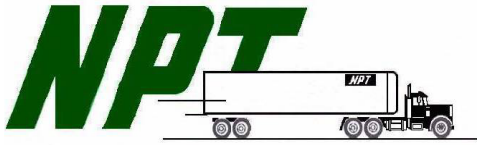
☐ Other Protected Veteran

☐ Recently Separated Veteran

☐ Armed Forces Service Medal Veterans

OTHER:      ☐ Individual with Disabilities

☐ I do not wish to Self-Identify



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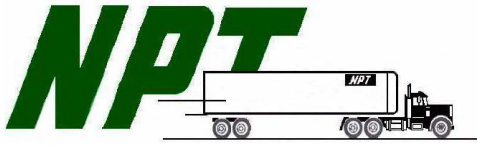
**VIDEO TRAINING CERTIFICATE**

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

The employee above has been issued this certificate of attendance for attending a 15-minute-long audio/visual presentation on Extreme Driving Conditions.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



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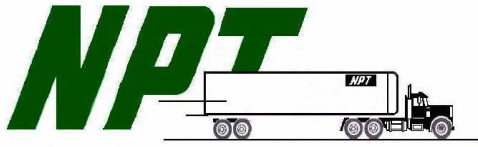
**VIDEO TRAINING CERTIFICATE**

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

The employee above has been issued this certificate of attendance for attending a 20-minute-long audio/visual presentation on Dock Safety.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



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## NPT Fork Lift Safety Test

You must select TRUE or FALSE for each question asked.

QUESTION	TRUE	FALSE
1. Only trained and authorized workers can operate forklifts		
2. Up to three people can ride on a forklift if reasonable handholds are available		
3. The stability triangle is used to describe how the unit/load center of gravity can tip over a forklift		
4. Operators should inspect their forklift before each shift		
5. Pedestrians always have the right of way		
6. Before entering a trailer, check to see if the trailer wheels are chocked		
7. Carry loads high enough to see under at all times		
8. On ramps and inclines always keep the load up hill		
9. You should never travel with a load raised more than a few inches		
10. Before traveling with a load, the forks should extend into a pallet all the way		
11. An Operator can raise or lower a load as soon as it is secure on the forks		
12. The forklift operator is responsible for verifying the security of a trailer before loading or unloading		
13. A forklift is not unattended if the operator is within sight		

14. It is not necessary to shut off the engine before fueling		
15. Face away from the forklift when mounting or dismounting it		
16. You get under a raised load whenever it is necessary		
17. You get under a raised load whenever it is necessary		
18. Gas spills when fueling should be cleaned up immediately following proper safety procedures		
19. The most important reason for forklift training is safety		
20. Keep the forks close together for added stability		
21. Always keep your hands and feet inside the forklift		
22. The rated capacity of a forklift can be found on the manufactures ID plate		
23. Forklift tires are designed to prevent skidding and sliding		
24. Use reverse as a brake		
25. Use dock lights or headlights when you are working in a trailer		
26. Jump clear of a forklift that is about to tip over		

### **Forklift Training Certification Acknowledgement**

I acknowledge receipt of the North Park Transportation Forklift Operation Guide and Training, and also have received training for Basic Forklift Principles, Safe Forklift Operation, operating instructions and precautions for the type of forklift to be operated and hazards specific to the workplace environment.

\_\_\_\_\_  
Date

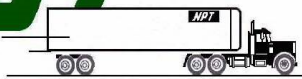
\_\_\_\_\_  
Employees Signature

In addition, the employee has demonstrated proficiency in the safe handling and operation of a forklift.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Signature

NOTE: Completed test and certification must be sent to the Denver Safety Department.



## NORTH PARK TRANSPORTATION CO.

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### Inquiry to Past Employers

I, (Print Name) \_\_\_\_\_ hereby authorize  
First M.I. Last Social Security No.  
my previous employer to release and forward the information requested on this document in compliance with  
DOT and FMCSA regulations for my application on \_\_\_\_\_. In compliance with 40.25(g) and 391.23,  
release of this information must be made in a written form that ensures confidentiality.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### Previous Employer Information:

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Prospective Employer:

Company: North Park Transportation Company Phone: 303-295-0300 Fax: 303-295-6244

Email: dduran@nopk.biz Address: 5150 Columbine Street Denver, CO 80216

The applicant named above was employed by your company? Yes No  
Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
What kind(s) of work did the applicant perform? \_\_\_\_\_  
If employed as a driver, please indicate the type of equipment operated:  
Tractor-Semitrailer Straight Truck Cargo Tank Doubles/Triples Bus  
Other (specify): \_\_\_\_\_  
Reason for leaving employment: \_\_\_\_\_

#### Accidents:

Complete the following for any accidents included in your accident register that involved the applicant in the 3 years prior to the date signed by the applicant above, or check \_\_\_\_\_ here if there is no accident data for the driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____



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

**Drug and Alcohol History:**

If the driver was not subject to DOT testing requirements while employed by this employer please check here

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40? (If no, please skip this section).

Yes No

Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?

Yes No

Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

Yes No

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?

Yes No

Has this person committed other violations of Subpart B or Part 382, or Part 40?

Yes No

If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.

Yes No

For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

Yes No

Any other remarks: \_\_\_\_\_

In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employees in the previous 3 years prior to the application date shown on page 1.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

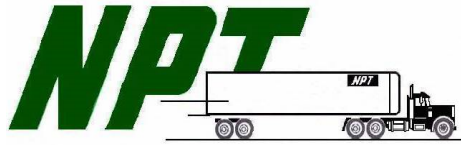
Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **Inquiry to Past Employer – Previous Employers**

Terminal: \_\_\_\_\_ Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Transportation and Federal Motor Carrier Safety Administration (391.21) regulations require that North Park Transportation have a list of the names, addresses and the reason for leaving employment of your previous employers with whom you were an operator of a Commercial Motor Vehicle during the 10 years preceding the date your application was submitted.

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

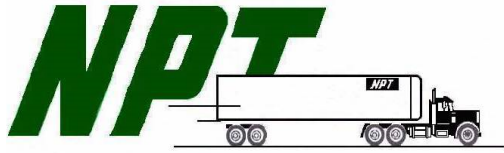
Previous employer name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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



## NORTH PARK TRANSPORTATION CO.

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### MOTOR VEHICLE ROAD TEST SCORE SHEET

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

License No. \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Type of Equipment: Tractor: \_\_\_\_\_ Trailer: \_\_\_\_\_

Check each item that the driver performs in a satisfactory manner. All un-checked items require additional driver training. This test will be postponed if the brake lights, hazard lights, turn signals and horn do not work properly or the rear of the vehicle or trailer is not equipped with splash guards /9spash guards on City Skip Trailers excluded).

#### PRE-TRIP INSPECTION

- ☐ Fully evaluates condition of vehicle
- ☐ Checks for oil, water, fuel leaks
- ☐ Checks fuel, oil and water levels
- ☐ Checks, tires, lights reflectors
- ☐ Checks air hoses, electrical connections
- ☐ Checks suspension points, steering linkage
- ☐ Checks service and parking brakes; hand valve
- ☐ Checks wipers, mirrors, horn, and gauges
- ☐ Checks emergency equipment
- ☐ Cleans windows, mirrors, lights
- ☐ Uses DVIR

#### PLACING VEHICLE IN MOTION

- ☐ Checks mirror adjustment
- ☐ Puts transmission in neutral
- ☐ Shifts gears smoothly
- ☐ Starts motor without difficulty
- ☐ Allows proper warm-up
- ☐ Builds full air pressure before starting
- ☐ Checks brakes within 100 ft. of starting
- ☐ Checks and understands instruments
- ☐ Uses clutch properly
- ☐ Maintains proper engine RPM
- ☐ Times gearshift properly
- ☐ Uses proper gear sequence
- ☐ Uses seatbelt

#### CONTROLS AND EQUIPMENT

- ☐ Knows proper use of parking brake
- ☐ Knows proper use of hand valve
- ☐ Understands "low air" warning
- ☐ Understands use of 4-way flashers
- ☐ Uses proper headlight beam
- ☐ Dims lights when following others
- ☐ Dims lights when meeting others
- ☐ Adjusts speed to range of lights
- ☐ Knows how to replace fuses
- ☐ Knows how to use fire extinguisher
- ☐ Knows placement of warning devices
- ☐ Knows placement position of chocks
- ☐ Knows operation of engine brake (if equipped)

