Southern Star Trucking, Inc.

PO BOX 2324 ~ Brenham, TX 77834

PH 512.272.8663 ~ PH 979.421.8545

FAX 979.421.8444

**NOTICE:**

In order to comply with federal laws applicable to the form I-9, your name on Form I-9 must appear exactly; as it does on your social security card.

Example: John Robert Smith Doe….. your name on Form I-9 will show “Doe.” We will use the last name shown on your social security card as your last name in our payroll system. All documents must be signed using the same name shown on your social security card.

**AVISO:**

Para cumplir con las leyes federales aplicables a la I-9 de formulario, debe aparecer su nombre en I-9 de forma exactamente; como en su tarjeta de seguro social.

Ejemplo: Juan Pablo Salazar Diaz... su nombre en I-9 forma mostrará "Diaz." Vamos a utilizar el apellido aparece en su tarjeta de seguro social como su apellido en nuestro sistema de nómina. Todos los documentos se deben firmar con el mismo nombre que aparece en su tarjeta de seguro social.

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APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE IN FULL (EVEN IF RESUME IS ATTACHED). PRINT, USING INK - DO NOT USE PENCIL**

**PERSONAL INFORMATION TODAY’S DATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| FULL LEGAL NAME, LAST: | FIRST  | MIDDLE | TELEPHONE (DAY): |
| PHYSICAL ADDRESS:  | CITY, STATE, ZIP:  | TELEPHONE (EVENING): |
| MAILING ADDRESS:  | CITY, STATE, ZIP: | SOCIAL SECURITY NUMBER: |
| E-MAIL ADDRESS: | ARE YOU SEEKING: FULL-TIME PART TIME |
| ARE YOU AT LEAST 18 YEARS OF AGE? YES NO |
| ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO |
| HAVE YOU EVER WORKED FOR SOUTHERN STAR TRUCKING, INC. IN THE PAST? | IF SO, WHEN?FROM (MO/YR) TO(MO/YR) |
| DO YOU HAVE RELIABLE TRANSPORTATION AVAILABLE TO GET TO & FROM JOBS? |
| DO YOU HAVE A VALID DRIVERS LICENSE? YES NO | DR. LICENSE EXPIRATION DATE: |
| DRIVERS LICENSE NUMBER: | CLASS OF LICENSE: | STATE LICENSED IN: |
| HAVE YOU HAD YOUR DRIVER’S LICENSE SUSPENDED OR REVOKED IN THE LAST FIVE (5) YEARS? YES NOIF YES, PLEASE EXPLAIN |

**POSITION YOU ARE APPLYING FOR**

|  |  |  |
| --- | --- | --- |
| POSITION | EXPECTED PAY | POTENTIAL START DATE |
| ARE YOU CURRENTLY EMPLOYED? | IF SO, CAN WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES NO | ARE YOU AVAILABLE FOR OVERTIME? |
| REFERRED BY |

**FORMER EMPLOYERS** (LIST LAST THREE EMPLOYERS, STARTING WITH MOST RECENT FIRST)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
| NAME & PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
| NAME & PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
| WHICH OF THESE JOBS DID YOU LIKE THE BEST? |
| HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME & LOCATION OF SCHOOL | YEARSATTENDED | DID YOU GRADUATE? |
| HIGH SCHOOL OR GED |  |  |  |
| COLLEGE OR UNIVERSITY |  |  |  |
| VOCATIONAL OR TECHNICAL |  |  |  |
| WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT RELATE TO THE JOB IN WHICH YOU ARE APPLYING? |
| WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT RELATE TO THE JOB IN WHICH YOU ARE APPLYING? |

**PROFESSIONAL REFERENCES**

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & ADDRESS  | BUSINESS | PHONE NUMBER | YEARS KNOWN |
| NAME & ADDRESS  | BUSINESS | PHONE NUMBER | YEARS KNOWN |
| NAME & ADDRESS  | BUSINESS | PHONE NUMBER | YEARS KNOWN |

