

# The SAGE Corporation

## Driver-Instructor Qualification File: Instructions and Forms

The Driver Qualification (DQ) file is required by the U.S. Department of Transportation. All Driver-Instructors who work for Sage or a Sage-operated program must complete a DQ file. When the DQ file is complete it will be reviewed within 48-72 hours by the Sage Safety Department in Billings, Montana. Once the instructor has been approved, the School Director will receive a faxed Instructor Qualification card signed by the Safety Director, Lew Grill. The original card will be mailed to the school.

**IMPORTANT:** No employee is authorized to operate a Sage vehicle on public access roads or supervise on-road training in a Sage vehicle until the DQ file is complete and the instructor receives a Sage Instructor Qualification card. Classroom and lab (non-driving) instruction may be conducted pending DQ approval. Applicants for an instructor position may also operate a Sage vehicle for purposes of a road test with a Sage instructor in the truck.

Instructors being considered for employment **must** have at least three (3) years verifiable truck driving experience in the most recent ten (10) years. A minimum of one (1) of those years must be as a long haul/over-the-road truck driver.

The **originals** of all of the documents listed below (except a copy is acceptable for the Medical Exam Report) must be received by the Safety Department in order for the DQ to be complete. **Do not fax these documents.**

- The original signed Sage Driver-Instructor Application for Employment.
- A clear copy of current CDL license & SSN (enlarge photocopy if possible). **FRONT AND BACK**
- A current and legible long form DOT Medical Exam Report and certificate card that clearly identifies the issuing physician and the expiration date (certificate cards alone are not acceptable).
- A motor vehicle record (for the state in which the instructor holds a CDL) that is dated within the last 30 days. Provided by Instructor applicant at their cost.
- Driver –Instructor Motor Vehicle Certification of Violations
- A completed road test and certification signed by an instructor and/or School Director.
- A signed Request for Employment, Safety Performance and Drug and Alcohol Test Results Information from Previous Employers. Employment information must be verified for the previous five (5) years. Drug and alcohol test results information must be verified for the previous three (3) years. Verification may be accomplished by mail, fax or phone. In all cases, the date of verification and name and title of company contact must be documented in writing. Periods of unemployment or self-employment must be verified.
- The original results from the Sage pre-employment drug test. Instructor applicants must pay for their own test. Tests may only be administered at approved facilities.

If there are any questions concerning the instructor DQ process, please call The Safety Department at 800-545-4546.

**Date mailed to Safety Department:** \_\_\_\_\_



## EMPLOYMENT AND SAFETY PERFORMANCE HISTORY

All driver instructor applicants to drive and instruct in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.) All time periods must be accounted for. Owner-Operator tax records may be provided to verify employment. Information provided herein will be used to contact previous employers for purposes of investigating the applicant's safety performance history as required by section 391.23 of the FMCSR. **Sage will verify at least the prior 5 years of history and safety performance.**

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?			YES	NO
Were you employed in a "safety sensitive" function (example: driver) subject to alcohol/controlled substances testing?			YES	NO

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?			YES	NO
Were you employed in a "safety sensitive" function (example: driver) subject to alcohol/controlled substances testing?			YES	NO

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?			YES	NO
Were you employed in a "safety sensitive" function (example: driver) subject to alcohol/controlled substances testing?			YES	NO

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?			YES	NO
Were you employed in a "safety sensitive" function (example: driver) subject to alcohol/controlled substances testing?			YES	NO

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed with this employer?			YES	NO
Were you employed in a "safety sensitive" function (example: driver) subject to alcohol/controlled substances testing?			YES	NO

Pursuant to 49 CFR Part 391.23(i), you are hereby notified that you have certain rights regarding the investigative information that will be provided by your previous employers, including the right to review information provided by previous employers, have errors in information corrected, and rebut alleged erroneous information. A copy of the regulations that set forth these rights and the procedure authorized to review employer-provided investigative information is available for review upon request.

## DRIVING EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE "NONE."

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE "NONE."

