



APPLICATION FOR DRIVERS

You **Must answer every question**. If any question does not apply to you, answer with "NA" (Not Applicable). Please read the entire job description prior to completing this application.

In compliance with local, state, and federal equal employment opportunity laws; qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Name: _____ Date: _____
Last First Middle Initial

Mark the type of driver operation desired: LOCAL REGIONAL OVER THE ROAD

Drivers License # _____ State _____ License Type _____ Expires _____

Social Security No. _____ - _____ - _____ Date of Birth _____

Can you provide proof of age? Yes No

Address: _____ How Long: _____
Street City State Zip Code

Phone: _____ Alternate Phone: (Cell Preferred) _____
Area Code Number Area Code Number

If you were at the above address less than three years, list your previous address.

Address: _____ How Long: _____
Street City State Zip Code

Are you prevented from, being lawfully employed in the U.S. because of your visa or immigration status?
Yes No

Have you worked-for this company before? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have, you ever been fired or asked to resign by an employer? Yes No

Are you wanted or under indictment for a felony (as defined by any U.S. or state Law? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No (Answering this question in an affirmative does not necessarily preclude hiring)

If you answered yes to the above question, provide details _____



2200 West Panama Rd. Martell, NE 68404 Phone (402) 794-5000 Fax (402) 794-5002

Driver Job Description

An applicant must be able to fulfill the following job requirements:

Be able to lift 50 lbs. and carry short distances.

Be able to reach above shoulders.

Be able to reach below waste.

Be able to climb onto the side of the truck when needed.

Be able to clean debris out of and off of the truck and trailer.

Be able to sit for extended periods of time.

Be able to perform minor maintenance on company equipment.

Be able to perform simple math.

Be able to operate a commercial motor vehicle in a safe manner and in accordance with all applicable rules, laws, and company policies.

The above description of is not all inclusive of the duties and requirements that may be required during the course of regular business.

Be able to successfully perform all reasonable duties that occur in the course of operating a commercial motor vehicle

Be able to operate a commercial motor vehicle in a safe manner and in accordance with all applicable rules, laws, and company policies.

Be able to successfully perform all reasonable duties that occur in the course of operating a commercial motor vehicle.

The above description is not all inclusive of duties and requirements incurred during the course of regular business. You may be required to perform additional duties as requested by company management.

Who referred you? _____ Rate of pay expected _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date this application is submitted, together with the dates he/she was employed together with his/her reason for leaving the employ of each employer. (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained In paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and reasons for leaving such employment. (Attach another sheet if more space is needed)

A total of ten years work history is required. Please account for all time gaps.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

Next previous employer

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Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
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Employment History (Continued)

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date this application is submitted, together with the dates he/she was employed together with his/her reason for leaving the employ of each employer. (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained In paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and reasons for leaving such employment. (Attach additional sheets as needed.)

A total of ten years work history is required. Please account for all time gaps.

Next previous employer

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Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

Next previous employer

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Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

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Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT drug and alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone #: _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Supervisor	Reason for Leaving

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

- 1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
- 2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
- 3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No

If the answer is yes to any of the above questions, provide details. Attach additional sheets if necessary.

- 4. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? Yes No

If the answer is yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach additional sheets if necessary)

Signature _____ Date _____

Accident record for the past 3 years: (Attach additional sheets if necessary) P=Preventable NP=Non-Preventable

Last Accident:	Date _____	Nature of Accident _____	Fatalities _____	Injuries _____	Preventable _____
Previous:	Date _____	Nature of Accident _____	Fatalities _____	Injuries _____	Preventable _____
Previous:	Date _____	Nature of Accident _____	Fatalities _____	Injuries _____	Preventable _____

Traffic convictions and license forfeitures for the last 3 years (other than parking violations)

Location _____	Date _____	Charge _____	Penalty _____
Location _____	Date _____	Charge _____	Penalty _____
Location _____	Date _____	Charge _____	Penalty _____