IN CASE OF EMERGENCY NOTIFY

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL HISTORY** (CONVICTION OF A CRIME, PLEADING GUILTY OR NO CONTEST TO A CRIMINAL CHARGE, WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. EACH CONVICTION OR PLEA WILL BE CONSIDERED WITH RESPECT TO TIME, JOB RELATEDNESS AND OTHER RELEVANT FACTORS.)

|  |
| --- |
| HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NO CONTEST TO A FELONY WITHIN THE LAST FIVE (5) YEARS? YES NOIF YES, PLEASE EXPLAIN |
| HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NO CONTEST TO AN ACT OF DISHONESTY OR BREACH OF TRUST (SUCH AS MISDEMEANOR THEFT, BURGLARY, FRAUD, WRITING BAD CHECKS AND/OR OTHER RELATED CRIMES) WITHIN THE LAST FIVE (5) YEARS? YES NOIF YES, PLEASE EXPLAIN |

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in termination if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, a person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a pre-employment drug testing. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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EMERGENCY CONTACT INFORMATION

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Mobile Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRE-EMPLOYMENT INFORMATION FORM

(Answer all questions – Please Print)

To comply with the Federal/State equal employment opportunity requirements, we ask you to please complete this form. The information you are asked o give will be used solely for the purpose of compliance with Federal requirements. It will not be used for hiring placement or any other decision relating to employment.

This Pre-Employment Information Form will be kept in a Confidential File Separate from the attached Employment Application.

Do not hesitate to ask for assistance if you have any difficulty completing this form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First M.I.

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Marital Status: Single Married

Race/Ethnic Group: White Black Hispanic American/Indian Asian

Position(s) applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please do not list more than two)

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DISABLED VETERAN AND VIETNAM VETERAN

APPLICANT STATEMENT

This is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Veterans Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified, disabled veterans and Vietnam veterans. If a disabled veteran or a Vietnam veteran covered by this program and would like to be considered under the affirmative action program, please tell us.

 Non-veteran Veteran of Vietnam

 (NOTE 1)

 Veteran Disabled Veteran

 (NOTE 2)

NOTE 1 – Handicapped; “Veteran of Vietnam” means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such duty was performed between August5, 1964 and May7, 1975.

NOTE 2 – “Disabled Veteran” A disabled veteran is a person entitled to disability compensation under laws administered by the VA for disability rated at 30 percent or more, or a person whose discharge ore release from active duty was for a disability incurred or aggravated in the line of duty.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WORKERS COMPENSATION INSURANCE

Southern Star Trucking, Inc. has workers’ compensation insurance coverage through Texas Mutual for your protection. You may obtain additional information regarding workers’ compensation rights from any TDI Division of Workers Compensation Offices, DWC Main Office toll-free number 800-372-7713 or email WorkersCompCustomerServices@tdi.texas.gov

NOTICE TO NEW EMPLOYEES

“You may elect to retain your common law right of action if, no later than five days after you begin employment, you notify Southern Star Trucking, Inc. in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers compensation income or medical benefits if you are injured.”

Notice to New Employees Rev. 01/13 DIVISION OF WORKERS COMPENSATION

Southern Star Trucking, Inc.

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CONSENT AND AUTHORIZATION FORM

Physical Evaluation, Drug and Alcohol Testing

I hereby give full consent to take any physical or medical examination, including the collection of blood, urine, hair, saliva samples and any other necessary medical tests for the purpose of determining the presence or use of alcohol, drugs and/or controlled substance(s). I understand a positive test resulting in discharge pursuant the Company policy. I authorize Southern Star Trucking, Inc. and its selected medical facility and/or laboratory to furnish results of such evaluations to each other. I agree to release and hold Southern Star Trucking, Inc. and its affiliates harmless from any action, claim or liability which could arise from the physical evaluation, drug and alcohol test or disclosure of any results. By signing this form, I have read the above statement whereby I understand and agree to all of its terms. I execute voluntarily with full knowledge of its significance for any of the following reasons:

