CHARTER FILE

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SAINT PETER, WESTONKA, PINE CITY, LESTER PRAIRIE, SEVEN HILLS AND CHISAGO LAKES | |
|  | 01. Application for Employment |
|  | 02. Controlled Substance and Alcohol Questionnaire |
|  | 03. Request for Prior Controlled Substance and Alcohol Test Results |
|  | 04. Copy of Annual Driving Record (MVR) – (Twice Per Year) (Each File Must Have 2) |
|  | 05. Annual Review of Driving Record |
|  | 06. Copy of Front and Back of Commercial Driver’s License |
|  | 07. Notice of Moving Violation (Driver Reports to Employer) |
|  | 08. Copy of Current Medical Card |
|  | 09. Verification of Medical Examiner on National Registry of Medical Examiners  (https://nationalregistry.fmcsa.dot.gov/home |

\*If the driver was not a CDL driver before coming to work for you, fill out the “Request for Controlled Substance and Alcohol Test Results” with their name, social security number and have them sign it. Write “Does Not Apply In The Upper Right Corner” and include the form in their file.

\*There must be two DVRs in each file. A current one and the original DVR when the person first started driving charters.