



Safety Department  
FedEx SupplyChain System:  
5455 Darrow Rd.  
Hudson, Ohio 44236  
330-655-7301 Phone  
330-342-3107 Fax

## APPLICATION FOR LEASE CONTRACT OR DRIVER QUALIFICATION

The Civil Rights Act of 1964 prohibits discrimination in  
Employment practice because of race, color, religion, sex  
or national origin. P1 90-202 prohibits discrimination  
because of age.

Date 02/06/11

Date of Birth 06-20-1974  
MM/DD/YY

Social Security No. 327-94-7775

Name Almin Basic  
First Middle Last

Contact Info 630-788-7221 almin-basic@comcast.net  
Home Phone Cell Phone Email Address

Present Address 1768 SIMMS ST AURORA IL 60504 8  
Street City State & Zip Code No. of Years?  
1175 Boxwood Dr Mt Prospect IL  
Street City State & Zip Code No. of Years?  
\_\_\_\_\_  
Street City State & Zip Code No. of Years?  
\_\_\_\_\_  
Street City State & Zip Code No. of Years?

**Must  
Provide  
Address For  
Past Ten  
Years**

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

IN CASE OF EMERGENCY, NOTIFY MINKA BASIC  
1768 SIMMS ST AURORA IL 60504 630-788-7008  
Street City State & Zip Code Phone

Have you ever worked for or leased to this company? (Y) or N When? FEB 2004

Have you previously applied for employment or lease with this company? (Y or N) When? \_\_\_\_\_

Names of relatives under contract? SENAD PORCIC

Referral? (Y or N) If yes, then who? \_\_\_\_\_

### EDUCATION

Have you ever attended a Driving School? (Y or N)

If yes, name of school Highschool Dates attended 12

List any other driver training or schools (Such as correspondence, mechanical, military) \_\_\_\_\_

## EMPLOYMENT HISTORY FOR PAST 10 YEARS

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding ten years. Any gaps in employment must be explained (unemployment, school, armed forces, etc.)

Current employer / Lessee Name CHICAGOTRANS

Address 333 W IRVING PARK ROSELLE IL  
Street City State and Zip

Business Phone (630) 980-4311 Fax ( ) Contact

Position Held SAFETY, DRIVER From 11-05-10 To PRESENT  
(Month, Year) (Month, Year)

Reason for Leaving

Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other

☒ Tractor If tractor, type of Trailer ☒ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☒ Yes ☐ No

Previous employer / Lessee Name TRANSX

Address EAGAN MN  
Street City State and Zip

Business Phone (800) 385-5005 Fax ( ) Contact

Position Held DRIVER OWNER OPERATOR From To  
(Month, Year) (Month, Year)

Reason for Leaving DISCHARGED FOR REFUSING TO TAKE LOAD IN BROKEN TRUCK

Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other

☒ Tractor If tractor, type of Trailer ☒ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☒ Yes ☐ No

Previous employer / Lessee Name BT TRUCKING

Address BROADVIEW IL  
Street City State and Zip

Business Phone (847) 452-8450 Fax ( ) Contact PHIL

Position Held From To  
(Month, Year) (Month, Year)

Reason for Leaving QUIT ~~BECAUSE~~ Job FOR BETTER COUPLE TIMES FORCED TO TAKE OVERLOAD

Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other

☒ Tractor If tractor, type of Trailer ☒ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☐ Yes ☐ No

Previous employer / Lessee Name RJW  
Address Bolingsbrook IL  
Street City State and Zip  
Business Phone (630) 424-2400 Fax ( ) 0 Contact  
Position Held DRIVER From 07-2007 To 01-2007  
(Month, Year) (Month, Year)  
Reason for Leaving better job  
Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other  
☐ Tractor If tractor, type of Trailer ☐ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other  
Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☒ Yes ☐ No

Previous employer / Lessee Name TOWNE Air Freight  
Address 86 SOUTH BAY IN  
Street City State and Zip  
Business Phone (866) 866-8003 Fax ( ) Contact  
Position Held DRIVER From 07-2005 To 11-2007  
(Month, Year) (Month, Year)  
Reason for Leaving better job  
Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other  
☒ Tractor If tractor, type of Trailer ☒ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other  
Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☒ Yes ☐ No