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

No Yes ... explain _____

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

No Yes ... explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No Yes ... explain _____

Driving Experience: (Class of Equipment)

Straight Truck: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) _____ Dates: From _____ To _____ # of Miles (Total) _____

Tractor Trailer: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) _____ Dates: From _____ To _____ # of Miles (Total) _____

Other: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) _____ Dates: From _____ To _____ # of Miles (Total) _____

List of states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences that may, help in your work for this company: _____

List courses and training not shown elsewhere in this application: _____

List-special equipment or technical materials you can work with: _____

Education

Select your highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____
Name _____ City/State _____

I have read and understand the job description and am physically capable to carry out all of the duties that may be required? Yes No

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 &104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor carrier Safety Regulations 391.23 may be made on me, including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so, This authorization and consent shall be valid in original, fax, email, other electronic or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless, this company from all liability with respect to the receipt of such information,

I certify that this application was completed by me, and that all information furnished on this application is true and complete. I authorize you to make such Investigations and inquiries of my personal, employment, financial, or medical history (Generally, inquiries regarding medical history will be made only and If a conditional offer of employment has been extended) 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. In the event of employment, I understand false or misleading Information given In my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to review information provided by current or previous employers and have errors in the information corrected by the employer. In the event that current or previous employers and I cannot agree on the accuracy of the information, I may attach a rebuttal

Applicants Signature _____

Date _____



2200 West Panama Rd
 Martell, NE 68404
 Phone (402) 794-5000 Fax (402) 794-5002

Information Request from Prior Employer

Applicants Authorization: Pursuant to 49CFR391.23 I authorize the release of the following information to Gana Trucking for the purposes of verifying work history, dates of employment, medical & safety information, and references. Also authorized is the release of drug & alcohol test results, refusals to test, SAP referrals, evaluation, and treatment information. Information relative to commercial motor vehicle accidents and performance is also authorized for release. Medical information is limited to the prior three years.

APPLICANTS SIGNATURE _____ **DATE** _____

Print Name _____ **Social Security #** ____ - ____ - ____

Applicant, do not write below this line.

To: _____ the applicant above has made an application to this company for a truck driving position and states that you employed he/she as a _____ from _____ to _____. Will you please reply to the inquiry below with respect to this applicant? Your reply will be held in strict confidence.

1. Is the employment record with your company correct as stated above? _____
2. What were the applicant's job duties? _____
3. Did the applicant driver motor vehicles for your company?
 Passenger Car _____ Straight Truck _____ Bus _____
 Tractor-Trailer _____ Other _____

4. Was the applicant a safe and efficient employee? _____
5. Please list all of the motor vehicle accidents that the employee was involved in and if a preventability determination was made on each accident.

Date of Accident	Description	Preventable
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Did the employee ever fail or refuse to submit to a drug and alcohol test? Yes No
7. Did the employee ever violate any FMCSA drug & alcohol regulations? Yes No
8. If yes to question 7, did the employee participate in an FMCSA compliant rehabilitation program?
 Yes No
8. Reason for leaving employ? _____

9. Is the applicant available for rehire with your company? Yes No

10. Remarks: _____

Name (Print) _____ Job Title _____

Signature _____ Date _____



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APPLICANTS SIGNATURE _____ **DATE** _____

Print Name _____ **Social Security #** ____ - ____ - ____

Applicant, do not write below this line.

To: _____ the applicant above has made an application to this company for a truck driving position and states that you employed he/she as a _____ from _____ to _____. Will you please reply to the inquiry below with respect to this applicant? Your reply will be held in strict confidence.

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Name (Print) _____ Job Title _____

Signature _____ Date _____



2200 West Panama Rd. Martell, NE 68404 Phone (402) 794-5000 Fax (402) 794-5002

Request for Driving Record

Applicants Release

I authorize the release of the following information to Gana Trucking for the purposes of the investigation as required under FMCSA Regulations Section 391.23. The below named individual has made an application to this company for a Driver position. In accordance with FMCSA Regulations Section 391.23, please furnish Gana Trucking with the applicants driving record for the previous three years.

