



4350 FM 482
New Braunfels, TX 78132

Accident and Incident

Have you been involved in an accident in the past 3 years? (If yes, please complete). Yes No

Date of Accident _____ Location (City/State)_____ Fine(if any)\$ _____

Describe the Accident _____

of Injuries _____ # of Fatalities _____ Was HazMat (other than fuel from tanks) released Yes No

Type of Vehicle Operated _____ DOT Regulation Cited? _____

=====

Date of Accident _____ Location (City/State)_____ Fine(if any)\$ _____

Describe the Accident _____

of Injuries _____ # of Fatalities _____ Was HazMat (other than fuel from tanks) released Yes No

Type of Vehicle Operated _____ DOT Regulation Cited? _____

Traffic convictions and forfeitures for past three years. If none, write none.

Location	Date	Charge	Penalty

Employment Information

List all periods of employment and unemployment in reverse order starting with the most recent. CFR 391.51(b) requires 3 years of history to be verified and 7 subsequent years to be recorded for a total of **10 years of employment history**, or to the extent of which the applicant has worked.

Employer Name _____	Telephone # _____	FAX _____
Address _____ <small>Street, City, State & Zip Code</small>		Position _____
Supervisor Name _____	Employed From ____/____/____ to ____/____/____	Reason For Leaving _____
		Ending Salary _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function? <input type="checkbox"/> Yes <input type="checkbox"/> No

If gaps between employers, indicate reason: Unemployed School Self Employed Other _____



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Employer Name _____	Telephone # _____	FAX _____
Address _____		Position _____
Street, City, State & Zip Code		
Supervisor Name _____	Employed From ____/____ to ____/____	Reason For Leaving _____
		Ending Salary _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name _____	Telephone # _____	FAX _____
Address _____		Position _____
Street, City, State & Zip Code		
Supervisor Name _____	Employed From ____/____ to ____/____	Reason For Leaving _____
		Ending Salary _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name _____	Telephone # _____	FAX _____
Address _____		Position _____
Street, City, State & Zip Code		
Supervisor Name _____	Employed From ____/____ to ____/____	Reason For Leaving _____
		Ending Salary _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name _____	Telephone # _____	FAX _____
Address _____		Position _____
Street, City, State & Zip Code		
Supervisor Name _____	Employed From ____/____ to ____/____	Reason For Leaving _____
		Ending Salary _____
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Applicant Certification

By signing this statement, I certify that:

- This application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by 383.21 of the FMCSR's I only have one motor vehicle operator's license.

Furthermore, I authorize **Star Bulk** to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at the employment decision. I hereby release any and all of the employers, the schools, the health care providers, the company and any subsidiaries as well as the other persons associated with this application for employment and the subsequent processes and procedures from all liability in response to inquires and releasing of information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- Any employee that does not make the 90 day probation period for any reason will be charged back the cost of the physical and drug screen charges @ \$200.00 plus any issued equipment that has not been returned. Owner Operators will be charged back for the physical and drug screen.**

Applicant's Signature _____ **Date** _____

Star Bulk is any equal opportunity employer, Star Bulk does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, martial status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Applicant Hired? Yes No

Date Hired: _____

TERMINATION INFORMATION

Date Terminated: _____ Reason for Termination Dismissed
 Voluntary Separation
 Other _____



Consent to Pre-Employment Drug/Alcohol Testing

=====

I understand it is the policy of the company to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and /or alcohol abuse, and that one of the requirements for consideration of employment with the company is the satisfactory passing of the company's drug and/or alcohol test(s).

I acknowledge that I have been provided a conditional offer of employment and that I hereby agree to submit to a drug and/or alcohol test. I understand that unfavorable test results could result in the revocation of my employment offer by the company.

I also give consent to the testing agency to release to the company and other officially interested parties the results of my test and other test related information.

At this time I consent to the drug and /or alcohol test. I am also providing you with the following list or prescribed medications that I am currently taking, in anticipation of this test.

