



12216 Chato Villa Drive El Paso, Texas 79936

Phone (915) 208-6455 Fax (915) 849-6161

DRIVER APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, creed, gender, national origin, age, marital or veteran status, or non-job related disability or any other legally protected status. All employees are subject to Form I-9.

Employment Eligibility Verification and Social Security Number Verification upon hire.

Date of application ____/____/____

Driver Position(s) applied for [] Local [] Regional [] Over the Road

Name: _____ Social Security: _____
Last First Middle

Current Address: _____ How Long? _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Previous Address: _____ How Long? _____
Street City State Zip

Previous Address: _____ How Long? _____
Street City State Zip

Date of Birth: ____/____/____ Can you provide proof of age? [] Yes [] No
Month Day Year

Emergency Contact

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Military Record

Did you serve in the United States military? [] Yes [] No

Branch of Service: _____ From: _____ To: _____

Rank: _____ Occupation: _____

Driver's License

State _____ License Number _____ Type _____ Expiration Date ____/____/____

EMPLOYMENT HISTORY

Applicants for driver position of commercial motor vehicles (CMV) for either intrastate or interstate commerce must provide complete information for all current and previous employers including those that you have driven a CMV for in the past 10 years. **ANY GAPS IN EMPLOYMENT MUST BE EXPLAINED.** Attach additional sheets if necessary. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weights or has a GVWR of 10,001 pounds or more; (2) is designated or used to transport nine (9) or more passengers; or (3) is of any size to transport hazardous materials in any quantity requiring placarding.

Employer (most recent)	DATES	
Name	Start date	End date
Address	Position Held	
City State Zip Code	Salary/Wage	
Contact Person Phone Number	Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No
 Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Employer	DATES	
Name	Start date	End date
Address	Position Held	
City State Zip Code	Salary/Wage	
Contact Person Phone Number	Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No
 Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Employer	DATES	
Name	Start date	End date
Address	Position Held	
City State Zip Code	Salary/Wage	
Contact Person Phone Number	Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No
 Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Employer

Employer			DATES	
Name			Start date	End date
Address			Position Held	
City	State	Zip Code	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No

Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Employer

Employer			DATES	
Name			Start date	End date
Address			Position Held	
City	State	Zip Code	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No

Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Employer

Employer			DATES	
Name			Start date	End date
Address			Position Held	
City	State	Zip Code	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

Were you subject to FMCSRs while employed? Yes No May we contact this employer? Yes No

Was your job designated as a safety sensitive function per DOT regulations subject to the drug and alcohol testing requirements 49CFR Part 40? Yes No

Please explain any gap between jobs.

Attach additional sheets if necessary

Previous Pre-Employment Alcohol and Drug Testing Statement

As per § 40.25 (j) you are required to respond to the following questions concerning your previous pre-employment drug test results.

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by D.O.T agency drug and alcohol testing rules during the past two years? [] Yes [] No
- 2. If you answer yes, can you provide/obtain proof that you've successfully completed the D.O.T return to duty requirements? [] Yes [] No

Have you ever applied at EDC Transportation LLC before? [] Yes [] No If yes, when? _____

Have you worked for this company before? [] Yes [] No If yes, when? _____

Position: _____ Reason for leaving: _____

Have you ever been convicted (including a plea bargain) of a crime? [] Yes [] No

If yes, please explain? _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? [] Yes [] No

Are you currently on layoff status and subject to recall? [] Yes [] No

Salary requirement _____ cents per mile On what date will you be available for work? _____

Do you have any endorsements? [] Haz Mat [] Doubles [] Tanks [] Pass [] Air Brakes [] Other: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [] Yes [] No

Has any license, permit or privilege ever been suspended or revoked? [] Yes [] No

Have you ever been disqualified from operating any motor vehicle by any federal, state or local enforcement agency? [] Yes [] No

Have you ever surrendered any previous CDL held by you? [] Yes [] No

Have you ever been arrested? [] Yes [] No Have you ever been charged or convicted of a felony? [] Yes [] No