* Truck Drivers - classified under 49 Code of Federal Regulations, Chapter 1 pursuant to the provisions of House Bill 908 and Senate Bill 1204
* Randomly
* Post-accident; when an employee sustains an on-the-job injury that may result in lost time
* When an employee is suspected of being unfit for duty
* When an employee’s supervisor or another individual in a management position believes an employee has violated Substance policies.
* Any project where the owner may require drug testing of contractor’s personnel before commencing work.
* When an employee returns from a leave of absence of 90 days or more
* As part of a rehabilitative opportunity

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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PHYSICAL – DRUG SCREEN – ALCOHOL

I understand that any offer of employment with Southern Star Trucking, Inc. depends upon my successful completion and passing the Pre-Employment post-offer physical and drug screen. I understand a failed test will result in the revocation of the job offer.

I understand and agree the Pre-Employment post-offer physical ($70.00) and drug screen ($60.00) will be deducted from my final pay in the amount of $125.00 should my employment terminate for any reason within 90 days of hire date.

By signing this form, I have read the above statements whereby I understand and agree with all of its terms.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DRUG ABUSE POLICY

Statement of Purpose and Scope

Southern Star Trucking, Inc. recognizes that alcohol and drug abuse in the work place has become a major concern. We believe that by reducing drug and alcohol abuse, we will improve the safety, health and productivity of employees. The object of our drug abuse policy is to provide a safe and healthy work place for all employees, prevent accidents and comply with section 7.10 of the Texas Workers’ Compensation Act.

The use, possession, sale, transfer, purchase or being under the influence of drugs by employees at any time on company premises or while on company business is prohibited. The illegal use of any drug is prohibited. Employees must not report for duty or be on company property while under the influence of, or have in their possession while on company property, any drug.

Definition of Drug

For the purpose of this policy, the term “drug”, wherever it appears in this policy statement, includes alcoholic beverages as well inhalants and illegal drugs.

Consequences of Violating the Drug Abuse Policy

Violation of the drug abuse policy will result in the following forms of corrective action: Immediate discharge, suspension, probation, oral warning or written warning. In arriving at a decision for proper action, the seriousness of the infraction, the past record of the employee, and the circumstances surrounding the matter will be all taken into consideration.

Treatment Programs

While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private health care facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents.

Education and Training Program

We do not offer, nor require participation in, drug and alcohol abuse education and training programs. However, various public and private facilities in our area offer such programs and affected employees are encouraged to seek assistance.

Drug Testing

Testing for alcohol, illegal drugs and controlled substances and their metabolites (“Substances”) is an important part of a safe company environment.

In addition to pre-employment drug screening, Southern Star Trucking, Inc. may also conduct Substance screens under any of the following circumstances, subject to applicable laws:

* Truck Drivers - classified under 49 Code of Federal Regulations, Chapter 1 pursuant to the provisions of House Bill 908 and Senate Bill 1204
* Randomly
* Post-accident; when an employee sustains an on-the-job injury that may result in lost time
* When an employee is suspected of being unfit for duty
* When an employee’s supervisor or another individual in a management position believes an employee has violated Substance policies.
* Any project where the owner may require drug testing of contractor’s personnel before commencing work.
* When an employee returns from a leave of absence of 90 days or more
* As part of a rehabilitative opportunity

Compliance with this Policy is a condition of employment.

Southern Star Trucking, Inc. has a “NO TOLERANCE” drug policy. Any employee of Southern Star whose test results are interpreted as positive by a qualified, external Medical Review Officer shall be separated immediately.

Southern Star reserves the right to suspend without pay or otherwise discipline any employee who has been arrested for criminal offenses related to the manufacture, possession, sale, use, distribution, dispensation, receipt, or transportation of any substance pending resolution satisfactory to the Company.