=====

Current Prescription Medications

1. _____ 2. _____
2. _____ 4. _____

Print Name

Signature

Date



EMPLOYMENT VERIFICATION

SAFETY PERFORMANCE HISTORY RECORD REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

I, (Print Name) [redacted] [redacted] [redacted]
(First, Middle, Last) Social Security Number Date of Birth

Hereby authorizes:
Previous Employer _____ FAX _____

Address _____ Phone _____

City, State, Zip _____

To release and forward the information requested by Sections 2 and 3 of this document concerning any Employment history, Alcohol and Controlled Substances Testing records and other required information within the previous 3 years from _____

STAR BULK
4650 FM 482
NEW BRAUNFELS, TX 78132
(830) 625-2504

In accordance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email or letter

Confidential FAX Number (830) 625-3604 confidential email address: mike@starbulk1.com

[redacted]
Applicant's Signature Date

SECTION 2: To Be Completed By Previous Employer

The applicant named above was employed by us: [] Yes [] No

Employed as _____ From (mm/yy) _____ To: (mm/yy) _____

- 1. Did he/she drive a motor vehicle for you? Yes [] No [] If yes what type? Straight Truck [], Tractor Semi-Trailer []
Bus [] Cargo Tank [] Doubles/Triples [] Other (Specify) _____
2. Reason for leaving your company?: Discharged [], Resignation [], Lay Off [], Military Duty []
3. If there is no safety performance history to report, check here [], sign below and return.

Accidents: Complete the following for any accidents included on your accident register 390.15(b), that involved the applicant in the last 3 years prior to the application date shown above, or check the following box if there is no register data for the driver []

Table with 5 columns: Date, Location, # of Injuries, #of Fatalities, HazMat Spill. Rows 1, 2, 3.

Please provide information concerning any other accidents involving the applicant that were reported to the government agencies or insurers or retained under internal company policy: _____

This information is being requested in compliance with 40.25 and 391.23



Employee Name: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY: If the driver was **NOT** subject to the Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment (m/y) _____ to (m/y) _____ Complete bottom of Section 3, sign and return.

If driver was subject to the Department of Transportation testing requirements from (m/y) _____ to (m/y) _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.02 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a tests specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Sub-part B of Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed Rehabilitation program during your employ, including all return-to-duty requirements? If yes Forward documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's program, have they every had a subsequent alcohol test result of 0.02 or greater, a verified positive drug test or refuse to test? | <input type="checkbox"/> | <input type="checkbox"/> |

Name: _____

Address: _____

City, State, Zip _____ Phone: _____

Section 2 and Section 3 Completed by (Signature) _____ Date _____

SECTION 4 TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (Check One) Faxed Mailed Emailed Other _____

By: (Signature) _____ Date: _____

SECTION 4B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when form is received from previous employer

Information was received from: _____ Date _____

This was by (Check One) FAX Mail Email Other _____



4650 FM 482
New Braunfels, TX 78132
(830) 625-2504
(830) 625-3604 (Fax)
USDOT# 1194197

"Helping Texas Move Forward One Load At A Time"

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations, requires these reports.

Applicant's Signature: _____ Date: _____

Print Name: _____ SSN#: _____

Company Name: Star Bulk



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
PX Transportation dba Star Bulk
Print Name

of _____ ,
4650 FM 482, New Braunfels, TX 78132
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

If you would like information about how to receive responses by e-mail in the future, please check this box:

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.



MVR RELEASE INFORMATION

I, _____, do hereby authorize the Division of Motor Vehicles to release my driving record to:

STAR BULK and any of their authorized agents

This authorization shall remain on file and in effect at any time during my employment period or until I file a formal withdrawal

Driver's Full Name: _____
(Print as it appears on the driver's license)

Driver's License Number _____

Date of Birth : _____ Gender: _____

State: _____

Social Security Number: _____ - _____ - _____

Signature

Date



PREVIOUS PRE-EMPLOYMENT EMPLOYEE

ALCOHOL AND DRUG TEST STATEMENT

=====
Section 40.25(j): As the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty program. (see Sec. 40.25(b)(5) and (e))
=====

Prospective Employee Name _____ SSN#: _____

The prospective employee is required by Sec 40.25(j) to respond to the following questions.