Have you ever been fingerprinted? [] Yes [] No

Are you currently under supervision to report to a Probation Officer? [] Yes [] No

IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, ATTACH STATEMENT GIVING DETAILS

Have you been involved in any vehicle accidents in the past 3 years? [] Yes [] No If yes, please list below

Date of Accident (Month/ Year)	Nature of Accident (Head-on, Rear-end, Etc.)	# OF INJURIES	# OF FATALITIES	HAZARDOUS MATERIAL SPILL?
				[] Yes [] No
				[] Yes [] No
				[] Yes [] No

Have you had any traffic convictions or forfeiture in the past 3 years? [] Yes [] No

If yes, please list below (other than parking violations)

Traffic Citations

Date	Location	Violations	Penalty

Education

	Name Of School	City, State	Level Completed
Grade School			
High School			
College			
Driving School			

List all your equipment experience. Check here if none. []

Driving Experience

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates	Approx. No. Of Miles (Total)
Straight Truck		From To	
Tractor & Semi Trailer			
Tractor - 2 Trailers			
Motorcoach- School Bus			
Other			

Check the states you operated in the last five (5) years:

<input type="checkbox"/> ALL 48	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> AK	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH
<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY

How many years of experience, (verifiable), do you have as a commercial driver? _____

Have you had any special courses or training that will help you as a driver? _____

Have you received any Safe Driver Awards? _____



To Be Read And Signed By Applicant

I certify that the information on this application is correct and I agree that this information may be verified by EDC Transportation LLC unless I have indicated otherwise. I also authorize EDC Transportation LLC to check my references of past and present employers and personal history and agree to hold EDC Transportation LLC and all parties harmless and free from all liability for any damages from furnishing this information to EDC Transportation LLC in addition to the use or the disclosure of that information. I understand that my current and/or previous employers may be contacted for the purpose of investigating my safety performance history pursuant to and required by 49CFR 391.23 (d) & (e). I also understand that I have a right to: I certify that the information on this application is correct and I agree that this information may be verified by EDC Transportation LLC unless I have indicated otherwise. I also authorize EDC Transportation LLC to check my references of past and present employers and personal history and agree to hold EDC Transportation LLC and all parties harmless and free from all liability for any damages from furnishing this information to EDC Transportation LLC in addition to the use or the disclosure of that information. I understand that my current and/or previous employers may be contacted for the purpose of investigating my safety performance history pursuant to and required by 49CFR 391.23 (d) & (e). I also understand that I have a right to:

- Review the information provided by current/previous employers.
- Have errors or omissions in the information corrected by previous employer(s) and that those employers may re-send the corrected information to EDC Transportation LLC; and
- Attach rebuttal statement to the erroneous information if the previous employer(s) and I cannot agree to the accuracy of the information provided.

I agree that any falsification, omission or misrepresentation of the information on this application may result in my not receiving an offer of employment, or if I am hired, in the termination of my employment. If I accept employment from EDC Transportation LLC, I agree to follow all standards of employment established by EDC Transportation LLC, and that I am EDC Transportation LLC employee place on assignment at the client company. I understand that the employment relationship can be terminated at will, by either me or EDC Transportation LLC with or without cause, and without notice, at any time. I understand that all offers of employment are conditional upon proof of my identity and legal authority to work in the United States.

READ CAREFULLY BEFORE SIGNING:

I agree that any action, claim or suit against EDC Transportation LLC, its parent company or subsidiaries, arising out of my employment or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statues, must be brought within 180 days of the event giving rise to the claim or that will forever be barred. I waive any limitation periods to the contrary.

Driver / Applicant's Printed Name

Driver / Applicant's Signature Date

OFFICE USE ONLY
MVR _____
PSP _____
PRE EMPLOYMENT UA _____
RESULTS _____
DOH _____
ORIENTATION DATE _____
EMPLOYEE CODE # _____
ADD TO INSURANCE _____



REQUEST FOR CHECK OF DRIVING RECORD Release of Personal Information / Fair Credit Report Authorization

I hereby authorize you to release the following information to EDC Transportation, LLC, for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Safety Carrier Regulations. You are released from any and all liability which may result from furnishing such information.