Employees who are convicted of any substance-related violation or who plead guilty or nolo contendere (i.e., no contest) to such charges must inform the Human Resources Department in writing within five days of the conviction or plea.

Prescription and Over-the-Counter Medications

Legal Substances prescribed by a person licensed to prescribe or dispense medicines and over-the-counter medication may be used in accordance with their instructions. However, employees are prohibited from working while using Substances that cause drowsiness or otherwise impair their ability to perform the job properly and safely. Employees must inform their immediate supervisor or department head of the use of any substances, including over-the-counter medications that may affect their ability to safely, effectively, and/or efficiently perform their jobs so that appropriate steps can be taken. Medication(s) must be kept in their original containers or packaging.

Prescription drug abuse has been classified as an epidemic by the centers for Disease Control and Prevention. Southern Star may require an employee to return a fitness for duty/certification form from his or her physician certifying that the employee can perform his or her job duties properly and safely while taking or under the effect of such medicine(s). The Company may place the employee on paid or unpaid leave pending return of such certification.

I HAVE READ AND UNDERSTAND THIS DRUG ABUSE POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

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

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USE OF ELECTRONIC DEVICES

Communication is an essential part of our organization. Southern Star Trucking, Inc. understands and supports the necessity to maintain open communication on our projects. The use of cell phones and electronic devices brought into workplace can be a source of distraction and result in injury or property damage. Using a cell phone or electronic device on a construction site can be dangerous if it prevents the employee from hearing warning signals, back up alarms and safety instructions. Any and all personal calls must be limited to personal time.

* **Supervisors:** Employees whose job responsibilities include regular driving and who regularly use a cellphone for business use are expected to use hands-free devices.
* **Truck Drivers:** (CLASS A or B) – According to Texas State Laws, truck drivers are not permitted to communicate through electronic devices while driving, including hands free devices. Commercial drivers cannot reach for, dial, or hold an electronic device in his/her hand while operating a motor vehicle. Regardless of the circumstances, including slow or stopped traffic, employees are required to pull off to the side of the road and safely stop the vehicle before placing or accepting a call.
* **Operators:** Cell phones or electronic devices cannot be used while engaged in any job that requires the use of the hands.

Employees may use cell phones or electronic devices in safe areas only. Safe areas are identified as follows: office or trailer areas, break or lunch areas, areas on the project where no work is being performed.

Safety must come before all other concerns. All employees are expected to follow applicable local, state and federal laws and regulations regarding the use of cellphones at all times. ALL Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions.

Definition of Electronic Devices - For the purpose of this policy, the term “electronic devices” wherever it appears in this policy statement, includes but not limited to: cellular phones, iPods, tablets, smart watches, headphones, radios, Bluetooth or other hands-free headsets, CD players, lap top computers or walkie-talkies.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SAFETY EQUIPMENT ISSUE

I understand and agree all safety equipment issued to me by Southern Star Trucking, Inc., is Company property. Should employment end for any reason the employee must return all issued equipment at time of separation. The Company may deduct all cost of equipment not returned at time of separation from the employee’s final wage(s) earned whereby charges are based on Company replacement cost. The employee final pay period may be delayed until the matter is satisfied.

(NOTE: The employee is responsible for all safety equipment issued by the Company. Replacement of lost safety equipment issued will result in a payroll deduction. Charges are based on Company replacement cost time of loss.)

Safety Equipment issued at time of hire:

\_\_\_\_\_\_ ear plugs \_\_\_\_\_\_\_ safety vest \_\_\_\_\_\_\_ gloves

\_\_\_\_\_\_ Hard hat \_\_\_\_\_\_\_ glasses, tinted

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RECOUPABLE AGREEMENT

Southern Star Trucking, Inc. has permission to deduct, recover and/or recoup in full and all balance(s) should my employment end for any reason. Balance(s) due at time of termination may include but are not limited to the list as follows:

Any pre-employment tests, loan(s), payroll advance(s), per diem, authorized and unauthorized use of credit cards, damage caused to equipment, theft of property including Company property (including but not limited to certifications, tools and safety equipment) and pro-rated insurance.