1. 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 two years?

Yes

No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Yes

No

I certify that the information provided on this document is true and correct.

Perspective Employee _____ Date _____

Witness _____ Date _____



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with, including the following:

POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing carrier, and 2) the state that issued your license. (If the violation occurs in a state other than the one which issued your license). The notification of both the employer and state must be in writing.

CDL DOMICILE REQUIREMENT: Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed and permanent home and principal residence and to which you have the intention of returning when every you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License # _____ State _____ Expiration Date _____

Driver's Certification: I certify that I have read and understand the above requirements.

Drivers Name Printed _____ Signature _____

Date: _____



DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.
NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License State: _____ Number: _____ Class: _____

Endorsement(s): _____ Restriction(s) _____

Type of License _____ Issuing State: _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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:

_____ AM PM On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: when employed by a motor carrier, a driver must report to the carrier all on duty time including time working for other employers. The definition of on-duty time found in Section 395.2(8)(9) of the Federal Motor Carrier Safety Regulations, includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

1. Are you currently working for another employer? Yes No
2. At this time, do you intend to work for another employer while still employed by this company Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensations that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness _____
Company Representative Date

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before March 10, 2011.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-S). in addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulation, as contained therein.

Drivers Name (Please Print)

Date

Driver's Signature

STAR BULK

Company Name

Company Supervisor's Signature

4/11

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.



Record of Road Test

Name: _____ City: _____ State: _____ Zip: _____ SSN#: _____ FROM: _____	Address: _____ License #: _____ Date: _____ Equipment Driven: Tractor: _____ Trailer _____ TO: _____
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For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if the driver's performance is unsatisfactory. (EXPLAIN UNSATISFACTORY ITEMS UNDER REMARKS)

