



Personnel Office  
 892 Wabash Ave., Ste. 1  
 Chesterton, IN 46304 805-526-8440

## DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)



When using a driver for the first time, Motor Carriers shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the carrier. Federal Motor Carrier Safety Regulations 395.8(j)(2). 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 \_\_\_\_\_

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 <small>(start)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								<b>TOTAL HOURS</b>

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at

\_\_\_\_\_  
 A.M. On \_\_\_\_\_  
 P.M. \_\_\_\_\_  
 Time Day Month Year

\_\_\_\_\_  
 Driver's Signature Date

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

A driver must report to the carrier all on-duty time including time working for other employers.

Are you currently working for another employer?  Yes  No

Do you intend to work for another employer while still employed by this company?  Yes  No

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

\_\_\_\_\_  
 Driver's Signature Date

Witness: \_\_\_\_\_  
 Company Representative Date