Previous employer / Lessee Name FEDEX CHAIN SVC.  
Address Plymouth MI  
Street City State and Zip  
Business Phone (734) 414-3053 Fax ( ) Contact  
Position Held DRIVER From 02-2004 To 07-2005  
(Month, Year) (Month, Year)  
Reason for Leaving Bought truck went to work as an owner  
Equipment: ☐ Straight Truck ☐ Bus ☐ Cargo Van ☐ Pick up ☐ Other  
☒ Tractor If tractor, type of Trailer ☒ Van 53'/48' ☐ Tanker ☐ Flatbed ☐ Other  
Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to Drug and Alcohol Testing per 49CFR part 40? ☒ Yes ☐ No

### ACCIDENT / INCIDENT RECORD

LIST PAST 3 YEARS – Truck and Car  
Include preventable and non-preventable.

IF NONE, PLEASE CHECK BOX

NONE

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT/INCIDENT (Head on, rear-end, etc.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES

### MOVING VIOLATIONS

LIST PAST 3 YEARS – Truck and Car

IF NONE, PLEASE CHECK BOX

NONE

DATE	LOCATION (STATE)	CHARGE
06/08/2008	I 88 AURORA, IL	SPEEDING

TO BE READ AND SIGNED BY APPLICANT: Please use back of application for additional comments and information.

It is understood that the information in this application will be verified and that previous employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that the lessee or his/her agents may investigate the applicant's background to ascertain any and all information pertaining to applicant's record, whether same is of record or not. Applicant releases employers and persons named herein from all liability and damages pertaining to the release of such information.

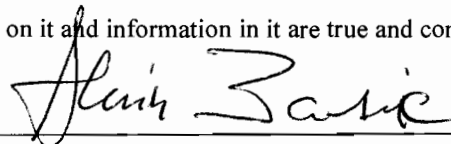
It is further understood that an investigative report may be generated from information obtained through personal interviews with third parties, such as family members, business associates, financial sources, law enforcement, friends, neighbors, or others with whom you are acquainted. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure concerning the nature and scope of any investigative consumer reports requested by the company.

It is understood that the applicant, by presenting this application for Lease Contract or Driver Qualification acknowledges that the statements given by the applicant to the information requested in this application are true, correct and complete and that any false, misleading or incomplete statements of information requested shall be sufficient grounds for cancellation of the contract and/or immediate disqualification.

This certifies that this application was reviewed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date 02/06/2011

Applicant's Signature



**AN EQUAL OPPORTUNITY EMPLOYER/LESSEE**

**LIST ALL DRIVER LICENSES HELD IN THE LAST 10 YEARS**

STATE	LICENSE NUMBER	Class	Endorsement (HazMat, etc.)	EXPIRATION DATE
IL	B220-0007-4125	A	H	06-20-2014

Do you have a FAST Card?

Y / N

FAST Card Number: \_\_\_\_\_

Please provide copy of front &amp; back of your FAST card

If not a U.S. citizen, do you have a VISA?

☒ Y ☐ N

Does it allow you to work in the U.S?

Y / N

What is the country of citizenship on your Visa: \_\_\_\_\_

Explain any restrictions: \_\_\_\_\_

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☒
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☒
- C. Have you ever been disqualified subject to any section of the Federal Motor Carrier Safety Regulations? Yes ☐ No ☒
- D. Have you ever been convicted of possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? Yes ☐ No ☒
- E. Have you ever been suspended, discharged, or released from any job? Yes ☐ No ☒
- F. Have you ever been convicted of a felony or are charges pending against you? Yes ☐ No ☒
- G. Have you ever been convicted of a Misdemeanor or are charges pending against you? Yes ☐ No ☒
- H. 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 DOT agency drug and alcohol testing rules during the past three years? Yes ☐ No ☒

If the answer to any of the above questions (A – H) if yes, list the date and circumstances \_\_\_\_\_

**DRIVING EXPERIENCE**

(Important-Be Specific on Type of Equipment and Trailer {Van, Flatbed, Dump, etc.})

	TRAILER Type of Trailer	DATE FROM	TO	MILES
STRAIGHT TRUCK				
TRACTOR	53'	01-2002	PRESENT	1,100,000
OTHER				

**ADDITIONAL INFORMATION (Awards, Certified, and Driving Schools)**ALAMO TRUCK DRIVING SCHOOL

**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

**USIS**

Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:

Company Name: FedEx Supply Chain Srvc

Company Contact Name: Ellen Berisha

ellen.berisha@fedex.com

Fax #: (330) 342-3107

USIS Customer #: 24057 Sub-account: \_\_\_\_\_

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
<u>CHICAGO TRANS</u>	<u>ROSELLE</u>	<u>IL</u>	<u>(630) 980-4311</u>
<u>TRANS X</u>	<u>EAGAN</u>	<u>MN</u>	<u>(800) 385-5005</u>
<u>BT. TRUCKING</u>	<u>BRADLEY</u>	<u>IL</u>	<u>(847) 452-8450</u>
<u>RJW</u>	<u>BOLINGBROOK</u>	<u>IL</u>	<u>(630) 424-2400</u>
<u>TOWNE AIR FREIGHT SOUTH BEND</u>	<u>SOUTH BEND</u>	<u>IN</u>	<u>(866) 866-8003</u>
<u>FEDEx CHAIN SUPPLY SRV</u>	<u>PLYMOUTH</u>	<u>MI</u>	<u>(734) 414-3053</u>

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: ALVIN BASIC Social Security #: 327-94-7775

Applicant Signature: Alvin Basic Date: 02/06/2011

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE**  
**(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ☐ ← Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ☐ ← Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.
- ☐ ← Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

**PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol Information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.**

Print Applicant Name: ALVIN BASK Social Security #: 327-94-7715  
Applicant Signature: Alvin Bask Date: 02/06/2011



## English Language Certification

I, SENAD PORCIC  
ALMIN BASIC, certify that I have had direct conversation with  
PRINT NAME

ALMIN BASIC, and that to the best of my knowledge, this  
PRINT DRIVER APPLICANT NAME

driver applicant meets the U.S. DOT requirement specified in 391.11(b)(2) which states:

*"Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records."*

Signed Almin Basic

Date 02/15/2011



**Receipt for FedEx Supply Chain Services, Inc.  
Drug and Alcohol Abuse Policy**

I acknowledge receipt of FedEx Supply Chain Services, Inc.  
Drug and Alcohol Abuse Policy

Driver Printed Name: ALVIN BASIC

Driver Signature: Alvin Basic Date: 02/15/2011

This receipt will be retained in the DOT Driver Qualification file.



## Certification of Violations / Annual Review of Driving Record

### Completed by Driver

Driver Name: ALVIN BASIC Social Security #: 327-94-7775  
CDL # B220-0007-4175 State: IL Expiration Date: 06-20-2014  
Division: 14

I certify that the following is a true and complete list of traffic 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 had no violations, check this box. ☒

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Driver's Signature: Alvin Basic Date: 02-15-2011

### Completed by Motor Carrier

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

- ☐ Meets minimum requirements for safe driving.  
☐ Does not adequately meet satisfactory safe driving performance.  
☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15.

Action taken with driver:

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature Date

FedEx SupplyChain Systems, Inc.

5455 Darrow Rd. Hudson, OH 44236



## HOURS OF SERVICE STATEMENT

Name: ALVIN BASIC Date: 02/15/2011  
(PLEASE PRINT)

CDL # B220-0007-4175 State: IL

**HOURS OF SERVICE:** Every driver, when first employed or when being employed temporarily must comply with 49 CFR 395 (j) (2) by completing the information below for each of the last 7 days. As well as indicating the date and time at which that person was last relieved from work.

### PLEASE COMPLETE THE FOLLOWING:

I was last relieved from work at 17 : 00 AM – PM (Please circle one), on

Date: \_\_\_\_\_

### Hours worked for last 7 days:

Day	1	2	3	4	5	6	7	Total
Date	02/09	02/10	02/11	02/12	02/13	02/14	02/15	
Hours Worked	8	8	8	8	8	8	8	56

I hereby certify that the above information is correct to the best of my knowledge and belief.

Driver Signature: Alvin Basic Date: 02/15/2011

FedEx SupplyChain Systems, Inc.  
Driving Safety and Compliance Handbook  
Receipt

I Have Reviewed and Acknowledge Receipt of the  
FedEx SupplyChain Systems, Inc.  
Driving Safety & Compliance Handbook  
Revision 01/01/2011

ALVIN BASK

Driver Name - (Printed)

Alvin Bask

Driver Name - (Signature)

02/15/2011

Date

Receipt Will Be Retained in the DOT Qualification File

## Driver Qualification Assessment Answer Sheet

Applicant Name ALMIN BASIC Date 02-15-2011  
Please Print

Circle your answer for each question.

Percentage attained \_\_\_\_\_

### Section 1 - FMCSR

- |     |           |           |    |           |
|-----|-----------|-----------|----|-----------|
| 1.  | a.        | <u>b.</u> | c. | d.        |
| 2.  | a.        | b.        | c. | <u>d.</u> |
| 3.  | <u>a.</u> | b.        | c. | d.        |
| 4.  | a.        | b.        | c. | <u>d.</u> |
| 5.  | a.        | b.        | c. | <u>d.</u> |
| 6.  | a.        | b.        | c. | <u>d.</u> |
| 7.  | a.        | <u>b.</u> | c. | d.        |
| 8.  | a.        | b.        | c. | <u>d.</u> |
| 9.  | a.        | <u>b.</u> | c. | d.        |
| 10. | a.        | b.        | c. | <u>d.</u> |

### Section 2 – Hazardous Materials

- |     |           |           |           |    |
|-----|-----------|-----------|-----------|----|
| 11. | <u>a.</u> | b.        |           |    |
| 12. | a.        | <u>b.</u> | c.        |    |
| 13. | a.        | <u>b.</u> | c.        |    |
| 14. | a.        | b.        | <u>c.</u> |    |
| 15. | <u>a.</u> | b.        |           |    |
| 16. | a.        | b.        | <u>c.</u> |    |
| 17. | a.        | b.        | <u>c.</u> |    |
| 18. | <u>a.</u> | b.        | c.        |    |
| 19. | a.        | b.        | <u>c.</u> | d. |
| 20. | <u>a.</u> | b.        |           |    |
| 21. | a.        | <u>b.</u> | c.        |    |

**Section 3 – Hours of Service**

22. ☒ a.      b.      c.      d.
23.   a.      b.      c.      ☒ d.
24. ☒ a.      b.      c.      d.
25.   a.      ☒ b.      c.      d.
26. ☒ a.      b.      c.      d.
27. ☒ a.      b.      c.      d.
28. ☒ a.      b.      c.      d.
29. ☒ a.      b.      c.      d.
30. ☒ a.      b.      c.      d.
31.   a.      ☒ b.      c.      d.
32.   a.      b.      c.      ☒ d.
33. ☒ a.      b.      c.      d.
34.   a.      b.      ☒ c.      d.
35.   a.      ☒ b.      c.      d.
36.   a.      b.      ☒ c.      d.
37.   a.      ☒ b.      c.      d.

**Section 4 – FedEx SupplyChain Systems, Inc. Company Guidelines**

38.   a.      b.      ☒ c.      d.
39.   a.      b.      c.      ☒ d.
40. ☒ a.      b.      c.      d.
41.   a.      ☒ b.      c.      d.
42.   a.      b.      ☒ c.      d.
43. ☒ a.      b.      c.      d.
44.   a.      b.      c.      ☒ d.

Driver Qualification Assessment

57. Which of the following is an example of a defect that would be likely to affect the safety of operation of a vehicle and should be noted on the VIR?
- a) Tire tread depth below DOT requirements
  - b) Air conditioning not working
  - ☒ c) Both a and b
58. The driver only needs to sign and date the pre-trip section of the VIR. They do not need to sign and date both pre and post trip sections?
- a) True
  - ☒ b) False
59. How long are the original VIR forms to be maintained by the motor carrier?
- a) 3 months from the date the written report was prepared
  - ☒ b) 6 months from the date the written report was prepared
  - c) Indefinitely
60. On 2-driver operations, if both drivers agree as to the defects or deficiencies identified, who needs to sign and date the VIR form?
- ☒ a) Both drivers
  - b) One driver
  - c) Neither driver
61. A driver should mark all boxes on the VIR for the items inspected, regardless if defects are identified.
- ☒ a) True
  - b) False
62. Which copy of the VIR form for the current day is submitted with the paperwork for the current day?
- ☒ a) White
  - b) Yellow
  - c) Pink
63. Which copy of the VIR form for the current day is placed in the box on the outside of the trailer?
- a) White
  - b) Yellow
  - ☒ c) Pink
64. Which copy of the VIR form for the current day is left in the cab of the power unit?
- a) White
  - ☒ b) Yellow
  - c) Pink

**Section 4 – FedEx SupplyChain Systems, Inc. Company Guidelines**

- |     |    |    |    |
|-----|----|----|----|
| 45. | a. | b. | c. |
| 46. | a. | b. |    |
| 47. | a. | b. |    |
| 48. | a. | b. |    |
| 49. | a. | b. |    |
| 50. | a. | b. |    |
| 51. | a. | b. |    |
| 52. | a. | b. |    |
| 53. | a. | b. | c. |
| 54. | a. | b. | c. |
| 55. | a. | b. | c. |
| 56. | a. | b. |    |
| 57. | a. | b. | c. |
| 58. | a. | b. |    |
| 59. | a. | b. | c. |
| 60. | a. | b. | c. |
| 61. | a. | b. |    |
| 62. | a. | b. | c. |
| 63. | a. | b. | c. |
| 64. | a. | b. | c. |



## Record of Road Test

Driver Name: ALVIN BASIC CDL #: B220-0007-4175 State: IL  
Length of Test: 10 Miles Start Time: 17:00 Finish Time: 17:30  
Equipment Driven: ☒ Tractor Trailer Van ☐ Straight Truck

Instructions to Evaluator: Check (✓) items which the driver performs satisfactory, use X where the performance is unsatisfactory. Please explain unsatisfactory items under Remarks.

### PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- ☒ Checks general condition approaching unit
- ☒ Looks for leakage of coolants, fuel, lubricants
- ☒ Checks under hood – oil, water, general condition of engine compartment, steering
- ☒ Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- ☒ Tests brake action, tractor protection valve, and parking (hand) brake
- ☒ Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher
- ☒ Checks instruments for normal readings
- ☒ Checks dashboard warning lights for proper functioning
- ☒ Cleans windshield, windows, mirrors, lights, Reflectors

### PART 2 - COUPLING AND UNCOUPLING

- ☒ Lines up units
- ☒ Connects glad hands to trailer to apply trailer brakes before coupling
- ☒ Connects glad hands and lights line properly
- ☒ Couples 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. ENGINE

- ☒ Places transmission in neutral before starting engine
- ☒ Starts engine without difficulty
- ☒ Allows proper warm-up
- ☒ Understands gauges on instrument panel
- ☒ Maintains proper engine speed while driving
- ☒ Does not abuse motor

#### B. CLUTCH AND TRANSMISSION

- ☒ Starts loaded unit smoothly
- ☒ Uses clutch properly
- ☒ Times gearshifts properly
- ☒ Shifts gears smoothly
- ☒ Uses proper gear sequence

#### C. BRAKES

- ☒ Knows proper use of tractor protection valve
- ☒ Understands low air warning
- ☒ Tests service brakes
- ☒ Builds full air pressure before moving

#### D. STEERING

- ☒ Controls steering wheel
- ☒ Good driving posture and good grip on wheel

#### E. LIGHTS - MARK ONLY APPLICABLE ITEMS

- ☒ Knows lighting regulation
- ☒ Uses proper headlight beam
- ☒ Dims lights when meeting or following other 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)

- ☒ Does not hit nearby vehicles or stationary objects
- ☒ Parks proper distance from curb
- ☒ Sets parking brake, puts in gear, chocks, wheels, shuts off motor
- ☒ Checks traffic conditions and signals when pulling out from parked position
- ☒ Parks in legal and safe location

### C. PARKING (Road)

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

## PART 5 - SLOWING AND STOPPING

- ☒ Uses gears properly ascending
- ☒ Gears down properly descending
- ☒ Stops and restarts without rolling back
- ☒ Tests brakes before descending grades
- ☒ Uses brakes properly on grades
- ☒ Uses mirrors to check traffic to rear
- ☒ Signals following traffic
- ☒ Avoids sudden stops
- ☒ 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

- ☒ Signals intention to turn well in advance
- ☒ Gets into proper lane well in advance of turn
- ☒ Checks traffic conditions and turns only when intersection is clear
- ☒ Restricts traffic from passing on right when preparing to complete right hand turn
- ☒ Completes turn promptly and safely and does not impede other traffic

### B. TRAFFIC SIGNS AND SIGNALS

- ☒ Approaches signal prepared to stop if necessary
- ☒ Obeys traffic signal
- ☒ Uses good judgment on yellow light
- ☒ Starts smoothly on green
- ☒ Notices and heeds traffic signs
- ☒ Obeys "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 and does not shift gears while crossing
- ☒ Knows and understands federal and state rules governing grade crossing