Printed Name	Social Security Number
Signature	Date

In accordance with the provisions of Section 604(b)(2)(A) and 607 of the Fair Credit Reporting Act (FCRA), 15 U S C 1681B(b)(2)(B), Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-2080. I hereby certify the following:

1. The consumer/applicant has authorized in writing the procurement of this report from my personal records or otherwise in its possession to its clients and prospective employers for the purpose pf determining my suitability for employment in a possible temporary or full time position;
2. The consumer/applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes; the inquiry may include, but not limited to criminal records, drug screening, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification and copies of prior personnel files.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose; these reports verify your previous employment, previous drug and alcohol test results, and your driving record may be obtained on
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer/applicant, will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.
- 6.. I authorize **EDC Transportation LLC** to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying for. I understand **EDC Transportation LLC** will utilize an outside firm or firms to assist it in services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

I also hereby certify that this report request and the above applicant's release notice meets the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Act of 1994 (Public Law 103-322, title XXX-Section 300002(a)). These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

EDC Transportation LLC Representative

Date

To: _____

Attn: Consumer Disclosure and Driving Records Department,

[] The following named person has made an application with our company for the position of OTR Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

[] The following named person is employed with our company in the position of OTR Driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name				Social Security Number	
Driver's License Number and State				Date of Birth	
Current Address		City	State	Zip Code	
Previous Address		City	State	Zip Code	

The purpose of listing the date of birth and social security number is limited to a means of identification purpose only in conducting background screening. **EDC Transportation LLC** complies with the federal Age Discrimination in Employment Act as well as all other applicable federal, state and local Equal Opportunity laws

Information Requested by: **EDC Transportation LLC, 12261 Chato Villa Drive, El Paso, TX 79936**

EDC Transportation LLC Representative

Date

I, have provided EDC Transportation LLC a current copy of my Driving Record. If I meet all the required guidelines and regulations of the hiring process, this document will remain in my permanent personnel file.

Driver/Applicant's Printed Name		Social Security Number	
Signature		Date	



MOTOR VEHICLE'S CERTIFICATION OF VIOLATIONS
Annual Review of Driving Record

Driver Requirements

Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (§ 391.27)

Certification Of Violations

Name	Social Security Number	Date of Hire
Home Terminal El Paso, Texas	Driver's License Number and State	License Expiration Date

I certify that the following is a true and complete list of violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF YOU HAVE NO VIOLATIONS, CHECK THE NONE BOX.			<input type="checkbox"/> NONE
Date	Violation	Location	Type of Vehicle Operated

If no convictions are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver/Applicant's Printed Name	
Signature	Date

Motor Carrier Instructions

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver had been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27).

Review the Certification of Violations listed above and other information as described in § 391.25 of the Federal Motor Carrier Safety Regulations. Complete the following request below.

I have hereby reviewed the driving record of the driver named above in accordance with § 391.25 and find that he/she (check one)

- Meet the minimum requirements for safe driving.
- Is disqualified to drive a motor vehicle pursuant to §391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

 Signature of **EDC Transportation LLC** Representative _____
 Date



DRIVER'S MANDATORY NOTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING • PLEASE READ CAREFULLY BEFORE SIGNING

Federal Motor Carrier Safety Regulations (FMCSRs) Section §383.31 Notification of Convictions for Driver Violations

- (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issues such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.

- (b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date the person had been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to 383.31(a).

- (c) **Notification.** The notification to the State official and employer must be made in writing and contain the following information:
 1. Driver's full name;
 2. Driver's license number;
 3. Date of conviction;
 4. The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
 5. Indication whether the violation was in commercial motor vehicle;
 6. Location of offense; and
 7. Driver signature.

Federal Motor Carrier Safety Regulations (FMCSRs) Section §383.33 Notification of Driver's License Suspensions

Each employee who has a driver's license suspended, revoked, or canceled by a State of jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification.