Applicant (Print Name) _____	D.O.B. _____
Social Security # ____ - ____ - _____	Drivers License # _____ State _____
Address _____	City _____ State _____ Zip _____
Prior Address _____	City _____ State _____ Zip _____
Prior Drivers License # _____	State _____
Signature _____	Date _____

Requested By:

Gana Trucking & Excavating
Attn: Brandon Gunther
2200W Panama Rd, Martell, NE 68404
Fax: 402-794-5002
brandong@ganatrucking.com

Sent _____

Attempt # _____

Driver Notification of Rebuttal

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- i. The right to review information provided by previous employers
- ii. 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
- iii. 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.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicant Name _____
Print Name

Signature _____ Date _____

Certificate of Compliance

The commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles, Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds, vehicles designed to transport 16 or more passengers, and any vehicle, regardless of weight, transporting hazardous materials. The following provision became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation, other than parking, must notify the carrier in writing within 30 days.
3. Any person applying for a job as a driver of a commercial motor vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or is disqualified from operating a commercial vehicle must advise the motor carrier in writing the next business day after receiving such notice or action.
5. Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to a criminal fine not to exceed \$5,000 or imprisonment up to 90 days or both.

I hereby certify that I have read and understand the summarized driver provision of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987. I further understand that any falsification or negligence to state all required information on this form may lead to my termination of employment or contract.

Driver Name _____ Social Security # ____-____-_____

Address _____

Driver's License # _____ Class/Endorsements _____ State _____

I further certify that the above license is the only one that I hold.

List all prior licenses held, id number, and state of issue.

Signature _____ Date _____



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Driver Certification of Other Compensated Work

When employed by a motor carrier a driver must report to the carrier all on duty time, including time working for other employers. The definition of On-Duty Time found in Section 395.2 paragraph 8 and 9 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of, or service of, a common contract or private motor carrier, and also performing any work, or any type, which is compensated.

Are you currently working for any other employer? Yes No

At this time do you intend to work for any other employer while still employed by the company? Yes No

I hereby certify that the information given above is true, and I understand that once I become employed with the company, if I begin working for additional company for compensation, I must inform the company immediately of such employment activity, log the hours worked, and maintain compliance with HOS Rules.

Print Name _____

Signature _____ Date _____



2200 West Panama Rd. Martell, NE 68404 Phone (402) 794-5000 Fax (402) 794-5002

Fair Credit Report Act

In accordance with the provision of section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Report Act of 1996 (Title II, Subtitle D, Chapter 1; 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 will be obtained about you for employment purposes with this company.

These reports are required by sections 362.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

In accordance with the new CSA standards found in Part 385 of FMCSR, we are also required to obtain your authorization to review the Driver Safety Measurement System (AKA, PSP), which is a three year history of any violations you had while driving a CMV.

Refusal to sign this form will result in you not being hired for a driver position for this company.

Print Name _____ Social Security # ____-____-_____

Signature _____ Date _____

WRITTEN EXAM FOR DRIVERS

Driver Applicant _____ Date _____

The following test questions are entirely based on the DOT's Federal Motor Carrier Safety Regulations. You may Use the latest version of these regulations while taking the test, but you must work alone. According to the DOT Regulations, Section 391.11 (a)(2), you must be able to read, and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records. By taking this exam, you are ensuring the Company that you are able to do this, and that you are familiar with the regulations.

Instructions: Each question has four possible answers, with only one correct choice. Your job is to read each question, and pick the best choice as your answer the question. Mark (☑) in the box in front of your choice. Do not pick more than one choice per question. Make sure to answer every question.