### E. PASSING

- ☒ Passes with sufficient clear space ahead
- ☒ Does not pass in unsafe locations: hill, curve, intersection
- ☒ Signals change of lanes
- ☒ Warns driver being passed
- ☒ Pulls out and back with certainty
- ☒ Does not tailgate
- ☒ Does not block traffic with slow pass
- ☒ Allows enough room when 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, intersection, etc.
- ☒ Maintains consistent speed

### G. COURTESY AND SAFETY

- ☒ Uses defensive driving techniques
- ☒ Yields right-of-way for safety
- ☒ Goes ahead when given right-of-way by others
- ☒ Does not crowd other drivers or force way through traffic
- ☒ Allows faster traffic to pass
- ☒ Keeps right and in own lane
- ☒ Uses horn only when necessary
- ☒ Generally courteous and uses proper conduct

PART 7 – MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- ☒ Consistently alert and attentive
- ☒ Adjusts driving to meet changing conditions
- ☒ Performs routing functions without taking eyes from road
- ☒ Checks instruments regularly while driving
- ☒ Willing to take instructions and suggestions
- ☒ Adequate self-confidence in driving
- ☒ Is not easily angered
- ☒ Positive attitude
- ☒ Good personal appearance, manner, cleanliness
- ☒ Good physical stamina

B. HANDLING OF FREIGHT

- ☒ Checks freight properly
- ☒ Handles and loads freight properly
- ☒ Handles bills properly
- ☒ Breaks down load as required

C. RULES AND REGULATIONS

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

D. USE OF SPECIAL EQUIPMENT

(Specify): \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Performance: ☐ Satisfactory ☐ Needs Training: ☐ Unsatisfactory

Qualified For: ☒ Tractor Trailer ☐ Straight Truck ☐ Other \_\_\_\_\_  
(Specify)

Examiner Printed Name: SENAD POTCIC

Signature of Examiner: [Signature] Date: 2-16-11

Phone #: 708 417 8662

## Road Test Discussion

One of our most important goals at FedEx SupplyChain Systems, Inc. is keeping our fleet as safe as possible. While administering the road test, please discuss the following safety topics with the driving candidate.

☒ **General Defensive Driving Skills**

- Learn to recognize hazardous driving situations.
- Scan far enough ahead to react safely to approaching situations.
- Always signal your intentions.
- Don't assume drivers will see you.

☒ **Potential Turning Hazards**

- Keep rear of vehicle to the right, blocking vehicles from passing on the right.
- If encroaching upon other lanes, wait for other vehicles to clear and then turn slowly.
- Improper tracking could cause an accident.
- Don't start turning until there is enough time for the rear of vehicle to clear the intersection without forcing opposing drivers to slow down or swerve.

☒ **Backing Hazards**

- Avoid backing when possible.
- G.O.A.L – Get out and look.
- Check overhead clearance.
- Check mirrors, back slowly.
- Tap horn and/or use spotter.
- Make sure trailer doors are secure prior to moving.

☒ **Prevention of Rollovers**

- Reduce speed before entering curve.
- Ensure cargo is properly loaded to prevent shifting.
- Stay off the shoulder in curves.

☒ **Intersections**

- Approach intersections assuming that cross traffic may not obey traffic control.
- Anticipate the need for avoidance.
- When crossing at intersections, allow enough time to clear the road with rear of the vehicle without interfering with cross traffic.

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest that the safety topics listed above were discussed and understood as a part of the road test.

Driver Signature: Ann Marie Date: 02/15/2011

Examiner Signature: [Signature] Date: 02/16/2011

### INSTRUCTIONS TO CARRIER

If the road test is successfully completed, the person who administers the test must complete the following certification. The original signed road test form and a copy of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and a copy provided to that person, per section 391.31(e) (f) (1) (2) of the Federal Motor Carrier Safety Regulations.

### CERTIFICATION OF ROAD TEST

Driver Name: ALVIN BASIC Social Security #: 327-95-2725

CDL #: B 220-0007-4175 State: IL

Type of Equipment: ☒ Tractor Trailer Van ☐ Straight Truck

This is to certify that the above named driver was given a road test under my supervision on 2-16 20 11, consisting of approximately 10 miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Examiner Printed Name: SENAD TORCIC

Examiner Signature: [Signature] Date: 2-16-11

Title: OWNER Phone #: 708 517 8682

Organization and Address of Examiner: 935 N HARVARD AV.  
VILLA PARK, IL 60181