In addition, to the extent that I am advanced monies for per diem, the Company has the right to recoup the monies from any amounts owed to the employee at such time the funds are due.

By signing below, I understand and accept the terms and conditions as stated in their entirety above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CERTIFICATION AND COURSE AGREEMENT

I understand and agree cost incurred for any certification(s) and/or course(s) is 100% recoupable should my employment end for any reason within 90 consecutive days from date of hire. Cost incurred from any course and/or certification not listed below is also recoupable. The recoupable amount(s) as determined are deducted from my final pay at a rate of actual Company cost subject to change without notice.

* TWIC card $150.00
* General Safety $ 50.00
* Background Check $ 75.00
* Driving record Check $ 25.00
* Drug Test $ 60.00

By signing below, I agree to terms and conditions as stated above:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EQUIPMENT SERVICE POLICY

This policy is considered “zero tolerance” whereby participation as stated below is mandatory. Deviation of the stated policy may result in disciplinary action including but not limited to suspension without pay or termination of employment.

Equipment maintained on a daily basis reduces downtime and overall costs. Employees must maintain equipment assigned to them at all times by means of visual awareness, inspections and monitoring to assure acceptable fuel and fluid levels, proper lubrication and cleanliness on a daily basis. This process is mandatory and must not deviate in any way without proper authorization.

The supervisor has a responsibility to assure all equipment on their assigned project functions properly and receives its required service(s). Supervisors must inspect all equipment when received on their assigned project by checking for any visible or potential damage(s). Should visible or potential damage(s) be determined, the supervisor must report to Ken Seeker immediately this will allow tracking of inconsistencies.

Equipment is primarily maintained by the operator (oil changes, cleaning air filters, transmission filters, greasing, etc.) However, it is also the responsibility of each operator to perform inspections prior to commencing work (example: beginning each day and after breaks.) The operator must immediately report any visual or potential problems to his/her supervisor.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Southern Star Trucking, Inc.

PO BOX 2324 ~ Brenham, TX 77834

PH 512.272.8663 ~ PH 979.421.8545

FAX 979.421.8444

**Direct Deposit Enrollment & Authorization Form**

To enroll in Direct Deposit, simply fill out this form and return it to the payroll department. If depositing to a savings account, please ask your bank to give you the routing number for your account. It isn’t always the same as your checking account or as the routing number on your deposit slip. This will help

ensure you are paid correctly.

Below is a sample check detailing where the information is found to complete this form.



I hereby authorize Southern Star Trucking, Inc. to deposit my payroll checks automatically into my account(s) indicated below and if necessary to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Southern Star Trucking, Inc. to act on it.

This authorization is to remain in full force and effect until Southern Star Trucking, Inc. and the bank have received written notice from me of its termination in such time and in such manner as to afford Southern Star Trucking, Inc. and bank reasonable opportunity to act on it.

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOUNT INFORMATION**

Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT: Checking Savings

**\*Please attach a voided check (not deposit slip) for the account to which funds should be deposited. \***

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

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AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(PLEASE FILL OUT ALL THREE, WE NEED ONE FOR EACH PREVIOUS EMPLOYER WE CONTACT)

Read the following statements and sign below.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize my prior employer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to release any and all information relating to my employment with them to Southern Star Trucking, Inc. I further release and hold harmless both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (prior employer) and Southern Star Trucking, Inc. from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PAYROLL DEDUCTIONS

The Payroll Department will deduct from an employee’s earnings those deductions required by law, without prior notice, including but not limited to child support. In addition, the Company may deduct employee-authorized deductions including but not limited to premiums for insurance benefits, advance deductions and any items listed under the Recoupable Agreement. If a deduction was improper, the employee will be promptly reimbursed.

