

BENNETT MOTOR EXPRESS

ACKNOWLEDGMENT AND RECEIPT FOR POLICY ON DRUGS
AND ALCOHOL

I have read and do understand the Bennett Motor Express, Inc., policy on drug and alcohol use, possession and distribution. I have also received and veiwed educational material concerning the effects and consequences of drug and alcohol abuse. I am aware that if I am selected for any drug or alcohol testing, I must abide by the terms and conditions of this policy.

Company Official



Contractor or Owner Operator

Date

Truck/Driver# _____

Term _____ ini _____

DRIVER DATA SHEET

For Casuals, New Hires, & Temporary Employees

Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation (Rule 395.8 (r) require you to furnish a statement of the amount of time worked during the last period of seven (7) days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

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 _____ on _____
Time Day Month Year

Signature _____

Witness _____ Date _____
Company Representative