#### OPERATING IN TRAFFIC

##### *Intersections and Turning*

- ☐ Enters intersections prepared to stop
- ☐ Checks for cross traffic
- ☐ Yields to others
- ☐ Signals direction changes in advance
- ☐ Gets in proper lane well in advance of turn
- ☐ Turns only when way is clear
- ☐ Blocks traffic from curb side of turn

##### *Signs and Signals*

- ☐ Starts slowly from stopped position
- ☐ Looks ahead for signs and signals
- ☐ Comes to a complete stop at stop signs
- ☐ Approaches signs and signals prepared to stop
- ☐ Slows vehicle gradually

#### *Railroad Grade Crossings*

- ☐ Adjusts speed to crossing conditions
- ☐ If required, comes to a complete stop
- ☐ Stops required distance from crossing
- ☐ Avoids shifting gears while crossing

#### *Passing*

- ☐ Allows sufficient space for passing
- ☐ Passes only when there is long-term advantage
- ☐ Passes only in a safe location
- ☐ Signals when changing lanes
- ☐ Proceeds in proper lane

#### *Speed*

- ☐ Observes posted speed limit
- ☐ Uses timed interval following distance
- ☐ Observes speed limit consistent with conditions
- ☐ Maintains steady speed on open road
- ☐ Adjusts speed for curves, other danger zones

#### *General*

- ☐ Grips steering wheel properly
- ☐ Good driving posture
- ☐ Centers vehicle in driving lane
- ☐ Reads traffic lights in advance
- ☐ Evaluates traffic patterns early
- ☐ Aware of traffic around unit
- ☐ Frequent use of mirrors
- ☐ Avoids being boxed in
- ☐ Makes eye contact with others
- ☐ Alert to live parking
- ☐ Makes good driving decisions

#### **BRAKES AND SLOWING**

- ☐ Brakes as soon as need is recognized
- ☐ Avoids sudden stops
- ☐ Stops smoothly without rolling back
- ☐ Tests brakes at top of hills
- ☐ Gears down to descent grades
- ☐ Uses brake properly on grades
- ☐ Keeps check on air gauges

#### **BACKING AND PARKING**

##### *Backing*

- ☐ Avoids backing from blind side
- ☐ Avoids unnecessary backing
- ☐ Warns others when backing
- ☐ Checks area before backing
- ☐ Uses mirrors to advantage
- ☐ If in doubt, gets out and looks
- ☐ Proper backing maneuvers

##### *Parking*

- ☐ Selects secure area to park
- ☐ Parks to avoid backing when leaving
- ☐ Parks correct distance from curb or roadway
- ☐ Turns on warning flashers

##### *Secures unit:*

- ☐ Turns wheel
- ☐ Sets brakes
- ☐ Puts in gear
- ☐ Uses chocks
- ☐ Locks unit

---

## **Driver Performance Evaluation Results**

Based on this examination, is this driver qualified to operate commercial motor vehicles for North Park Transportation? ☐ YES ☐ NO

If "NO", explain additional training planned for this driver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of examiner: \_\_\_\_\_

\_\_\_\_\_  
Examiner Signature

\_\_\_\_\_  
Date



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### CERTIFICATE OF DRIVER'S ROAD TEST

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

Driver's Name: \_\_\_\_\_ Operator's License No. & State \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer(s): \_\_\_\_\_

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

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

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

Examiner Name: \_\_\_\_\_ Examiner Title: \_\_\_\_\_

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

Organization: North Park Transportation Co. Address: \_\_\_\_\_

## DRIVER DATA SHEET

For Casuals, New-Hires, & Other Temporary Drivers

Name (Print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation (Rule 395.8 require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last seven (7) days.

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

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

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

---

### EMPLOYMENT CHECK LIST FOR CASUALS

In addition to the above information supplied by the driver subparagraph 391.51(d) of the Motor Carrier Safety Regulations requires that the driver qualification file or for an intermittent, casual or occasional driver employed under the rules in subparagraph 391.63 must include the following: (ATA forms which may be used to complete the casual file are suggested in parenthesis).

The person obtaining the information from the driver must initial each item in the space provided.

1. Medical Examiner's Certificate – The medical examiner's certificate of the driver's physical qualification to drive a motor vehicle or a legible photocopy of the certificate pursuant to Section 391-43. \_\_\_\_\_
2. Certificate of Driver's Road Test – The certificate of driver's road test issued to the driver pursuant to Section 391.31, or a copy of the CDL license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.
3. Certificate of written Examination, Question and Answers – The questions asked and the answers the driver gave, and the certificate of written examination issued to the driver pursuant as to subparagraph 391-35, or a copy of a certificate which the motor carrier accepted equivalent to a written examination, pursuant to subparagraph 391.37.  
NOTE: If certificates required by #2 and #3 are more than three (3) years old, the necessary tests must be administered. \_\_\_\_\_
4. Compliance with Controlled Substance Testing Requirements \_\_\_\_\_
5. Certification of Qualified Driver - As provided in 49 CFR 391, a person who is a qualified driver regularly employed by another motor carrier may be used upon presentation of a valid Certificate of Qualification (ATA Form C0750). A legible photographic copy must be attached to this form. \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Carrier Agent)

## Notice to Drivers and Certificate of Compliance

Motor Carrier Requirements - The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSA) contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. Possess only one license – You, as a commercial vehicle driver, may not possess more than one motor vehicle operator’s license.
2. Notification of License Suspension, Revocation or Cancellation: Sections 391.15(b)(2) and 383.33 of the FMCSA require that you notify your employer the **next business day** of any revocation, suspension, cancellation, or disqualification of your driver’s license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
3. CDL Domicile Requirement: Section 383.23(a)(2) requires that your commercial driver’s license be issued by your legal state of domicile, where you have your true, fixed, and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

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The following license is the only one I possess:

Driver’s License No. \_\_\_\_\_ State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ Exp Date \_\_\_\_\_

Driver Certification: I certify that I have read and understood the above requirements/

Driver’s Name (Printed): \_\_\_\_\_

Driver’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_





*NORTH PARK TRANSPORTATION CO.*

5150 COLUMBINE STREET • DENVER, COLORADO 80216  
(303) 295-0300 • FAX (303) 295-6244

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**DRIVER'S RECEIPT – SAFETY REGULATIONS**

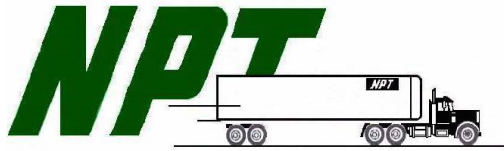
I acknowledge receipt of the Federal Motor Carrier Safety Regulations Pocketbook (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations of the US Department of Transportation, Parts 40, 382, 390-397, 399 subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

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

Company: North Park Transportation Company

Supervisor or Carrier Representative Signature: \_\_\_\_\_

Note: This receipt shall be signed by the driver. A responsible Company supervisor shall countersign the receipt to be placed in the driver's qualification file.



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### Written Examination for Drivers

You must select one answer to each question asked.

1. With only a few exceptions, the Federal Motor Carrier Safety Regulations say a driver must be (§391.11):
  - ☐ At least 18 years old
  - ☐ At least 19 years old
  - ☐ At least 20 years old
  - ☐ At least 21 years old
2. Shifting gears is not permitted (§392.10):
  - ☐ When traveling faster than 35 miles per hour
  - ☐ When moving across any bridge
  - ☐ When crossing railroad tracks
  - ☐ When traveling down a hill steeper than 10 degrees
3. At least once a year, a driver must fill out a form listing all motor vehicle violations (except parking) occurring during the previous 12 months. The driver must fill out the form (§391.27):
  - ☐ Even if there were no violations
  - ☐ Only if convicted
  - ☐ Only if convicted or had forfeited bond or collateral
  - ☐ Only if the carrier requires it
4. A driver may not drive faster than posted speed limit (§392.2):
  - ☐ Unless the driver is sick and must complete the run quickly
  - ☐ At any time
  - ☐ Unless the driver is passing another vehicle
  - ☐ Unless the driver is late and must make a scheduled arrival
5. The underlying cause of nearly every skid is (CDL License Handbook & §383.111(c)(13)):
  - ☐ Trailer jackknifing
  - ☐ Excessive speed for road condition
  - ☐ Poor tire treads
  - ☐ Cargo is unbalanced or not properly secured
6. Federal Motor Carrier Safety Regulations disqualify a driver for one year for the following violations (§383.51):
  - ☐ Driving while under the influence of alcohol
  - ☐ Refusal to take an alcohol test
  - ☐ Leaving the scene of an accident
  - ☐ All the above