If an employee separates (either by resignation or involuntary separation) from Southern Star Trucking, Inc. and does not fulfill any commitments to which the employee has agreed, (e.g. any pre-employment tests, payroll advances, per diem, authorized and unauthorized use of credit cards, damage caused to equipment, theft of company property (including but not limited to certifications, tools, safety equipment and pro-rated insurance) the proportionate repayment may be deducted from the employee’s final pay check.

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Note to employer - omit this before printing the form: Have the applicant fill out one of these forms for each prior employer from which you intend to seek job reference information. Using the form will make it much more likely that the prior employer will feel at liberty to release the information you request, or at least more than the usual work dates and salary confirmation that are of limited value in the hiring decision. Also keep in mind that if anyone refuses to sign such an authorization, your company would have the legal right to refuse to consider that person any further for hiring.]

AETNA FORMS

Southern Star Trucking, Inc.

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VEHICLE USE POLICY

This policy has been prepared as an orientation on what is expected of you in the operation and maintenance of your company vehicle. **Southern Star Trucking, Inc.** will provide you with safe, dependable transportation. In turn, you are entrusted to use good judgment and have a complete understanding of the responsibilities involved, both of which are necessary to continue to drive a company provided vehicle on company business.

Any driver of a company vehicle (or driving on company business in any manner) must meet the following requirements:

■ Possess a valid driver’s license

■ Maintain an acceptable driving record per company policy

■ Follow the guidelines stated in this policy at all times

**USE OF VEHICLE**

You have been provided a company vehicle primarily to assist you in your job. Its use is strictly limited to business purposes. It may not be used for personal reasons.

Loaning the vehicle to friends, neighbors, relatives or anyone else is in violation of company policy.

From time to time, you may have a need to carry business associates; however, transporting strangers or hitchhikers is a violation of company policy.

**VEHICLE CARE**

All company-provided vehicles are designated as “non-smoking” areas. You are expected to keep your vehicle in a clean, well-maintained condition.

**TIRE CARE AND REPLACEMENT**

Tire mileage is directly proportional to driver techniques, alignment, tire pressure and wheel balance. All of these factors are under your control. Tire pressures must be checked regularly (and kept at a PSI level as designated in the vehicle manual or as designated on the inside door panel of the vehicle) and tires visually inspected. Alignment and wheel balance problems must be corrected immediately to avoid drastic tire wear.

**MAINTENANCE AND REPAIR**

Neglecting to maintain a vehicle could result in the driver being charged for any resulting repairs. Unusual wear and tear above industry average or neglecting to maintain your company-provided vehicle may result in the loss of your vehicle and further disciplinary action.

It is the driver’s responsibility to have the scheduled maintenance performed at the designated intervals to ensure maximum vehicle performance for safety, operating efficiency and extended life of the vehicle:

■ Change oil according to manufacturer’s suggested maintenance schedule

■ Keep tires inflated to the proper PSI rating

■ Have tires rotated every 10,000 miles

■ Frequently inspect belts and hoses for cracks, leaks or loose fittings

Driver safety checklists should be performed in writing at least once per month. Drivers should inspect all safety related equipment, including headlights, taillights, brake lights, turn signals, running lights, license plate lights, etc. Also, check tire tread for proper tread depth, windshield wipers and horn operation.

**FEDERAL MOTOR CARRIER SAFETY REGULATIONS**

Maintain records of all maintenance performed on vehicles in accordance with Federal Motor Carrier Safety Regulations, Part 396 (Inspection, Repair and Maintenance). A separate file for each vehicle should be maintained to document the repair and maintenance history of each vehicle.

Vehicles subject to Federal Motor Carrier Safety Regulations (DOT vehicles) should have written pre-trip and post-trip safety inspections by the driver according to Part 396.11.