Date of Conviction	State of Offense	Specify Offense/Violation	Location of Offense	Violation in CMV?
				Yes [] No []

Was your license suspended, revoked, or canceled as a result of conviction? [] Yes [] No, If yes for how long? _____

Driver/Applicant's Printed Name	
Signature	Date



CERTIFICATE OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

Motor Carrier Requirements

The requirements of Part 383 of the Federal Motor Carrier Safety Regulations (FMCSRs) apply to every driver who operates in interstate, intrastate or foreign commerce and operates a vehicle weighing 26,001 pound or more, can transport more that fifteen (15) people, or transport hazardous materials that require placarding. The requirements of Part 391 of the FMCSRs apply to every driver who operates in interstate commerce and operates a vehicle weighting 10,001 pounds or more, can transport more than nine (9) people, or transports hazardous materials that require placarding.

Driver Requirements

Parts 383 and 391 of the FMCSRs contain some requirements that you, as a driver, must comply with. These requirements became effective July 1, 1987 and are:

- I. Possession of only one License: as a commercial driver, you may not possess more than one Motor Vehicle Operator License
- II. Notification of License Suspension, Revocation or Cancellation: Section 349.42 of the FMCSRs requires that you notify employer the **NEXT BUSINESS DAY** following any suspension, revocation, or cancellation of your driver's license. In addition, Section 383.3 of the code requires that any time you violate a state or local law, with the exception of parking violations, you must report this violation IN WRITTING within 30 days to:
 - a. Your employing motor carrier; and
 - b. The state that issues your license (if the violation occurs in a state other that the one that issues your license)

Acknowledgement

I understand that it is my responsibility to read and comply with the driver requirements outlined above and revisions made to it if I am hired by **EDC Transportation LLC**. I certify that I have read and understand the information above and I agree that this information may be verified by **EDC Transportation LLC**. I further understand that I should consult my Safety Director, Driver Manager, Supervisor, or Human Resources regarding any questions I have about the information contained within this document. By signing below, I acknowledge that the license referred to below is the only license that I possess.

DRIVER'S LICENSE

State	License Number	Type	Expiration Date
			-

Print Name	
Signature	Date



ALCOHOL AND CONTROLLED SUBSTANCES TEST CONSENT FORM

I authorize and give full permission to have **EDC Transportation LLC** and/or its company physician or testing lab to obtain a specimen of my urine, saliva, hair strands, hair follicles, and/or blood and send it to a laboratory to be scientifically tested for the presence of illegal drugs, alcohol, or illegal prescription medication.

I will not sue, nor hold responsible, any parties involved in this matter for any alleged physical or psychological harm to me, which may result from any part of this drug screening process. This includes, but is not limited to, possible clerical or laboratory error.

I hereby acknowledge that this authorization and policy has been explained to me and that I have a full understanding of it. I also understand that this is a legally binding document.

I further understand that **EDC Transportation LLC** will require a drug/alcohol screen test any time an accident occurs involving myself at a worksite, or injury is reported in accordance EDC Transportation LLC'S policy and this authorization and consent.

Driver's Printed Name	
Signature	Date



RECIPT OF CONTROLLED SUBSTANCE AND ALCOHOL INFORMATION AND REFERRAL

I certify that I have received, read and understand the **EDC Transportation LLC** policy in Alcohol and Control Substance procedures. I understand that as a condition of employment, I must comply with these guidelines and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol and/or drug abuse, while employed with **EDC Transportation LLC**, I will seek assistance through the company management staff.