7. Almost all rear-end collisions are the fault of the driver who rear-ended the other vehicle (NPT Employee Handbook & §383.111):
- ☐ True
  - ☐ False
8. Every power unit must be equipped with (§393.95(a)):
- ☐ A cold weather jacket
  - ☐ Work boots
  - ☐ A pair of gloves
  - ☐ A properly filled fire extinguisher
9. When turning a vehicle, a driver should begin flashing the turn signals (NPT Employee Handbook & §383.113(b)):
- ☐ When you begin the turn
  - ☐ Only if other vehicles are seen
  - ☐ Just before starting the turn
  - ☐ Signal early, well before you turn
10. Maintaining an unsafe following distance could result in (NPT Employee Handbook & §383.111(c)(8)):
- ☐ A rear-end collision
  - ☐ A quicker trip
  - ☐ Better aerodynamics
  - ☐ None of the above
11. If a vehicle has a breakdown on a two-way highway, emergency warning devices must be placed §392.22(b)(1):
- ☐ 100 feet in back of the vehicle in the center of the traffic lane or shoulder where your truck is stopped
  - ☐ 10 feet behind the truck in the center of the traffic lane or shoulder where your truck is stopped
  - ☐ One at 100 feet in front of the vehicle so that oncoming traffic can see it
  - ☐ All the above
12. If a vehicle has a breakdown on a one-way divided highway, emergency warning devices must be placed (§392.22(b)(2)(v)):
- ☐ One at 200 feet from the truck in the direction of approaching traffic in the center lane or shoulder where the truck is stopped
  - ☐ One at 100 feet from the truck in the direction of approaching traffic
  - ☐ One no more than 10 feet to the rear of the truck
  - ☐ All the above
13. A driver who has tested negative on a random drug test (§382.303(i)(2)):
- ☐ Cannot be tested again within 30 days
  - ☐ Cannot be tested again within 60 days
  - ☐ Can be selected for another such test at any time
  - ☐ Cannot be tested again for one year
14. Increasing your following distance helps you (NPT Employee Handbook & §383.111(c)(8)):
- ☐ Increase visibility
  - ☐ Has little impact on your schedule
  - ☐ Gives you and others an out
  - ☐ All of the above

15. When a driver receives notice of license or permit revocation, suspension or other withdrawal action, the driver must (§391.15(b)(2)):
- ☐ Notify the carrier within 72 hours
  - ☐ Notify the carrier within one week
  - ☐ Notify the carrier before the end of the next business day
  - ☐ Take no action since the carrier will get a notice
16. Under the Federal Motor Carrier Safety Regulations, no vehicle may be driven (§396.7(a)):
- ☐ Until a list of all missing or defective equipment has been prepared and given to the carrier
  - ☐ Until all equipment has been inspected and replacements for defective parts have been ordered
  - ☐ Unless all missing equipment is to be replaced no later than the end of the vehicle's next run
  - ☐ Until it meets all of the equipment requirements of the regulations
17. When a driver is not at the vehicle's controls, the shipping papers are to be (§177.817(e)(z)):
- ☐ On the driver's seat
  - ☐ In a holder or mounted to the inside of the driver's door
  - ☐ At home
  - ☐ Either 1 or 2
18. According to company policy, you may have one of the following citations or convictions on your record in the previous 60 months (NPT Employee Handbook):
- ☐ Driving while under the influence
  - ☐ Hit and run
  - ☐ Leaving the scene of an accident
  - ☐ None of the above
19. According to company policy, if you have a collision, you should notify (NPT Employee Handbook):
- ☐ Your spouse as soon as possible
  - ☐ Your dispatcher as soon as possible
  - ☐ Your home terminal as soon as possible
  - ☐ Your safety Department as soon as possible
20. Seat belts must be worn (§392.16 & NPT Employee Handbook):
- ☐ Whenever you are on an interstate
  - ☐ At speeds in excess of 30 miles per hour
  - ☐ Whenever driving
  - ☐ Whenever you feel like it
21. A safe following distance while operating a tractor trailer is (NPT Employee Handbook & §383.111(c)(8)):
- ☐ One second for each 10 feet of vehicle you are driving plus at least one additional second as required
  - ☐ As close as you can get to the vehicle in front of you
  - ☐ Two seconds behind the vehicle in front of you
  - ☐ None of the above
22. The common causes of backing collisions include: backing unnecessarily, not being able to see what's behind you, vehicle design and (NPT Employee Handbook & §383.111(c)(4)):
- ☐ Inadequate set up and planning
  - ☐ Too slow of a truck
  - ☐ Failing to get out and look when you are not sure
  - ☐ Both 1 and 3

23. Danger signs of fatigue include (NPT Employee Handbook):

- ☐ Can't focus or keep your eyes open
- ☐ Can't stop yawning
- ☐ Speeding up or slowing down often
- ☐ All of the above

24. According to the maximum driving time regulations you can drive for how many hours after ten hours of rest (§395.3(a)(1)):

- ☐ 11 Hours
- ☐ 15 hours
- ☐ 6 hours
- ☐ 5 hours

25. Danger signs that should alert you to potential trouble are (NPT Employee Handbook & §383.111(c)(11)):

- ☐ Children playing along the roadway
- ☐ Flashing lights ahead of you
- ☐ A merging ramp
- ☐ All of the above

26. When driving your eyes should be focused on (NPT Employee Handbook & §383.111(c)(5)):

- ☐ The object directly ahead of you
- ☐ The white line on the side of the road
- ☐ As big a picture as you can get
- ☐ The center line of the road

27. While driving you should not do the following (NPT Employee Handbook):

- ☐ Talk on a cell phone
- ☐ Eat breakfast, lunch or dinner
- ☐ Read a map
- ☐ All of the above

28. You should check your mirrors (NPT Employee Handbook):

- ☐ Every two seconds
- ☐ Every hour
- ☐ Every five to eight seconds
- ☐ Every twenty minutes

29. A driver required to stop at a railroad crossing should bring the vehicle to a stop no closer to the tracks than (§392.10(a)):

- ☐ 5 feet
- ☐ 10 feet
- ☐ 15 feet
- ☐ 20 feet

30. Safety is the responsibility of (NPT Employee Handbook):

- ☐ Just the driver and Safety Department
- ☐ Everyone at this company
- ☐ The owner(s)
- ☐ None of the above

31. According to the Hours of Service of Drivers Regulations you can't do what after you have been on duty for 14 hours (§395.3(a)(2):
- ☐ Load and unload
  - ☐ Drive
  - ☐ Sleep
  - ☐ inspect your truck
32. A person with breathing problems, arthritis, rheumatism, epilepsy, or any problems that affect safe driving cannot drive a commercial motor vehicle. In order to be able to drive, a driver (§391.41):
- ☐ Must not have any mental, nervous or physical problem likely to affect safe driving
  - ☐ Must not use an amphetamine, narcotic or any habit-forming drug
  - ☐ Must not have a current alcoholism problem
  - ☐ Must not have or have used any of the above
33. An NPT driver may not drink an alcoholic beverage within 12 hours of going on duty and cannot perform safety sensitive functions with an alcohol concentration of .04 or greater (NPT Employee Handbook & §382.201):
- ☐ True
  - ☐ False
34. An NPT driver may not drive after being on duty (§395.5(b)(2):
- ☐ For more than 40 hours in any 7 consecutive days
  - ☐ For more than 50 hours in any 7 consecutive days
  - ☐ For more than 60 hours in any 7 consecutive days
  - ☐ For more than 70 hours in any 8 consecutive days
35. A driver must be satisfied with the service of all the following before driving (§396.7(a) & §396.11(a)):
- ☐ Parking and service brakes
  - ☐ Tires
  - ☐ Reflectors
  - ☐ Mirrors
  - ☐ Lights
  - ☐ The horn and steering mechanism
  - ☐ Coupling devices
  - ☐ All of the above
36. No person who operates a commercial motor vehicle shall at any time have more than one driver's license (§383.21):
- ☐ True
  - ☐ False
37. If you get your CDL suspended, you do not have to tell your employer by the end of the next business day §391.15(b)(2):
- ☐ True
  - ☐ False
38. If your vehicle breaks down, one of the necessary arrangements to make is to place an emergency signal 100 feet in front and at 10 feet and 100 feet back of your lane if you are on a 2-lane road flowing in both directions (§392.22(b)(1):
- ☐ True
  - ☐ False

