

PROFESSIONAL SEMI-DRIVER JOB DESCRIPTION

Basic Function

The basic function of the Professional Semi-Driver is varied and requires responsibility in many areas. The Driver is responsible for completing all paperwork associated with each load/unload, turning in all paperwork in a timely manner, following all Federal and State Motor Carrier regulations and performing all duties associated with this position in a professional, courteous and safe manner.

Equipment

The trucks are equipped with chains, binders, straps, & bellybands, lumber, steel, and smoke tarps, v-boards, dunnage and a fuel line repair kit.

Organizational Relationship

All employees at Sherman Bros Trucking are part of a working team. The professional Semi-Driver reports to his/her assigned Dispatcher and the Operations manager for fulfillment of responsibilities, authority, and relationships, and also for their proper interpretations. He/She will coordinate his/her activities and cooperate with other personnel when necessary and/or as directed.

Accountability and Authority

The Professional Semi-Driver derives authority from and reports to his/her Dispatcher and the Operations Manager within such limits, as the later may define the confines of company policy.

SPECIFIC RESPONSIBILITIES & DUTIES:

Movement of Freight

- Move freight in a safe and professional manner

Safety

- Adhere to all company, state, and federal safety rules.

Paperwork

- Complete all required paperwork thoroughly and neatly.

Physical Activities

- Average hours per workday: 10-15.
- Schedule for meals and rest breaks: after 2 hours and 4 hours.
- In an average work day the driver will be:
 - Standing ...5% of the time; 30 consecutive minutes.
 - Walking ...5% of the time; 30 consecutive minutes.
 - Sitting90% of the time; 120 consecutive minutes.
- The weight required to be lifted during a 10 hour shift;
 - Up to and over 100 lbs1-33% of the time.
 - Carry up to 10 lbs5% of the time.
 - Carry up to 75 lbs5% of the time.
 - Push/Pull up to 10 lbs5% of the time.
 - Push/Pull up to 75 lbs5% of the time.
- In an average workday the driver may be:
 - Bending1-33% of the time.
 - Squatting1-33% of the time.
 - Climbing1-33% of the time.
 - Twisting1-33% of the time.
 - Reaching above the Shoulder level1-33% of the time.
 - Reaching at or below the Shoulder level1-33% of the time.
 - Kneeling1-33% of the time.
 - Driving67 – 100% of the time.
- Repetitive use of the hands:
 - Simple grasping67-100% of the time.
 - Fine manipulation67-100% of the time.
 - Pushing / pulling1-33% of the time.
- Required repetitive use of the feet:
- Continuously 5 lbs.
- Sensory Requirements:
 - Speech10% of the time.
 - Hearing100% of the time.
 - Vision & Reading100% of the time.
 - Touch100% of the time.
- Environmental Factors:
 - Time spent inside90% of the time.
 - Time spent outside10% of the time.
 - Extreme temperature changes.
 - Atmospheric conditions include, Fumes, Odors, Dust, and Gases.
 - Mechanical, Electrical and weather related hazards.
- Required Tool's:
 - Hard hat
 - Safety glasses
 - Wench Bar
 - 5th Wheel Puller
 - Safety Vest
 - Gloves
 - Dress for weather conditions
 - Steel tip or similar footwear

Note: Job descriptions are not intended and should not be construed to be exhaustive lists of all Responsibilities, skills, efforts, or working conditions associated with a job. Jobs are organic in nature and may change from time to time. Job descriptions are intended to be accurate reflections of those principal job elements essential for making fair pay decisions about jobs.

APPLICANT STATEMENT

I, _____, have read the accompanying job
(please print name)
description for Professional Semi-driver with Sherman Bros Trucking.

By signing this paper I acknowledge that I am fully capable of performing the job of Professional Semi-driver as stated in the job description without any restrictions

I have read the above statement and accompanying job description. I also understand what is required to successfully perform the job duties.

Signature of Applicant

Date

**Application cannot be processed with out
this form completed and returned.**

RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release Sherman Bros. Trucking dba S.B., Inc., its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through, but not limited to the following sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, personal interviews, personal references, motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer reports(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: _____ Date: _____

Please Print:

Name: _____ *Date of Birth: _____
 First Middle Last

Social Security Number: _____ - _____ - _____ Gender (check one): Male Female

Driver's License # _____ Issuing State _____

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
 Street Number and Name City State Zip Dates

List Any other Addresses that you have used in the last 7 years:

Street Number and Name	City	State	Zip	Dates

Are you applying for a position in California, Minnesota, or Oklahoma? Yes _____ No _____
 If yes, would you like a copy of any consumer reports requested sent to you? Yes _____ No _____

* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
USIS Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



SHERMAN BROS. TRUCKING
 PO Box 706 ~ 32921 Diamond Hill Drive ~Harrisburg, Oregon 97446
 FAX (541) 998-7267 / Phone (541) 995-7751

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

EMPLOYMENT INFORMATION

I hereby authorize you to release the following information to **Sherman Brothers Trucking and its ASSIGNEES** for the purpose of investigations as required by Part 391.23, 382.413, 40.25 and Title 49 CFR 40.25, 49 CFR 382.413 and 382.405(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

× _____
 Applicant's Signature Date

Name of Applicant: _____ Applicant's SSN: _____

Previous Employer: _____

Dates of Employment: from _____ to _____

Did he drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semitrailer? _____ Bus? _____

Other (specify) _____ Was he a safe and efficient driver? _____ Was his general conduct satisfactory? _____

Reason for leaving? Discharged Resignation Lay Off Other Explain: _____

Eligible for rehire? _____ Comments: _____

SAFETY HISTORY INFORMATION

Accidents:

Date	Description	Location City/State	# of Injuries	# of Fatalities	HazMat Spill?	Employee Cited?

Citations/Suspensions:

Date	Description

Information provided by: _____
 Signature Title Date

Supplied by: FAX PHONE MAIL Unable to obtain response after successive attempts.



SHERMAN BROS. TRUCKING

PO Box 706 ~ 32921 Diamond Hill Drive ~ Harrisburg, Oregon 97446
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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER DOT DRUG AND ALCOHOL TESTING INFORMATION

Name of Applicant: _____

Applicant's SSN: _____

Previous Employer: _____

DAC Services Customer Number: 5832

I hereby authorize you to release the following information to **Sherman Brothers Trucking and its ASSIGNEES** for the purpose of investigations as required by Part 391.23, 382.413, 40.25 and Title 49 CFR 40.25, 49 CFR 382.413 and 382.405(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

× _____
Applicant's Signature

Date

FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS:

Part 382.413, 382.405(f) and 40.25 requires employers to make inquiry for alcohol and controlled substances information from previous employers, and previous employers to provide such information upon receipt of a written request from the driver.

If employee was not subject to Department of Transportation testing requirements while employed with your company, please check here, sign below and return:

Did the person named above:

- Has this individual had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? No Yes
- Has this individual had a controlled substance test with a positive result in the past 3 years? No Yes
- Has this individual refused a controlled substance test and /or alcohol test within the past 3 years (includes verified adulterated or substituted results)? No Yes
- Has the individual violated other D.O.T drug and/or alcohol regulations? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes
- Have you received information from a previous employer that this individual violated D.O.T drug and alcohol regulations? No Yes

If YES to any of the above questions, please give the SAP (Substance Abuse Professional) name, address and phone number for further reference:

Name: _____

Address: _____

Phone: _____

Information provided by:

Signature

Title

Date

Supplied by: FAX PHONE MAIL Unable to obtain response after successive attempts.