Driver's Printed Name	
Signature	Date



FAIR CRDIT REPORT AUTHORIZATION

I authorize **EDC Transportation LLC** to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to criminal records, drug screening, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification and copies of prior personnel files. An inquiry may be made as part of the pre-employment screening as well as at any time during the course of my employment with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

This authorization and disclosure is pursuant to the Fair Credit Reporting Act (FCRA), 15 U S C 1681b(b)(2)(B). In accordance with the provisions of Section 604(b)(2)(A) of the FCRA, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

In accordance with the provisions of Section 6049b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle, D, Chapter I, of Public Lay 104-208), you are being informed that reports, verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413,391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Name	Social Security Number
Driver's License Number and State/ Expiration Date	Date of Birth



RELEASE OF PERSONAL INFORMATION

I hereby authorize **EDC Transportation LLC** to release information from my personnel records or otherwise in its possession to its clients and prospective employers for the purpose of determining my suitability for employment in a possible temporary or full time position. This may include information such as, but not limited to, education level or record, trade experience, certification, special skills, previous work performance, attendance records, criminal background or credit checks, motor vehicle records, work-related medical exams, and drug screen test results. I do hereby release **EDC Transportation LLC** from any and all liability for any claim or damage whatsoever that might result from furnishing the same.

Driver's Printed Name	
Signature	Date

The purpose of listing the date of birth and social security number is limited to a means of identification purpose only in conducting background screening. **EDC TRANSPORTATION LLC** complies with the federal Age Discrimination in Employment Act as well as all other applicable federal, state and local Equal Opportunity laws.



RECORD OF ROAD TEST

Driver's Name _____ Address _____

License Number _____ State _____ City/State/Zip _____

Equipment Driven: Truck # _____ Trailer _____ Date _____

PART 1 – PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- ___ Checks general condition approaching unit
- ___ Looks for leakage of coolants, fuel, lubricants
- ___ Checks engine compartment– oil, water, general condition of engine compartment, steering
- ___ Checks around – tires, lights, brake and light lines, body, doors, horn, windshield wipers
- ___ Test brake action and parking (hand) brake
- ___ Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and four-way flashers
- ___ Checks instruments
- ___ Cleans windshield, windows, mirrors, lights, Reflectors

PART 2 – COUPLING AND RECOUPLING

- ___ Lines up unit
- ___ Connects glad hands to trailer to apply trailer brakes before coupling
- ___ Connects glad hands & Lights properly
- ___ Couple without difficulty
- ___ Raises landing gear fully after coupling
- ___ Visually checks king pin assembly to be certain of proper coupling
- ___ Checks coupling by applying hand valve or Tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- ___ Assure that surface will support trailer before
- ___ Uncoupling

PART 3 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. MOTOR

- ___ Starts motor without difficulty
- ___ Allows proper warm-up
- ___ Understands gauges on instrument panel
- ___ Maintains proper engine speed while driving
- ___ Basic knowledge of motors - gas, diesel
- ___ Abuse of motor

B. CLUTCH AND TRANSMISSION

- ___ Uses clutch properly
- ___ Times gearshift properly
- ___ Shifts gears smoothly
- ___ Uses proper gear sequence

C. BRAKES

- ___ Understands operating principals of air brakes
- ___ Understands low air warning
- ___ Uses proper gear sequence

D. STEERING

- ___ Fights steering wheel
- ___ Allows vehicle to wander
- ___ Poor driving posture or poor grip on wheel

E. LIGHTS

- ___ Knows lighting regulations
- ___ Uses proper headlight beam
- ___ Dims lights when meeting or following traffic
- ___ Adjusts speed to range of headlights
- ___ Proper use of auxiliary lights

PART 4 – BACKING AND PARKING

A. BACKING

- ___ Gets out and checks before backing
- ___ Looks back as well as uses mirror
- ___ Gets out and rechecks conditions on long back
- ___ Avoids backing from blind side
- ___ Signals when backing
- ___ Controls speed and direction properly while

Backing

B. PARKING (City)

- ___ Takes too many pull-ups
- ___ Hits nearby vehicles or stationary objects
- ___ Hits curb
- ___ Parks too far from curb
- ___ Fails to secure unit – set parking brake, put in gear, shut off motor
- ___ Fails to check traffic conditions and signal when pulling out from parked position
- ___ Parks in illegal or unsafe location

C. PARKING (Rear)

- ___ Parks off pavement
- ___ Avoids parking on soft shoulder
- ___ Uses emergency warning signals when required
- ___ Secures unit properly