39. Except those allowed by the carrier, no driver should let anyone else ride in their vehicle, unless it is an emergency (NPT Employee Handbook & §392.60(a)):
- ☐ True
  - ☐ False
40. If Federal Department of Transportation regulations are stricter than state or local regulations, which one should be followed (§390.9):
- ☐ Federal DOT
  - ☐ State and local
41. Drivers who received their CDL after July 20, 2003, must also have received a certificate or Diploma of Entry Level Driver Training before they are qualified to drive a CMV (§380.507):
- ☐ True
  - ☐ False
42. In addition to a CDL with proper endorsement a driver must also have a Longer Combination Vehicle Driver Training Certificate or a Grandfathering Certificate before they can haul double and triple trailers (§380.107):
- ☐ True
  - ☐ False
43. With an "H" endorsement listed on your CDL, you can (§383.153(a)(9)(IV)):
- ☐ Haul a placarded quantity of hazardous materials
  - ☐ Drive 16 or more passengers
  - ☐ Haul a tank with liquid or gas
  - ☐ Haul double and triple trailers
44. NPT Line Haul drivers, on the road, are to maintain a distance of 5 miles from any other company equipment (NPT Employee Handbook):
- ☐ True
  - ☐ False
45. The total number of on-duty hours includes which of the following (§395.2):
- ☐ Driving
  - ☐ Waiting on freight to be loaded
  - ☐ Performing any compensated work for anyone
  - ☐ All of the above
46. The related items for inspecting a vehicle include all of the following except (§396.11, §396.13 & §393.106(b)):
- ☐ Vehicle registration
  - ☐ Bad tires
  - ☐ Steering system defects
  - ☐ Braking system defects
  - ☐ Covered bridge regulations
  - ☐ Cargo securement
47. A pre-trip inspection must be done prior to beginning every trip each day and a post-trip inspection report should be completed at the end of every trip (§396.11 & §396.13):
- ☐ True
  - ☐ False

48. Smoking is not allowed on or in NPT company property (NPT Employee Handbook):

- ☐ True  
☐ False

49. Shipping papers provide which of the following for each hazardous material intended for transportation (§172.202):

- ☐ Proper shipping name  
☐ Hazard class  
☐ Identification number  
☐ Packing group  
☐ Total quantity by weight, volume, or as otherwise appropriate  
☐ All of the above

50. The required warning Hazmat Placard must be displayed \_\_\_\_\_ of the freight container or transport vehicle (§172.504(a)):

- ☐ Only on each side  
☐ On the front  
☐ On each side and each end  
☐ Only on the dock

### **NPT Written Road Test Certification**

All incorrect answered or responses will be discussed with you so knowledge or instruction of the information is recorded.

Driver Name: \_\_\_\_\_

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

Incorrect Answers to be reviewed with the driver: \_\_\_\_\_

\_\_\_\_\_

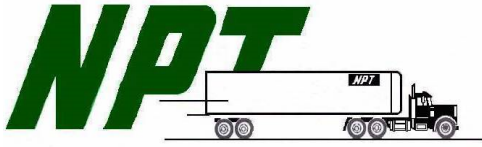
Comments: \_\_\_\_\_

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

NOTE: Completed test and certification must be sent to the Denver Safety Department.





