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Phone: (877) 251-2578

74 Main St,(Suite 210) Maynard, MA 01754

# DRIVER HIRING CHECKLIST

## Driver Qualification File

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		Driver-specific application for employment
<input type="checkbox"/>	<input type="checkbox"/>		Motor vehicle record(s) (MVR)*
<input type="checkbox"/>	<input type="checkbox"/>		Road test/certificate conducted by our carrier, or Photocopy of a CDL accepted in lieu of road test, or Road test certificate less than 3 years old accepted in lieu of road test
<input type="checkbox"/>	<input type="checkbox"/>		Background investigation (Safety Performance History)
<input type="checkbox"/>	<input type="checkbox"/>		Medical examiner's certificate*
<input type="checkbox"/>	<input type="checkbox"/>		Verification that medical examiner is listed on National Registry

\*For CDL/CLP drivers, proof of current medical certification must be shown on the MVR, in which case a copy of the medical certificate is not required.

## Drug and alcohol records (if subject)

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		DOT pre-employment drug screen <b>result</b> received
<input type="checkbox"/>	<input type="checkbox"/>		Documentation of pre-employment exception received from former employer(s)
<input type="checkbox"/>	<input type="checkbox"/>		Driver issued educational materials and company policy
<input type="checkbox"/>	<input type="checkbox"/>		Asked driver about positive DOT <b>pre-employment</b> tests over the past 2 years

## Other Documentation

Complete	N/A	Date	Documentation
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:
<input type="checkbox"/>	<input type="checkbox"/>		Title:

**Notes:**