PART 5 – SLOWING AND STOPPING

- ___ Uses gears properly ascending
- ___ Gears down properly descending
- ___ Stops and restarts without rolling back
- ___ Tests brakes at top of hills
- ___ Uses brakes properly on grades
- ___ Signals following traffic
- ___ Avoids sudden stops
- ___ Stops smoothly without excessive fanning
- ___ Stops before crossing sidewalk when coming out of driveway or alley
- ___ Stops clear of pedestrian crosswalks

PART 6 – OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Gets in proper lane well in advance
- Signals well in advance
- Checks traffic conditions and turns only when way is clear
- Does not swing wide or cut short while turning

B. TRAFFIC SIGNS AND SIGNALS

- Does not approach signal prepared to stop if necessary
- Violates traffic signal
- Runs yellow light
- Starts up too fast or too slow on green
- Fails to notice or heed traffic signs
- Runs "Stop" signs

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary
- Checks for cross traffic regardless of traffic
- Controls
- Yields right-of-way for safety

D. GRADE CROSSINGS

- Adjusts speed to conditions
- Makes safe stop, if required
- Selects proper gear

E. PASSING

- Passes with insufficient clear space ahead
- Passes in unsafe location; hill, curve, intersection
- Fails to signal change of lanes
- Fails to warn driver being passed
- Tailgates waiting chance to pass
- Blocks traffic with slow pass
- Cuts in too short returning to right lane

F. SPEED

- Speed consistent with basic ability
- Adjusts speed properly to road, weather, traffic conditions, legal limits
- Slows down for rough roads

- Slows down in advance of curves, intersections, etc.

- Maintains consistent speed

G. COURTESY AND SAFETY

- Depends on others for safety
- Yields right-of-way for safety
- Fails to go ahead when given right-of-way by others
- Tends to crowd other drivers or force way through traffic
- Fails to allow faster traffic to pass
- Fails to keep right and in own lane
- Unnecessary use of horn
- Other discourtesy or improper conduct

PART 7 – MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive
- Consistently aware of changing traffic Conditions
- Performs routine functions without taking eyes from road
- Checks instruments regularly while driving
- Willing to take instructions and suggestions
- Adequate self-confidence in driving
- Nervous, apprehensive
- Easily angered
- Complains too much
- Personal appearance, manner, cleanliness

B. RULES AND REGULATIONS

- Knowledge of company rules
- Knowledge of regulations: federal, state, local
- Knowledge of special routes

C. USE OF SPECIAL EQUIPMENT (Specify)

REMARKS:

General Performance: Satisfactory Needs Training Unsatisfactory

This is to certify that _____ was given a road test under my supervision. The test consisted of approximately 10 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner's Signature

Date



DRIVER KNOWLEDGE OF FMCSA REGULATIONS

12216 Chato Villa Drive El Paso, Texas 79936

Phone (915) 208-6455 Fax (915) 849-6161

Check all that apply:

I am familiar with the Federal Motor Carrier Safety Regulations (FMCSR) of the U. S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3 Title 49 of the Code of Federal Regulations, as contained therein.

I have access to the FMCSA regulations through my smart phone or android device at the Federal Motor Carrier Safety Administration website, www.fmcsa.dot.gov/, for my viewing, at the proper regulated off-duty intervals for any updated or revised regulations.

Printed Name	
Signature	Date



SAFETY MEETINGS / CONTINUED EDUCATION

I am familiar with the Federal Motor Carrier Safety Regulations (FMCSR) of the U. S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3 Title 49 of the Code of Federal Regulations, as contained therein. I understand that these regulations may change while I am employed with EDC Transportation LLC. I agree to attend Safety meetings so that I can stay up to date on these changes.