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST ALL DRIVER'S LICENSES EVER HELD

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Has any license, permit or privilege ever been suspended or revoked?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Have you ever been stopped/arrested/convicted for driving under the influence of drugs or alcohol or have a current charge pending?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Have you ever been arrested/convicted for possession, sale or use of a narcotic drug, amphetamine or other derivative thereof or have a current charge pending?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Have you ever been convicted of a crime or have a current charge pending?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Have you ever been convicted of an offense involving the use of drugs or alcohol?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Have you ever tested positive on any drug test, tested at a breath alcohol concentration level of 0.02% or greater on a breath alcohol test, or refused to take a drug or alcohol test when you were required to do so in accordance with any federal regulation or a previous/current employer's company policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Have you ever committed any other violations of DOT drug and alcohol testing regulations?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IF THE ANSWER TO ANY QUESTION (A-H) IS "YES," ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER:				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING AWARDS, TECHNICAL EXPERTISE OR EXPERIENCE THAT WILL HELP YOU AS AN INSTRUCTOR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of any material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, training, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons and organizations from any and all claims, demands, cost, damages, or liabilities arising out of or in any way related to such investigation or disclosure. It is understood that an investigative consumer report pursuant to the Fair Credit Reporting Act may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. By signing this application, I hereby consent to the Company obtaining such a report. I hereby authorize any law enforcement agency or court of record to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions. I hereby authorize the Company to obtain any medical documentation or information concerning my past or present medical history after a job offer is made. I hereby release all such persons from any liability or damages.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition of that employment, all disputes which might arise out of my employment with the Company, whether during or after that employment, that cannot be resolved by informal internal resolution, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification (at my own cost), and thereafter as warranted by Company policy and federal regulations. I understand the Company may contract with a third party to assist in administration of drug and alcohol testing and agree to this party being involved with all information to which the Company is entitled and subject to the same confidentiality requirements as the Company. I further understand that any offers made to me will be contingent on the results of the tests. A positive reading from the test will automatically null and void any offers or consideration made to me.

Under the authority granted me by 49 CFR Parts 391.89, 40.37, 40.81(l), 382.405(h), and 382.409, I hereby authorize and require my previous and/or current employers specifically listed by me in this application, as well as any other person or company provided by me in writing or by interview, by whom I was employed or to whom I applied for employment preceding the date of this application, to release to the Company the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.02 or greater, refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of the information specifically authorized here.

I understand that the Company is an interstate motor carrier, and that I am being hired as an interstate driver-instructor. As such, I may be required to, and I agree to, drive or transport Company property for training or other purposes in interstate commerce in furtherance of the Company's business. I am subject to the Hours of Service requirements established by the Secretary of the Department of Transportation, and therefore I am exempt from time and one-half overtime pay requirements under Section 13(b)(1) of the Fair Labor Standards Act. I specifically acknowledge that such exemption has been considered in determining my rate of compensation, which would have been adjusted lower in the absence of this exemption. I understand that the Company's career training business is cyclical, and hours assigned to me will be based upon student enrollment, my qualifications, and the availability of other instructors and the needs of the school, among other factors. While the Company will make reasonable efforts to provide sufficient work assignments based upon my interest, I understand that all instruction is on a part-time, as needed basis, that there are no guarantees as to availability of work hours or employee seniority, and that training may occur 24 hours a day, 7 days a week. I agree to be reasonably available for such a schedule. If employed, I agree to comply with all Company rules and regulations. I consent that the Company has the right to search my personal property located on Company property, along with Company desks, lockers, vehicles, tool kits, etc. for the purpose of investigating possible violations of Company rules. I understand that my personal property, including my vehicle, is brought to any work site at my own risk, and I assume full responsibility for any lost, stolen or damaged property, and I hereby release the Company for any such loss or damage.

