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Trucking Questionnaire

Please indicate the following:

- Reference check of former employers: Yes No
- Written test for new hires: Yes No
- Road test for new hires: Yes No
- Annual review of Motor Vehicle Record: Yes No
- Pre-employment physical exam: Yes No
- Pre-employment drug & chemical screening? Yes No
- Drug testing- random or at the time of accident? Yes No

DOT Number: _____ MCC Number: _____

Radius of your operation: _____ States traveled: _____

Who performs the loading and/or unloading? _____

Who owns the trucks? Employees Employer

How many vehicles in your operation: _____ Type of vehicles? _____

How many drivers are owner/operators? _____

Does owner/operator sign DWC 82 agreement? Yes No

How many owners/operators will sign agreement for coverage under WC? _____

How many owners/operators will sign agreement as their own employer? _____

How many drivers are direct employees? _____

How are the drivers paid? By the load Hourly/salary

Please forward copies of Motor Vehicle Record for all drivers.

Please explain your MVR program _____

(what is and is not acceptable): _____

What action is taken when a driver's _____
record becomes unacceptable in _____
accordance with your MVR program? _____

Please attach a copy of your drivers' daily maintenance checklist and explain how it is handled and how corrections are made.