**ACCIDENTS**

A valid insurance card and vehicle registration shall be carried in the vehicle at all times.

In the event that you are involved in an accident, please follow these instructions:

1. When an accident involves another vehicle, obtain the following information:

■ Driver’s name (and owner’s name if different from the driver)

■ Address

■ Telephone number

■ Name of insurance company and policy number

■ VIN, vehicle year, make and model

■ Vehicle license plate number

2. If possible, obtain names, addresses and telephone numbers of any witnesses, including name, badge number, department name and address of any investigating law enforcement agency.

3. Identify yourself and show your driver’s license and insurance identification card. Do not discuss insurance policy. Do not assume the blame for the accident and, above all, do not agree to any settlement.

4. Cooperate with the investigating law enforcement officers. Answer their questions factually and avoid commentary beyond that. Do not insist that a citation be issued to the other operator. Despite your opinion, the officer may be trying to decide responsibility for the accident and an overly aggressive attitude on your part may result in a decision against you. In a given situation, the officer might ask if you want a citation issued to the operator. If so, answer in the affirmative and explain that this is your company’s preference.

5. Note if there are any injuries reported by anyone involved in the accident.

6. It is your responsibility to notify any state and/or local agency (police, etc.) of the accident and to file the appropriate written report as required by state law, in addition to notifying **Southern Star Trucking, Inc.** management.

7. If an adjuster or any other representative from the other driver’s insurance company contacts you for a statement (either written or recorded), refer that person to **Southern Star Trucking, Inc**. management.

8. If it is determined that the Southern Star Trucking, Inc. driver is at fault, you will be financially responsible for the first $ 500.00 in physical damage.

9. If you are found to be under the influence of drugs or alcohol at the time of the accident, regardless of whether you are found at fault or not, your employment will be terminated.

AUTO

**TRAFFIC AND PARKING VIOLATIONS**

**Minor violations include:** Three minor violations within a 12-month period or five minor violations during a three-year period will result in loss of company-provided vehicle and losing the privilege of driving on company business, in any manner. It may also subject you to further disciplinary action, including possible employment termination.

■ Speeding less than 25 mph over the limit

■ Failure to wear seat belt

■ Failure to stop at a stop sign or stop light

**Major violations include:** If you receive a major driving violation conviction, it will result in loss of

company-provided vehicle and you will lose the privilege of driving on company business in any manner. It may also subject you to further disciplinary action, including possible employment termination.

■ Driving under a suspended or revoked license

■ Hit and run or leaving the scene of an accident

■ Vehicle theft due to negligence (including failure to park the vehicle in a secure, well-lit area or parking garage, failure to lock doors, leaving keys in plain view, or leaving a vehicle running while unattended)

■ Vehicular manslaughter, homicide or assault arising out of the operation of a motor vehicle

■ Use of false motor vehicle documents, such as license or registration

■ Failure to obey school crossing guard or any school bus violation

■ Passing on the wrong side, on a hill or where prohibited

■ Reckless, careless or negligent driving

■ Driving on the wrong side of a divided highway

■ Participating in racing or a speeding contest

■ Driving while under the influence of alcohol, even if under the legal limit; driving while intoxicated at the legal limit or above; and/or driving while under the influence of drugs, whether prescription drugs or any controlled/illegal substances

■ Implied consent or refusing the test

■ Speeding more than 24 mph over the limit

■ Eluding a police officer

■ Failure to keep an acceptable motor vehicle record

Company-provided vehicle privilege or driving on company business in any manner may be reinstated after 12 months from the date of loss of privilege, provided a clean driving record (no moving violations or at-fault accidents) has been maintained, at the discretion of management.

Each driver is responsible for prompt payment of any fine incurred as a result of unlawful operation or illegal parking of the company vehicle. If an unpaid fi ne reaches judgment status, the fine plus a $25.00 penalty will be deducted from your paycheck.