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**Hazardous Materials (HM)/HAZMAT Driver Test**

True or False

\_\_\_\_\_ A carrier's employee can accept HMS from shippers or interline carriers with leaking, damaged or recouped packages as long as the driver makes an exception on the bill.

\_\_\_\_\_ An employee handling HMs freight must have an Emergency Response Guidebook available and know how to use it.

\_\_\_\_\_ A carrier's HAZMAT employee does not need to be able to identify HMs freight because it is the shipper's responsibility to identify all HMs on the bill of lading.

\_\_\_\_\_ Report the full details on any HMs incident to your supervisor as quickly as possible.

\_\_\_\_\_ A carrier's employee should refuse to accept HMs freight from a shipper or interline carrier if the shipping papers are improperly prepared or the freight is damaged.

\_\_\_\_\_ Since shippers must certify on the bill of lading that the HMs shipped are properly described and labeled a carrier's HAZMAT employee is not required to check if a HM basic description is on the shipping papers before accepting a HMs shipment.

\_\_\_\_\_ A HMs basic description only contains the ID Number (UN/NA number) and the hazard class or division (ie:1.4).

\_\_\_\_\_ Bulk packaging is any container with a capacity to hold 119 gallons (450 L) or 882 pounds (400 Kg).

\_\_\_\_\_ Bulk packaging has special placarding requirements.

\_\_\_\_\_ The basic descriptions for HMs can be found in the HMs Table 49 CFR Sec. 172.101.

\_\_\_\_\_ HMs are required to be indicated on the shipping papers by listing first, before any non-HMs or listed in a color that clearly contrasts with entries for other materials or listed with an "X" in a column captioned "HM".

\_\_\_\_\_ Any quantity of Table 1 HMs must be placarded.

\_\_\_\_\_ Dangerous placards cannot be used to placard more than one class of Table 2 HMs.

\_\_\_\_\_ A driver may placard any amount of HMs transported.

\_\_\_\_\_ Emergency response telephone numbers are not required on the shipping papers for HMs.

\_\_\_\_\_ All HMs can be transported together as long as they are separated by at least five (5) feet in a trailer and corrosives are floor loaded.

\_\_\_\_\_ Only vehicles containing Table 1 HMs must be attended by the driver when on a public street or highway or on the shoulder of any such road.

\_\_\_\_\_ The driver of any vehicle, which must be placarded for HMs, must examine each tire on their vehicle at the beginning of each trip and each time the vehicle is parked.

\_\_\_\_\_ A driver must have a HMs Endorsement on their CDL to transport any placardable amount of HAZMAT.

\_\_\_\_\_ When transporting HMs, a DOT Certificate of Registration must be in the vehicle.

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### **NPT Training Certification**

This statement is to certify and attest to, that \_\_\_\_\_ has been trained, tested, and certified, in compliance with 49 CFR part 172 subpart H and part 177 subpart A on \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

## Driver's Receipt - D&A Testing Handbook

I acknowledge receipt of J.J. Keller's *Alcohol & Drug Testing: Driver Awareness Training Driver Handbook* containing the following topics:

- Introduction
- Abbreviations
- Definitions
- Who is Covered by the Alcohol and Drug Regulations?
- What is a Safety-sensitive Function?
- What are the Alcohol and Drug Prohibitions?
- What Tests are Required and When Will I Be Tested?
  - ✓ Pre-employment
  - ✓ Post-accident
  - ✓ Random
  - ✓ Reasonable Suspicion
  - ✓ Return-to-duty and Follow-up
- What Happens if I Refuse to Be Tested?
- How is Drug and Alcohol Testing Performed?
- What are the Consequences of Violating the Drug and Alcohol Prohibitions?
- Where Can I Go for Help?
  - ✓ Self-admission of Alcohol and Drug Use
- What are the Effects of Drugs and Alcohol on the Body?

Drivers Name (Print): \_\_\_\_\_

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

Company: North Park Transportation

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and returned with completed packet.