

## DRIVER RECORD CARD

**NAME** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**DATE OF BIRTH** \_\_\_\_\_ **SEX** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(NUMBER) (STREET)

**DATE HIRED** \_\_\_\_\_ **TERMINATED** \_\_\_\_\_

\_\_\_\_\_  
(P.O. BOX) (CITY) (STATE) (ZIP CODE)

**REASON FOR TERMINATION** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **SSN** \_\_\_\_\_

**COMPANY NO.** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

**NAME** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**LICENSE RECORD**

**ACCIDENTS**

STATE & CLASS	HAZMAT Y N	NUMBER	RENEWAL DATES	DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL

Hazardous Material Endorsement **Y** - Yes **N** - No

**DRUG & ALCOHOL RECORD OF POSITIVE TEST**

DATE OF POSITIVE TEST	SAP PROCESS COMPLETE YES NO	RETURN TO WORK YES NO					

**NOTE:** Per DOT regulation, drug and alcohol test information must be kept in a secure location with controlled access. Per ADA requirements, medical information must be kept confidential and separate from an employee's regular personnel file.

**PHYSICAL EXAMINATION RECORD**

DATE	DOCTOR	QUALIFIED	CONDITION	NOT QUALIFIED

**RECORD OF COMMENDATIONS, COMPLAINTS, VIOLATIONS**

DATE	NATURE	SOURCE	ACTION TAKEN

CONDITION    W/HA — With Hearing Aid                      W/WE — With Waiver or Exemption  
                   W/CL — With Corrective Lenses            W/SPE — With Skill Performance Evaluation Certificate

**SAFETY AWARD RECORD**

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

FROM	TO	AWARD	FROM	TO	AWARD

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