1. 390.11 A motor carrier who is also a driver (owner operator):
 - a. is not covered by the safety regulations
 - b. must obey only those parts of the regulations which cover drivers
 - c. must obey only those parts of the regulations which cover motor carriers
 - d. must obey both the parts covering drivers and the parts covering motor carriers

2. 391; 11 (b)(1) With only a few exceptions, the Federal Motor Carrier Safety Regulations say a driver must be:
 - a. at least 18 years old
 - b. at least 19 years old
 - c. at least 20 years old
 - d. at least 21 years old

3. 391:16 (b)(2) When a driver receives notice of license or permit revocation, suspension, or other withdrawal action, the driver must:
 - a. notify the carrier within 72 hours
 - b. notify the carrier within one week
 - c. notify the carrier before the end of the next business day
 - d. take no action since the carrier will get a notice

4. 391:15 (c)(2)(3) A driver cannot drive a motor vehicle:
 - a. for one year after a first offense conviction for a felony involving a commercial motor vehicle operated by the driver
 - b. for one year after a first offense conviction for driving a commercial vehicle under the influence of alcohol or controlled substances
 - c. for one year after a first offense conviction for leaving the scene of an accident while operating a commercial motor vehicle
 - d. for one year after a first offense conviction for any of the above

5. 391.27 (a) (b) 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. This form must be completed:
- a. even if there were no convictions
 - b. only if convicted
 - c. only if convicted or had forfeited bond or collateral
 - d. only if the carrier requires it
6. 391.33 (a)(2) If a driver applicant has a valid certificate showing successful completion of a Road Test:
- a. the carrier must accept it
 - b. the carrier may still require the applicant to take a road test
 - c. the carrier cannot accept it
 - d. the carrier may request a road test waiver from the Office of Motor Carrier
7. 391.41 (b)(5). A person with breathing problems which may affect safe driving
- a. cannot drive
 - b. cannot drive unless the vehicle has an emergency oxygen supply
 - c. cannot drive unless another driver is along
 - d. cannot drive unless on short runs
8. 391.41 (b)(7) Persons with arthritis, rheumatism, or any such condition, which may affect safe driving
- a. cannot drive unless they are checked by a driver before each trip
 - b. cannot drive
 - c. cannot drive unless they are free of pain
 - d. cannot drive unless another driver is along
9. 391.41 (b)(8) Persons who have ever had epilepsy
- a. cannot drive unless another driver is along
 - b. cannot drive
 - c. cannot drive on long runs
 - d. cannot drive without monthly medical examinations
10. 391.45 (c) If the driver gets an injury or illness serious enough to affect the ability to perform duties, the driver:
- a. must report it at the next scheduled physical
 - b. cannot drive again
 - c. must take another physical and be re-certified before driving again
 - d. must wait at least one month after recovery before driving again
11. 392.6 A driver may not drive faster than posted speed limits:
- a. unless the driver is sick and must complete the run quickly
 - b. at any time
 - c. unless the driver is passing another vehicle
 - d. unless the driver is late and must make a scheduled arrival
12. 392.3 When a driver's physical condition, while on a trip, requires the driver to stop driving, but stopping would not be safe, the driver:
- a. must stop anyway
 - b. may try to complete the trip, but as quickly as possible
 - c. may continue to drive to the home terminal
 - d. may continue to drive, but must stop at the nearest safe place