<p><u>1-PRE-TRIP INSPECTIONS AND EMERGENCY EQUIP</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Checks general condition approaching the unit <input type="checkbox"/> Looks for leakage of coolants, fuel , lubricants <input type="checkbox"/> Checks under hood – oil, water, general condition of engine compartment, steering. <input type="checkbox"/> Checks around unit, tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers. <input type="checkbox"/> Test brake action, tractor protection valve and parking brake <input type="checkbox"/> Knows sue of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses, and four way flashers. <input type="checkbox"/> Checks Instruments <input type="checkbox"/> Cleans windshield, windows, mirrors, lights, reflectors. <p><u>2- PLACING VEHICLE IN MOTION AND USE OF CONTROLS</u></p> <p>A MOTOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Starts motor without difficulty <input type="checkbox"/> Allows proper warm-up <input type="checkbox"/> Understands gauges on instruments panel <input type="checkbox"/> Maintains proper engine speed while driving <input type="checkbox"/> Basic knowledge of motors – gas, diesel <input type="checkbox"/> Does not abuse motor <p>B CLUTCH AND TRANSMISSION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Starts loaded unit smoothly <input type="checkbox"/> Uses clutch properly <input type="checkbox"/> Times gearshifts properly <input type="checkbox"/> Shifts gears smoothly <input type="checkbox"/> Uses proper gear sequence <p>C BRAKES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understands operating principles of air brakes <input type="checkbox"/> Knows proper use of tractor protection valve <input type="checkbox"/> Understands low air warning devices <input type="checkbox"/> Test brakes before starting trip <p>D STEERING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Controls steering wheel <input type="checkbox"/> Good driving habits <p>E LIGHTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knows lighting regulations <input type="checkbox"/> Uses proper headlight beam <input type="checkbox"/> Dim lights when meeting or following other traffic <input type="checkbox"/> Adjusts speed to range of headlights <input type="checkbox"/> Proper use of auxiliary lights 	<p><u>3 COUPLING AND UNCOUPLING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lines up units <input type="checkbox"/> Hooks brake and light lines properly <input type="checkbox"/> Secures trailer against movement <input type="checkbox"/> Backs under slowly <input type="checkbox"/> Tests hook-up with power <input type="checkbox"/> Checks hook-up visually <input type="checkbox"/> Handles landing gear properly <input type="checkbox"/> Proper hook-up of full trailer <input type="checkbox"/> Secures power unit against movement <p><u>4 BACKING AND PARKING</u></p> <p>A BACKING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gets out and checks before backing <input type="checkbox"/> Looks back as well as uses mirrors <input type="checkbox"/> Gets out and rechecks conditions on long back <input type="checkbox"/> Avoids backing from the blind side <input type="checkbox"/> Signals when backing <input type="checkbox"/> Controls speed and direction properly when backing <p>B PARKING (city)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not hit nearby vehicles or stationary objects <input type="checkbox"/> Parks proper distance from curb <input type="checkbox"/> Sets parking brake, puts in gear, chocks wheels shuts off motor <input type="checkbox"/> Checks traffic conditions and signals when pulling out from parked position <input type="checkbox"/> Parks in a safe and legal location <p>C PARKING (road)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parks off pavement <input type="checkbox"/> Avoids parking on soft shoulder <input type="checkbox"/> Uses emergency warning signals when required <input type="checkbox"/> Secures unit properly <p><u>5 SLOWING AND STOPPING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses gears properly ascending <input type="checkbox"/> Gears down properly descending <input type="checkbox"/> Stops and restarts without rolling back <input type="checkbox"/> Test brakes at the top of the hill <input type="checkbox"/> Uses brakes properly on grade <input type="checkbox"/> Uses mirrors to check traffic to rear <input type="checkbox"/> Signals following traffic <input type="checkbox"/> Stops before crossing sidewalk when coming out of a driveway or alley <input type="checkbox"/> Stops clear of pedestrian crosswalks
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Record of Road Test

