

DRIVER DATA SHEET

FOR NEW HIRES, CASUAL AND TEMPORARY EMPLOYEES

Name (print) _____ Social Security Number _____

Motor Vehicle Operator's License Number _____ Type of License _____

Issuing State _____

Instructions: Motor carrier's when using a driver for the first time or intermittently 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).

Day 1 Date _____/_____/_____ Hours worked _____

Day 2 Date _____/_____/_____ Hours worked _____

Day 3 Date _____/_____/_____ Hours worked _____

Day 4 Date _____/_____/_____ Hours worked _____

Day 5 Date _____/_____/_____ Hours worked _____

Day 6 Date _____/_____/_____ Hours worked _____

Day 7 Date _____/_____/_____ Hours worked _____

Total Hours worked _____

DRIVER'S SIGNATURE _____ Date _____/_____/_____

Witness _____ Date _____/_____/_____