Printed Name	
Signature	Date

Witnessed by **EDC Transportation LLC** Representative

Date



DRIVER STATEMENT OF ON-DUTY HOURS

Instructions: When using a driver for the first time, motor carriers shall obtain a signed statement from the driver listing the total on-duty time worked during the 7-day period immediately preceding the beginning of work for the new carrier. This statement must also include the time at which the driver was last relieved from duty prior to beginning work at the new carrier per Federal Motor Carrier Safety Regulations (FMCSRs) Rule 395.58(j)(2)

Name	Social Security Number
Driver's License Number and State	License Expiration Date

List all hours for any compensated work including work for non-motor carrier entity during the preceding 7 days.

Day # Date	1	2	3	4	5	6	7	Total Hours Worked
Hours Worked								

I was last relieved from work at:

Time	Day	Month	Year
AM or PM			

I certify that all the information stated above is correct.

Print Name	
Signature	Date

DRIVER STATEMENT OF ON-DUTY HOURS

Instructions: When using a driver for the first time, motor carriers shall obtain a signed statement from the driver listing the total on-duty time worked during the 7-day period immediately preceding the beginning of work for the new carrier. This statement must also include the time at which the driver was last relieved from duty prior to beginning work at the new carrier per Federal Motor Carrier Safety Regulations (FMCSRs) Rule 395.58(j)(2)

Are you currently working for another company?	[] Yes [] No
At this time, do you intend to work for another employer while employed with EDC Transportation LLC ?	[] Yes [] No

I certify that the information stated above is correct. I understand that while employed by **EDC Transportation LLC** , If I begin work for any additional employers for compensation, I must inform **EDC Transportation LLC** immediately.

Print Name	
Signature	Date

Witnessed by **EDC Transportation LLC** Representative

Date



PAYROLL DEDUCTION AUTHORIZATION EQUIPMENT AND PRE-EMPLOYMENT EXPENSES

I understand that if I fail to return any equipment or inventory listed below or owe **EDC Transportation LLC** or a client company money for any reason at the time my employment ends, I am authorizing **EDC Transportation LLC** to deduct any amounts owed from my final paycheck to the fullest extent permitted by law. I understand that payroll deductions may be made for the cost of the following items as noted below: -

Item Issued to Employee	Cost of Item	Office Use Only: Item Returned by employee	Office Use Only: Returned Item Received by (initial/date)
<input type="checkbox"/> Keys	\$100.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fuel Card	\$100.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Pre Pass	\$100.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Print Name		Date	
Signature			

I understand that **EDC Transportation LLC** may incur pre-employment expenses on my behalf. In the event that I do not complete 90 days of employment with **EDC Transportation LLC**, I authorize **EDC Transportation LLC** to deduct from my final paycheck the cost of the following pre-employment expenses:

Pre-Employment Expense	Cost of Item	Driver Initials: (indicating understanding of this requirement)	Office Use Only: Orientation held by (initials/date)
<input type="checkbox"/> Pre-Employment Drug Test		\$ 200.00	
<input type="checkbox"/> MVR			
<input type="checkbox"/> PSP			
<input type="checkbox"/> DOT Physical			
<input type="checkbox"/> Other			
Print Name		Date	
Signature			



WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer EDC Transportation LLC, may deduct money from my pay from time to time for reasons that fall into the following categories:

1. Any advances I have withdrawn or requested, for personal use, which I am financially responsible for while out on an assigned trip;
2. Installment payment on loans or wage advances given to me **EDC Transportation LLC** and if there is a balance remaining when I leave **EDC Transportation LLC**, the balance of such loans or advances.
3. If I receive an overpayment of wages for any reason, repayment to the **EDC Transportation LLC**, of such overpayment (the deduction for such a repayment will equal the entire amount of the overpayment, unless EDC Transportation LLC, and I agree in writing to a series of smaller deductions in specified amounts);
4. The cost to **EDC Transportation LLC**, of personal long-distance calls I may make on EDC Transportation LLC, phones or accounts, of personal faxes sent by me using **EDC Transportation LLC** equipment or account, or of non-work related access to the internet or other computer networks by me using **EDC Transportation LLC** equipment or account;
5. The cost of repairing or replacing **EDC Transportation LLC** supplies, materials, equipment, money or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from **EDC Transportation LLC** during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage);
6. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by **EDC Transportation LLC** in connection with my employment;
7. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
8. If I take vacation or sick leave in advance of the date I would normally be entitled to it and I separate from **EDC Transportation LLC**, before accruing time to cover such advance leave, the value of such leave taken in advance that is not covered;
9. Accidents or incidents that I may cause to company equipment or personal property, which will be deducted per paycheck until the balance has been satisfied;
10. Mandatory Safety Meetings I am required to attend **EDC Transportation LLC** twice a year, if not I am subject to a monetary penalty for each occurrence;
11. Citations I have been issued through my negligence, (moving and non-moving violations), and do not have the immediate funds to cover such violations with the payment schedule to such stated court, if the company agrees to remit such fees on my behalf, this amount will be deducted from the next available pay period;
12. Unauthorized roadside service for repairs that would have been discovered if I had a PTI (Pre-trip inspections), as required by Federal/State law;
13. Should I fail to maintain enough diesel fuel in the vehicle I have been assigned to, until my next fueling stop and roadside service must be dispatched for assistance;
14. Monetary penalties that are imposed from any customer pickup or receiving their cargo late through my negligence;
15. The assigned vehicle's interior required cleaning after my return to the office terminal, I will be financially responsible for such an expense;



WAGE DEDUCTION AUTHORIZATION AGREEMENT

16. Monetary penalties imposed by the FMCSA for violations I am responsible, (Driver's Daily Logs), for any violations discovered during a safety compliance review;
17. Any issued violations regardless of driver or equipment resulting from DOT –Level I, II or III Federal/State/Local inspections will be assessed \$100.00 penalty per offences, this/these deduction(s) will appear on the following pay period;
18. Any service failures caused by my negligence for whatever reason being personal or work related, \$200 per offense, this/these deduction(s) will appear on the following pay period;

I agree that **EDC Transportation LLC** may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand EDC Transportation LLC has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have a right to file a wage claim with the appropriate Texas and Federal agencies.

Driver's Signature

Date

EDC Transportation LLC Representative

Date



PAYROLL CHECK AUTHORIZATION

If I am unable to pick up my payroll check and/or settlement I authorize the person(s) named below to pick it up for me.

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

This authority is to remain in full force and effect until **EDC Transportation LLC** has received written notification from me of its termination.

Driver's Printed Name	
Signature	Date

PAST EMPLOYMENT VERIFICATION

EDC TRANSPORTATION LLC – 12216 Chato Villa – El Paso, TX 79936 – Ph# 915-208-6455 Fax: 915-849-6161 eddie@edctrucking.com

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I authorize EDC Transportation, LLC. (EDC), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize EDC and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by EDC to provide such information. I hereby release from all liability for damages EDC and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ SS#: _____

Date of Birth: _____

Applicant's Signature: _____ DATE: _____

PAST EMPLOYER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CONTACT: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below

Type of Driving: () Solo () Team
Type of operation: () Company Driver () Owner Operator () Driver for Owner Operator
Was It: () Over the Road () Regional () Local

Type Equipment: () Tractor-Trailer () Straight Truck () Tri-Axle () Other

Type of Trailer: () Pneumatic () Van/Reefer () Dump () Tank
() Flatbed () Other _____ Trailer dimensions/capacity: _____

Types of commodities hauled: () Dry Bulk () Iron, Steel, Etc. () Coils () Machine
() Gen. Freight () Produce () Liquid () Scrap
() Other

3. Number of accidents/incidents while employed: _____

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

4. Was your equipment returned to an authorized location: () YES () NO

5. What was reason for leaving? () Voluntarily Quit () Layoff () Discharged Why? _____

6. Is driver eligible for rehire? () Yes () No Why? _____ () Upon Review

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 () Yes () No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration? () Yes () No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance? () 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 Sub Part B of Part 382 or Part 40? () Yes () No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. () Yes () No

- If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? () Yes () No

In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name _____ Address _____ Phone: _____

VERIFIED BY: _____ TITLE: _____ DATE: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.