



Application for Employment

This application is considered current for 30 days only.

Personal Information

Name (Last, First, Middle):	
Current Address:	
Home Phone Number:	Work Phone Number:
Cell Number:	Email Address:
Date of Birth:	Social Security #:

If you were at the above residence for less than 3 years, list all places of residence for past 3 years. Attach separate sheet if necessary.

1. Address:	Dates Occupied:
2. Address:	Dates Occupied:
3. Address:	Dates Occupied:

- How did you hear about Wynne Motorcoaches or who referred you? _____
- Have you ever been convicted of a felony? (If YES, please explain on Statement of Felony Conviction)
- Expiration date of your **DOT Medical Certification**: _____

Please list the states in which you have operated in the past 5 years:	
--	--

I understand that the information on this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant

Date

Driver Experience & Qualifications

1. Do you have a Hazardous Material Endorsement on your CDL? _____
2. Have you ever been denied a license, permit of privilege to operate a Commercial Motor Vehicle? _____
3. Has any license, permit or privilege ever been suspended or revoked? _____
4. Have you ever been disqualified for violation of the FMCSR? _____

If you answered YES to questions 2,3 or 4, you must attach a detailed statement explaining the situation and/or circumstance(s).

Class of Equipment	Type of Trailer (Flat, Step, Van, etc.)	From:	To:	Total Miles
Straight Truck				
Tractor / Semi-Trailer				
Tractor-Two Trailers				
Tractor – Three Trailers				
Motorcoach –Schoolbus (More than 8 passengers)				
Motorcoach –Schoolbus (More than 15 passengers)				
Other				

5. Which safe driving awards do you hold and from whom? _____
6. Show any trucking transportation or other experience that may help you in your work for this company:

7. List courses and training other than shown elsewhere in the application: _____
8. Do you currently own and know how to operate a Global Positioning System (GPS)? _____
9. List additional equipment or technical materials you can work with other than already indicated:

Education

Highest Grade Completed: _____

Name of last school attended: _____

Location (city and state): _____

Signature of Applicant

Date

Accident Review for the Past 5 Years

You must include ALL ACCIDENTS/INCIDENTS regardless of fault. Attach a separate sheet if more space is needed.

Date	Nature of Accident (please be specific)	Fatalities	Injuries

Employment History

1.	Employer:	Start Date:	End Date:
	Address:	Phone:	Fax:
	Type of Vehicle Driven:	Supervisor:	
	Type of Work Performed:		
	Reason for Leaving:		
	Starting Salary:	Ending Salary:	
	Were you subject to FMCSR's* while employed here?		
	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?		

Is this your current employer? Choose an item.

2.	Employer:	Start Date:	End Date:
	Address:	Phone:	Fax:
	Type of Vehicle Driven:	Supervisor:	
	Type of Work Performed:		
	Reason for Leaving:		
	Starting Salary:	Ending Salary:	
	Were you subject to FMCSR's* while employed here?		
	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?		

Signature of Applicant

Date

3.	Employer:	Start Date:	End Date:
	Address:	Phone:	Fax:
	Type of Vehicle Driven:	Supervisor:	
	Type of Work Performed:		
	Reason for Leaving:		
	Starting Salary:	Ending Salary:	
	Were you subject to FMCSR's* while employed here?		
	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?		

4.	Employer:	Start Date:	End Date:
	Address:	Phone:	Fax:
	Type of Vehicle Driven:	Supervisor:	
	Type of Work Performed:		
	Reason for Leaving:		
	Starting Salary:	Ending Salary:	
	Were you subject to FMCSR's* while employed here?		
	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?		

5.	Employer:	Start Date:	End Date:
	Address:	Phone:	Fax:
	Type of Vehicle Driven:	Supervisor:	
	Type of Work Performed:		
	Reason for Leaving:		

Signature of Applicant

Date

Starting Salary:	Ending Salary:
Were you subject to FMCSR's* while employed here?	
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?	

* FMCSR's apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVW or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size used to transport hazardous material in a quantity requiring placarding.

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I certify that I have included all past employment as an operator of a commercial motor vehicle driver in the past ten years.

