

## **Driver Employment Checklist**

Name:	Social Security #:
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	_Application (10 year work history must be noted, check for signature)  MVR Consent Form
_	_ Current MVR (Must be within last 30 days before hire, done by HR)
	Previous Employment Check Form
	Previous Employment Check (Past 3 years, done by HR)
·	Pre-Employment Urinalysis Form
_	_Split Sample Form
_	Pre-Employment Drug Screen Results
_	_I-9 Form
_	_Copy of CDL (Class A, endorsement) (MUST BE LEGIBLE)
_	_Copy of SS Card (MUST BE LEGIBLE)
_	_Copy of current DOT Physical card (MUST BE LEGIBLE)  Road Test
_	Road Test Certificate
_	Certificate of Violations/Annual Review
_	Hours of Service certification
_	Receipt Sheet from Substance Abuse Policy
_	Post-Accident Drug Screen Release
	_Rights Page
	PSP & Drug and Alcohol Clearinghouse Release Forms
-	_National Registry Verification Form
Personn	nel File Forms
	_Federal W-4
	State Tax Form (not required in SC, TN or FL)
_	Direct deposit form with voided check/deposit slip
_	_Receipt for copy of DOT Regulations
	_Job Description
	Receipt for copy of Personnel/Procedures Manuals or Copy of FMCSR's Vacation Pay Status Form
Employ	vee No.:
1 3	
Termin	al No.:
Hire Da	ate: