

Transportation

DRIVER FILE CHECKLIST

DRIVER NAME _____ ID # _____

HIRE DATE _____ START DATE _____

DRIVER SPECIFIC APPLICATION MVR FROM STATE ISSUING CDL (DOT)

MEDICAL CERTIFICATE (VERIFY REGISTRY) ANNUAL REVIEW OF DRIVING RECORD (DOT)

DRIVER'S LICENSE COPY (FRONT & BACK) CERTIFICATION (LIST) OF VIOLATIONS (DOT)

DMV REPORT (K4) SAFETY PERFORMANCE HISTORY

DOT PRE-EMPLOYMENT TEST (D/A File) RESPONSE FROM PAST EMPLOYER (RECORD 3 ATTEMPTS)

DRIVER TEST/AUTH FORM RECEIPT OF CSAT EDUCATION AND COMPANY DRUG/ALCOHOL POLICY

ENROLL PULL NOTICE ENROLL D/A CLEARINGHOUSE

NEW DRIVER ORIENTATION STATEMENT HOS FIRST TIME DRIVER

COMPANY REP. _____ ID # _____

SIGNATURE _____ DATE _____