Signature of Applicant

Date

Statement of Felony Conviction

Complete ONLY if you answered YES on Page 1 of Application.

Name:	Social Security #:
Date of felony conviction:	City and State:
Description of felony conviction:	
Provisions or stipulations of this conviction:	
Are you currently on probation?	If yes, when does your probation/parole expire?
Who is your probation/parole officer and how can he/she be contacted?:	
Are you required to obtain travel permits from your probation/parole officer?	
Comments:	

This certifies that this information was completed by me, and that all is true and correct to the best of my knowledge. I hereby authorize Wynne Motorcoaches (A Wynne Enterprises I, LP Company) and its agent(s) to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Printed Name of Safety Supervisor

Date

Signature of Safety Supervisor

Date

Signature of Applicant

Date

Record of Violations

Driver's Name: _____

Social Security #: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Location	Offense	Penalty	Type of Vehicle Operated

If you had no traffic violations during the past 12 months, write "None."

CDL License Information

State:
Number:
Date Expires:

Annual Review of Driving Record:

In accordance with Part §391.25 of the Federal Motor Carrier Safety Regulations, all information pertaining to the above driver's safety operation, including the record of violations furnished by the driver pursuant to Part §391.27 of the Federal Motor Carrier Safety Regulations has been reviewed for the past 12 months. The following actions have been taken:

--

Signature of Wynne Motorcoaches Representative

Date

Title

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Signature of Applicant

Date

Driver's Rights Pertaining to Release of Driver Information Under Regulation 391.23

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

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

Drivers have the following rights:

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

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

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

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

Signature of Applicant

Date

Driver Drug and Alcohol Pre-Employment Statement

Wynne Motorcoaches (A Wynne Enterprises I, LP Company) and CFR Part 40.25(j) requires the prospective employer to ask any applicant, whether he/she has tested positive, or refused to test, on any pre-employment drug alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past three years. If the potential employee admits that he/she had a positive test or refusal to test, Wynne Motorcoaches must not use the employee to perform any safety-sensitive function, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. See section 40.25(b)(5) and (e).

Applicants Name:

Social Security #:

As an applicant, applying to perform safety sensitive functions for Wynne Motorcoaches, you are required by company policy and CFR 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment, random, reasonable suspicion/cause, post accident or follow-up drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?
2. Have you tested positive, or refused to test, on any pre-employment, random, reasonable suspicion/cause, post accident or follow-up drug or alcohol test administered by an employer to which you applied or worked for within the last three years?

If any of the above questions were answered YES, please complete the following:

Company Name and address for which you applied, but did not obtain, safety sensitive transportation work:

Company Name:	
Address / City / State	
Person to contact:	Telephone number:
Date of Positive Test or Test Refusal:	
Can you provide proof that you have successfully completed the DOT return-to-duty requirements?	<input type="checkbox"/>

Contact information on the Substance Abuse Professional that approved your return to duty.

Name:	
Address / City / State	
Person to contact:	Telephone number:

I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.

Signature of Applicant

Date

Controlled Substance and Alcohol Testing Information Acknowledgement Consent Form

As a condition of employment with Wynne Motorcoaches (A Wynne Enterprises I, LP Company), Commercial Motor Vehicle (CMV) driver applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 383.301. A motor carrier must receive a verified negative test result for the applicant driver in order for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to the following:

- Post accident – Section 382.303
- Random – Section 382.305
- Reasonable Suspicion – Section 382.307
- Return-to-Duty – Section 382.309
- Follow-up – Section 382.311

A Driver who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professional (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subject O.

For a substance abuse professional near you, please go to www.naadac.org.

All controlled substances and alcohol testing will be conducted in accordance with the Parts 40 and 382 of the FMCSR.

I have read the above controlled substances and alcohol testing requirements and understand them.

Signature of Applicant

Date

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(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 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print Name

Social Security Number

Signature of Applicant

Date

Disclosure and Release

In connection with my application for membership or employment (including contract for services) with Wynne Motorcoaches, LLC, I, [Click here to enter text.](#), understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH
THE ABOVE-MENTIONED INFORMATION.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information, and upon proper identification, I may obtain from the agency information on the nature and substance of its files on me including all sources of information and the recipients of any reports on me that the agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Driver License Number: _____

State: _____

Date of Birth: _____

Social Security #: _____

Print Name

Signature of Applicant

Date

Pre-Qualification Urinalysis Notification and Consent

The Federal Motor Carrier Safety Regulations require:

§382.301(a) **Pre-employment testing:**

Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraphs (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.”

A Medical Review Officer (MRO) will review and maintain the results of the controlled substance test. The MRO is obligated by law to report both negative and positive test results to the company. Under certain conditions the MRO may afford a tested individual, within a reasonable period of time, the opportunity to discuss a positive test result with the MRO before reporting the positive test result to the motor carrier, but it is not required he/she do so (see Federal Motor Carrier Safety Regulation Part §382.407). **A positive test for controlled substances based on the urinalysis test will medically disqualify a driver from the operation of a commercial motor vehicle for this company.**

Pre-qualification/pre-use testing for controlled substances is required by law. Failure to submit to testing for controlled substances or refusing to be tested will prevent a driver from being qualified to drive a commercial motor vehicle for this company (see FMCSR §382.211 and §382.215)

I have read and understand the above regulations and conditions for controlled substance testing, and I agree to the urine sample collection and controlled substance testing.

Printed Name

Signature of Applicant

Date

Driver Briefing and Instructions For Controlled Substances and Alcohol Testing

The collection of your urine specimen will be conducted under the guidelines required by the **Federal Motor Carrier Safety Regulations, Part 40 – Procedures for Transportation Workplace Drug and Alcohol Testing Programs**. These regulations allow for individual privacy unless there is a reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site persons will take precautions to ensure that your specimen is not adulterated or diluted during the collection procedure. Your specimen collection must also follow a strict chain of custody and security procedures. Other security procedures include:

Photo identification or personal individual identification must be presented at collection site.

You will be asked to remove unnecessary outer garments such as a coat or jacket.

All personal belongings, such as a briefcase or handbag, will remain with outer garments. You may retain your wallet.

You will be instructed to wash and dry your hands prior to providing a specimen.

Your specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy.

After handing the specimen bottle to the collector, you should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.

If the collection site person has reason to believe that you have altered or substituted the specimen, the person will notify a higher level supervisor. Should you tamper, adulterate, or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a same gender collection site person.

Signature of Applicant

Date

You will be asked to initial the identification label on the specimen container for the purpose of certifying that it came from you.

You will be asked to sign the chain of custody form, certifying that the urine specimen as identified having been collected from you is in fact the specimen you provided.

After the laboratory analysis, the result will be forwarded to the Medical Review Officer (MRO) working for your employer. Prior to making a final decision to verify a positive test result from your employer, the MRO will give you an opportunity to discuss the test results and submit medical documentation of legally prescribed medications.

The results of the drug test will not be released to a third party without your written consent. The results are made known to the MRO and a management official having authority to take adverse action against you for the use of a controlled substance

Signature of Applicant

Date

Statement of Self-Employment (if applicable)

Business Name:		
Address:		
Nature of business:		
DOT #:	From:	To:
If a CMV driving position, were you subject to FMCSR's?		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		
Position:	Equipment Type:	
Trailer type(s)		
Accidents/Claims:		

As a self-employed CMV operator, did you participate in a drug and alcohol abuse consortium or program? _____

If YES, please provide the following:

Name of consortium or SAP manager:	
Address:	Telephone:

1. Have you ever tested positive for a controlled substance in the last 3 years? _____
2. Have you had an alcohol test with a BAC of 0.04 or more in the last 3 years? _____
3. Have you refused drug or alcohol testing in the last 3 years? _____

If you answered YES to any of the above 3 questions, please provide the SAP's contact information:

Name of SAP:	
Address:	Telephone:

Signature of Applicant

Date

Statement for Company Out-of-Business (if applicable)

Name of Employer:		
Address:		
Nature of business:		
DOT # (if available):	From:	To:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		
Position:	Equipment Type:	
Reason no longer in business:		

I am able to provide as proof of my employment:

- W-2 or other tax forms
- Pay stubs
- Business-related references
- Log books or bills
- Other - Please specify:

Signature of Applicant

Date

Driver Certification of Compensated Work for Other Entities

Part 395.2 of the Federal Motor Carrier Safety Regulations (FMCSR) defines “on-duty” time. This definition includes “performing any other work in the capacity, employ, or service of a motor carrier” (FMCSR Part 395.2 (8)), AND “performing any compensated work for any motor carrier entity” (FMCSR Part 395.2 (9)). In other words, as a driver for a motor carrier you must report all time spent in the performance of work for that motor carrier *in addition to* all time spent working for compensation elsewhere.