<p><u>6 OPERATING IN TRAFFIC PASSING AND TURNING</u></p> <p>A TURNING</p> <p><input type="checkbox"/> Gets in proper lane well in advance</p> <p><input type="checkbox"/> Signals well in advance</p> <p><input type="checkbox"/> Checks traffic conditions and turns only when way is clear</p> <p><input type="checkbox"/> Does not swing wide or cut short while turning</p> <p>B TRAFFIC AND SIGNS AND SIGNALS</p> <p><input type="checkbox"/> Approaches signal prepared to stop if necessary</p> <p><input type="checkbox"/> Obeys traffic signal</p> <p><input type="checkbox"/> Uses good judgment on yellow light</p> <p><input type="checkbox"/> Starts smoothly on green</p> <p><input type="checkbox"/> Notices and heeds traffic signs</p> <p><input type="checkbox"/> Obeys "Stop" signs</p> <p>C INTERSECTIONS</p> <p><input type="checkbox"/> Adjust speed to permit stopping if necessary</p> <p><input type="checkbox"/> Checks for cross traffic regardless of traffic controls</p> <p><input type="checkbox"/> Yields right of way for safety</p> <p>D GRADE CROSSINGS</p> <p><input type="checkbox"/> Adjust speed to permit stopping if necessary</p> <p><input type="checkbox"/> Makes safe stops, if required</p> <p><input type="checkbox"/> Selects proper gear</p> <p>E PASSING</p> <p><input type="checkbox"/> Passes with sufficient clear space ahead</p> <p><input type="checkbox"/> Does not pass in unsafe location: hill, curve, intersection</p> <p><input type="checkbox"/> Signals change of lanes</p> <p><input type="checkbox"/> Warns driver being passed</p> <p><input type="checkbox"/> Pulls out and back in with certainty</p> <p><input type="checkbox"/> Does not tailgate</p> <p><input type="checkbox"/> Does not block traffic with a slow pass</p> <p><input type="checkbox"/> Allows enough room when returning to the right lane</p> <p>F SPEED</p> <p><input type="checkbox"/> Speed consistent with basic ability</p> <p><input type="checkbox"/> Adjust speed properly to road, weather, traffic conditions.</p> <p><input type="checkbox"/> Slows down for rough roads</p> <p><input type="checkbox"/> Slows down in advance of curves, intersections, etc.</p> <p><input type="checkbox"/> Maintains consistent speed</p>	<p><u>G COURTESY AND SAFETY</u></p> <p><input type="checkbox"/> Uses defensive driving techniques</p> <p><input type="checkbox"/> Yields right of way for safety</p> <p><input type="checkbox"/> Goes ahead when given right of way through traffic</p> <p><input type="checkbox"/> Does not crowd other drivers or force way through traffic</p> <p><input type="checkbox"/> Allows faster traffic to pass</p> <p><input type="checkbox"/> Keeps right and in own lane</p> <p><input type="checkbox"/> Uses the horn only when necessary</p> <p><input type="checkbox"/> Generally courteous and uses proper conduct</p> <p><u>7 MISCELLANEOUS</u></p> <p>A GENERAL DRIVING ABILITY AND HABITS</p> <p><input type="checkbox"/> Consistently alert and attentive</p> <p><input type="checkbox"/> Adjust driving to meet changing conditions</p> <p><input type="checkbox"/> Performs routine functions without taking eyes from road</p> <p><input type="checkbox"/> Checks instruments regularly while driving</p> <p><input type="checkbox"/> Willing to take instructions and suggestions</p> <p><input type="checkbox"/> Adequate self confidence in driving</p> <p><input type="checkbox"/> Is not easily angered</p> <p><input type="checkbox"/> Positive attitude</p> <p><input type="checkbox"/> Good personal appearance, manner, cleanliness</p> <p><input type="checkbox"/> Good physical stamina</p> <p>B HANDLING OF FREIGHT</p> <p><input type="checkbox"/> Check freight properly</p> <p><input type="checkbox"/> Handles and loads freight properly</p> <p><input type="checkbox"/> Handles bills properly</p> <p><input type="checkbox"/> Breaks down load as required</p> <p>C RULES AND REGULATIONS</p> <p><input type="checkbox"/> Knowledge of company rules</p> <p><input type="checkbox"/> Knowledge of regulations; Federal, State, Local</p> <p><input type="checkbox"/> Knowledge of special truck routes</p> <p>D USE OF SPECIAL EQUIPMENT (Specify)</p> <p>_____</p> <p>Remarks:</p> <p>_____</p>
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GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semi trailer _____ Other (specify) _____

CERTIFICATION OF ROAD TEST

Instructions to carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver's qualification file of the person who was examined, and duplicate copies provided to the person examined

This is to certify that the above named driver was given a road test under my supervision on _____ 20_____ consisting of approximately _____ miles driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Star Bulk _____ **4650 FM 482 New Braunfels, TX 78132** **Examiner: (Print)** _____

Examiner: (Signature) _____



SAFETY EQUIPMENT AND NEW HIRE TRAINING

EQUIPMENT ISSUED:

- Accident Report Kit and Camera
- Ear Plugs
- Hard Hat
- Receipt Book
- Respirators
- Rubber Mallet
- Safety Glasses
- Safety Handbook
- Vest

SAFETY TRAINING:

Initial	Description
_____	<input type="checkbox"/> Accident Reporting, Accident Information Gathering
_____	<input type="checkbox"/> Tanker Driving Techniques
_____	<input type="checkbox"/> Injury Prevention

I understand that Personal Protective Equipment must be worn at all times when loading and unloading, or, when requested by a customer. I understand that I will be responsible for replacement cost of lost or damaged equipment other than normal wear and tear.

Driver: _____
(Print Name) (Signature)

For Star Bulk _____
(Date)