I understand that nothing contained in the application or conveyed during any interview that may be granted, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed by the Company, my employment is "at will" and is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Company's designated representative. I have received and reviewed the Company Personnel Policy Manual, and I understand that none of the benefits or policies in this Manual or any handbook issued to me by the Company are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by the Company, or to change my status as an "at will" employee. I understand that all statements and provision in the Manual are procedural or a guideline and that the Company has the right to change any policy, benefit, or procedure at any time without notice. I understand and hereby agree to comply with the above provisions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

# The SAGE Corporation

**Applicant:** Complete top section of this form for all employers within past 5 years.

## REQUEST FOR SAFETY PERFORMANCE AND DRUG/ALCOHOL TEST RESULTS FROM PREVIOUS EMPLOYER

Employer: Fax to SAGE at \_\_\_\_\_ or Call \_\_\_\_\_

I, (print your name) \_\_\_\_\_ (print your SSN) \_\_\_\_\_ hereby authorize and direct you to release and forward to The Sage Corporation the information requested below concerning safety performance history, employment and alcohol and controlled substances testing records for the purpose of investigation as required by Sections 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. **You are hereby released from any and all liability that may result from furnishing such information.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current/Former Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**The above named applicant has applied for a position as Driving Instructor and states that you employed him/her. Please complete this form and return to Sage. We appreciate your time and consideration in completing this form.**

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a tractor-trailer driver or (specify) \_\_\_\_\_

2. Reason for leaving your employ: \_\_\_\_\_

3. If company policy allowed, would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

4. Was applicant involved in any "accidents" (390.5) within the previous 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide date, city/state of accident, injuries/fatalities, and whether hazmats were involved. List any other accident information retained by company policy or 390.15(b)(2).

5. Was applicant subject to Parts 40 or 382 testing requirements while employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no", sign below and return.

6. Under Part 382 requirements has applicant in the last three (3) years ever (include information received from other previous employers):

	YES	NO
A. Tested positive for a controlled substance?	_____	_____
B. Had an alcohol test with a Breath Alcohol Concentration 0.04 or greater?	_____	_____
C. Refused a required test for drugs or alcohol?	_____	_____
D. Committed any other violations of DOT drug/alcohol regulations under parts 40 or 382?	_____	_____
E. Completed or failed to undertake or complete a DOT return-to-duty process or SAP program?	_____	_____

If the answer to any item in question 6 was "YES" please provide full details: \_\_\_\_\_

7. If the applicant completed a SAP program and remained in the employ of your company, did the applicant subsequently have an alcohol test with a result of .04 or higher, or have a verified positive drug test, or refuse to be tested (including verified adulterated or substituted drug test results)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

This form was completed by (Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

### TO BE COMPLETED BY THE SAGE CORPORATION

This form was (check one) \_\_\_\_\_ Faxed to previous employer \_\_\_\_\_ Mailed \_\_\_\_\_ Date: \_\_\_\_\_

Information received from: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_ Personal Interview \_\_\_\_\_

*The SAGE Corporation*

**CERTIFICATE OF ATTENDANCE**

**Drug and Alcohol Use and Misuse Awareness**

**Reasonable Suspicion Training for Supervisors**

Sage Location: \_\_\_\_\_  
(city and state)

This Certificate verifies that \_\_\_\_\_ has attended Supervisor Training as per F.M.C.S.R. §382.603 which requires that each employer shall ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substance use. The training will be used by the supervisors to determine whether reasonable suspicion exists to require a driver to undergo testing under §382.307. The training shall include physical, behavioral, speech, and performance indicators of probable misuse and use of controlled substances. Recurrent training for supervisory personnel is not required.

This certificate verifies that the employee whose name appears above, and whose signature appears below, has received at least 60 minutes of training on alcohol misuse and at least an additional 60 minutes of training on controlled substance use through the Company's self-study program.

<b>EMPLOYEE INFORMATION</b>		
Driver's License Number	State of Issue	Expiration Date
Employee Signature		Date

The original of this form must be maintained in employee's DQ file.

Send form to:

**SAGE** *Technical Services*  
Safety Department  
Billings, MT

(406) 652-3129 fax

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date