If, while you are otherwise considered “off-duty”, you are performing compensated work for someone else, these ours must be reported to the company and included in your calculations of hours available to work for the company. Hours worked for which you do not receive compensation, such as volunteer work, do not need to be reported.

Please choose one of the following statements which best describes your current situation:

I am not currently performing any work for any other motor carrier or non-motor carrier entity which is required to be reported.

I am currently performing work for compensation or either a motor carrier or a non-motor carrier entity, as follows:

I certify with my signature below that I understand my obligation to report all hours worked for other entities for which I receive compensation throughout the course of my association with this company. I further certify that my answer(s) to the above statements are true and I will notify the company in the future when and if the work status I have marked above changes in any way.

Printed Name

Signature of Applicant

Date

Off-Duty Letter

This letter authorizes our driver, _____, to be Off-Duty during meal and other routine stops.

The purpose of the Federal Department of Transportation Hours of Service Regulations (Part 395) is to keep tired drivers from operating vehicles. Under certain circumstances, however, it appears that enroute stops for meals or other routine purposes may serve to lessen a driver's fatigue.

Therefore, this letter is authorization for you to record your meal or other routine stops on your logs as Off-Duty rather than On-Duty Not Driving as would normally be the case. However, this may be done only under all of the following circumstances:

1. Your vehicle must be parked in a safe and secure manner so as to prevent obstruction of traffic and theft or damage to the vehicle or cargo.
2. The duration of the driver's relief from duty must be a finite period of time which is of sufficient duration to ensure that the accumulated fatigue resulting from operating a CMV will be significantly reduced.
3. The driver must have been relieved of all duty and responsibility for the care and custody of the vehicle, its accessories and any cargo or passengers it may be carrying.
4. During the off-duty period, you are free to leave the premises on which your vehicle is parked and to pursue activities of your choosing, as long as your ability to safely operate your vehicle is not impaired as required by Part 392, "Driving of Vehicles," of the Federal Motor Carrier Safety Regulations.

Driver Supervisor

Date

Signature of Applicant

Date

Driver Data Sheet

For Newly Qualified, Intermittent, Casual, or Occasional Drivers

Name:

Social Security Number:

Driver's License Number:

Type:

Issuing State:

Instructions: This form must be completed in compliance with the Federal Motor Carrier Safety Regulations, Part §395.8(j)(2), which states that "Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers."

To comply with this regulation, please write in the boxes below the total hours worked for each of the immediately preceding days, and provide the total sum of these hours where indicated:

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

Signature of Applicant

Date

Qualification File Checklist

For Intermittent, Casual or Occasional Drivers

Part §391.51(d) of the Federal Motor Carrier Safety Regulations require the qualification file for an intermittent, casual, or occasional driver employed under the rules in Section §391.63 should include the following:

Medical Examiner's Certificate – the medical examiner's certificate of the driver's physical qualification to drive a commercial motor vehicle or a legible photographic copy of the certificate.

Certificate of Driver's Road Test – The certificate of the driver's road test issued to the driver pursuant to Part §391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test as permitted by Part §391.33.

The driver's name, social security number, and the identification number, type and issuing state of the driver's commercial motor vehicle operator's license (verify all areas the type of this sheet have been completed).