13. 392.5 (a)(1) A driver may not drink or be under the Influence of any alcoholic beverage (regardless of alcohol content):
- a. within 4 hours before going on duty or driving
 - b. within 6 hours before going on duty or driving
 - c. within 8 hours before going on duty or driving
 - d. within 12 hours before going on duty or driving
14. 392.7 A driver must be satisfied that service and parking brakes, tires, lights, reflectors, mirrors, coupling and other devices are in good working order
- a. at the end of each trip
 - b. before the vehicle may be driven
 - c. only when the driver considers it necessary
 - d. according to schedules set by the carrier
15. 392.8 The following must be in place, before a vehicle can be driven:
- a. at least one spare fuse or other overload protector of each type used on the vehicle
 - b. a tool kit containing a specified list of hand tools
 - c. at least one spare tire for every four wheels
 - d. a set of spark plugs
16. 392.10(a) A driver required to stop at a railroad crossing should bring the vehicle to a full stop no closer to the tracks than:
- a. 5 feet
 - b. 10 feet
 - c. 15 feet
 - d. 20 feet
17. 392.10 (a) Shifting gears is not permitted:
- a. when traveling faster than 35 miles per hour
 - b. when moving across any bridge
 - c. when crossing railroad tracks
 - d. when traveling down a hill steeper than 10 degrees
18. 392.22 (b)(1) If a vehicle has a breakdown, the driver must place one emergency warning device:
- a. 40 paces (100 feet) in front of the vehicle in the center of the traffic lane or shoulder
 - b. 40 paces (100 feet) in back of the vehicle in the center of the traffic lane or shoulder
 - c. 4 paces (10 feet) in front or back of the traffic side
 - d. at all the above locations
19. 393.77 (a)(6) A portable heater may not be used in any vehicle cab:
- a. unless the heater is secured
 - b. unless the heater is of the electric filament type
 - c. at any time
 - d. without approval from the carrier

20. 395.1 (b)(2) If any emergency delays a run, which could normally have been completed within hours of services limits, the driver:
- a. must still stop driving when the hours of service limit is reached,
 - b. may drive for 1 extra hour
 - c. may drive for 2 extra hours
 - d. may finish the run without being in violation
21. 395.3(a) Most drivers of large vehicles are not allowed to drive:
- a. after they have been on duty for 16 hours
 - b. after they have been on duty for 15 hours
 - c. after they have been on duty for 14 hours
 - d. after they have been on duty for 12 hours
22. 395.8(f)(1) Every driver must prepare an original and one copy of the drivers record of duty status, which must be kept current by updating it:
- a. every time a change in duty status is made
 - b. every 24 hours
 - c. every 8 hours
 - d. at the end of each trip
23. 395.8 (0)(2) Except for the name and main address of the carrier, all entries relating to the driver's record of duty status:
- a. must be printed in ink or typed
 - b. must be made by the carrier dispatcher
 - c. must be made in front of a witness
 - d. must be made in the driver's handwriting
24. 395.13 A driver declared "Out of Service":
- a. must take a road test before driving again
 - b. must wait 72 hours before driving again
 - c. must appeal to the Regional Director of the Office of Motor Safety to drive again
 - d. can drive again only after hours of service requirements are met
25. 396.7 If a vehicle on a trip is in condition likely to Cause an accident or breakdown:
- a. the driver should report it at the end of the run so repairs can be made
 - b. the driver should drive at lower speeds for the rest of the run
 - c. the driver should stop immediately unless going on to the nearest repair shop is safer than stopping
 - d. the driver should change the route so as to get away from heavily traveled roads

26. 397.5(c) A vehicle, which contains hazardous materials other than division 1.1, 1.2, or 1.3 materials must be attended while on the highway at all times:
- a. by the driver
 - b. by the driver except when involved in other driver duties
 - c. by the driver or a person chosen by the driver
 - d. by the driver or a police officer
27. 397.7(a)(3) Except for short periods when operations make it necessary, trucks carrying division 1.1, 1.2, 1.3 materials cannot be parked any closer to bridges, tunnels, buildings, or crowds of people than:
- a. 50 feet
 - b. 100feet
 - c. 200 feet
 - d. 300 feet
28. 397.13 (a) Smoking or carrying a lighted cigarette, cigar, or pipe near a vehicle which contains class 1, 5, or flammable materials is not allowed:
- a. except in the closed cab of the vehicle
 - b. except when the vehicle is moving
 - c. except at a distance of 20 feet or more from the vehicle
 - d. except When approved by the carrier
29. 397.15(b) When a vehicle containing hazardous materials is being fueled:
- a. no person may remain in the cab
 - b. a person must be in control of the fueling process at the point where the fuel tank is filled
 - c. the area within 50 feet' of the vehicle must be cleared
 - d. the person who controls the fueling process must wear special clothes