AUTO

**SAFETY**

It is company policy that seat belts be used at all times, not only by the driver but by all passengers as well. Drivers are prohibited from overloading and/or overcrowding a vehicle that may result in unsafe operation. It is the guideline to not carry more passengers than the number of occupant safety restraint systems in the vehicle. Drivers are responsible for wearing and enforcing the use of safety restraints by all occupants.

Driving is a full-time job. Avoid all distraction. Concentrate on the other driver by assuming that person will not do what is expected.

Roads are crowded. Consider all vehicles as potential accidents looking for a place to happen.

Beware when entering intersections. Always count to two before entering an intersection from a stoplight or stop sign.

Signal entry onto freeways and stay in the center or inside lane for ease of emergency maneuvering.

Do not insist on the right-of-way. Assume the other driver will.

During winter driving, use caution as bridges are slippery and freeze before roads because they lack the warmth of the ground under them.

Drivers must operate a vehicle only at a speed appropriate to the road, traffic and weather conditions.

Loose items that could be blown out of pickup boxes or off the flatbed should be secured before driving the vehicle.

Prior to backing a vehicle with trailer, a large truck or tractor/trailer, the driver should get out of the cab and assess the area into which the vehicle is to be backed. Look for obstructions, low hanging electrical wires, tree branches, parked cars, pedestrians or people in the area and any potential for traffic to pass behind while backing. Roll down the window and turn off the air conditioner and radio while backing so any warning sounds can be heard. Try to obtain a “spotter” to help back into the space.

Use turn signals for parking, lane changes, and all turns in shopping and office center parking lots.

Always keep a full level of windshield washer solvent.

Before night driving, wipe off your headlights.

If you are wondering whether or not you should turn on your headlights, turn them on.

**CELL PHONE USAGE**

■ Keep cell phone and blue tooth off while the vehicle is moving.

■ Allow voicemail to handle your calls and return them when safe.

■ If you need to place or receive a call, pull off the road to a safe location and stop the vehicle before using your phone.

■ Ask a passenger to make or take the call.

■ Inform regular callers of the best time to reach you based upon your driving schedule.

■ Under no circumstances is texting while driving allowed.

Any accident resulting from negligence due to phone or hands-free device usage will be subject to the at-fault conditions as described in the accident section of this manual.

AUTO

**OTHER COMPANY POLICIES**

Firearms or other weapons are not allowed on owned or leased company premises including company vehicles. Possession of weapons on company property by anyone other than a licensed law enforcement officer is grounds for termination.

Drivers are not to transport any hazardous material or waste in company vehicles or in any vehicle while on company business unless such hazardous materials are ordinarily handled by the company as part of normal business operations. Non-hazardous materials transported in a company vehicle or in any vehicle while on company business that may potentially cause injury because of sudden impact must be properly secured.

Employees using personal vehicles on behalf of the business should provide a certificate of insurance from their personal auto carrier with minimum limits of $100/300/100 or $300,000 CSI.

Vehicles should be locked when parked on the premises, job sites, stopping temporarily such as at

convenience stores or anytime that the vehicles are left unattended.

Under no circumstances should radar detectors, laser detectors or any other radar-detecting devices be used in a company vehicle.

Damage due to smoking will be charged back to the driver.

If you are negligent in the care of a company-provided vehicle resulting in financial loss or excessive repair, will charge back to you the fair market value of that cost.

**MOTOR VEHICLE RECORD CHECK**

Continued eligibility to drive a company-provided vehicle, or driving on company business in any manner, requires each driver to maintain a safe and clean driving record. This means that **Southern Star Trucking, Inc.** reserves the right to review driving records at least once every year.

**ACKNOWLEDGEMENT FORM**

I have read and agree to abide by all the policies and procedures in this manual and I understand my responsibilities to drive safely and maintain a safe vehicle. I give permission to **Southern Star Trucking, Inc.** to secure my driving record at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number State Issuing License

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Social Security Number