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at [Click here to enter text.](#) on [Click here to enter text.](#)

Signature of Applicant

Date

Log Practice – Scenario 1

Scenario for Day 1 (1 September) – You report to the coach garage (main terminal location) for work at 8 a.m. You receive Charter Order #21662 for a trip to take a women’s group to the outlet mall in Bargainburg, using Coach #114. You do your paperwork and pre-trip inspection, then leave to pick up the group at 8:30 a.m. You arrive at the woman’s club in Anytown at 9:00 a.m., load and are underway to Bargainburg at 9:30 a.m. Arrival at the outlet mall is at 11:00 a.m. You stay with the coach and at 3:00p.m., start loading your group for the trip home. At 3:30 p.m. you start back to Anytown. Arrival at the women’s club is at 5:15p.m. It takes 15 minutes to unload, and 30 minutes to drive back to the main terminal location. Your post-trip inspection and paperwork takes 15 minutes, and then you are off duty for the rest of the day. Your total miles driven was 184.

Correct Recap Entry for Day 1:

MONTH OF SEPTEMBER 20__	NAME (ACTUAL)			
1	2	3	4	5
DAILY TOTAL DUTY & DR. HRS				
		8 days – 70 Hours		
8/25	9.75	Total On-Duty Hours Last 8 Days	Total On-Duty Hours Last 7 Days	Hours Available for On-Duty Time Next Day (70 minus Col. 4) 1
8/26	0.00			
8/27	0.00			
8/28	6.50			
8/29	8.25			
8/30	8.75			
8/31	10.00			
1	10.25	53.50	43.75	26.25
2				
3				
4				

Signature of Applicant

Date

Log Practice – Scenario 2

Scenario for Day 2 (2 September) – You arrive at the coach garage at 6:15 a.m. to work Charter Order #21670 using Coach #90. The trip is to drive a group to the gambling casino in Strikitrich, and return empty. Paperwork and pre-trip take 18 minutes and you arrive in Suckertown to pick up your group at 6:56 a.m. Loading is completed and you are underway to Strikitrich at 7:38 a.m. There is a stop at Joe’s truck stop on I-27 in Smalltown for a rest break at 9:00 a.m. and you get underway again at 9:06 a.m. You arrive at the casino at 10:35 a.m. and unload. During the day, you take the coach to a coach parking area, fuel the coach and do some “housekeeping.” (The driving time to the parking area is 3 minutes.) At 4:00p.m., you are back at the casino. Loading takes 45 minutes (three passengers can’t be located) and at 4:45 p.m. you start back to Suckertown. At 6:12 p.m., you take a 21 minute rest stop at the same truck stop, and arrive at your drop off point in Suckertown at 8:00 p.m. Fifteen (15) minutes to unload, 25 minutes to return to the main terminal and 15 minutes for inspection/paperwork completes your day. Your total mileage for today was 302.

Correct Recap Entry for Day 2:

MONTH OF SEPTEMBER 20__	NAME (ACTUAL)			
1	2	3	4	5
DAILY TOTAL DUTY & DR. HRS				
	8 days – 70 Hours			
8/25	9.75	Total On-Duty Hours Last 8 Days	Total On-Duty Hours Last 7 Days	Hours Available for On-Duty Time Next Day (70 minus Col. 4) 1
8/26	0.00			
8/27	0.00			
8/28	6.50			
8/29	8.25			
8/30	8.75			
8/31	10.00			
1	10.25	53.50	43.75	26.25
2	14.75	58.50	58.50	11.50
3				
4				

Signature of Applicant

Date

Company Certification

I certify that I have given the above named person a copy of the Alcohol and Controlled Substance Policy of Wynne Motorcoaches and that the requirements of the Federal Motor Carrier Safety Regulations (FMCSR) Part § 382.601 "Employer obligation to promulgate a policy on the misuse of alcohol and use of controlled substances" have been met.

Name of Wynne Motorcoaches Representative

Position/Title

Signature of Wynne Motorcoaches Representative

Date

Certificate of Receipt

I certify that I have received, read and understand the Alcohol and Controlled Substances Policy for Wynne Motorcoaches and have been provided information and/or materials concerning the effects of alcohol and controlled substances use as required by the Federal Motor Carrier Safety Regulations (FMCSR) Part § 382.601.

I agree to comply with all of the federal regulations and company policies dealing with the use and possession of alcohol and controlled substances.

Print Name

Social Security #

Signature of Applicant

Date