

# DRIVER HIRING TRACKING LIST

Name: \_\_\_\_\_

REC'D DATE		CLEARED BY:	RESPONSIBLE STAFF	DATE COMPLETED
_____	1	Motor Vehicle Report (Copy)	Jill	_____
_____	2	Commercial Driver's License (Copy)	Jill	_____
_____	3	Medical Examination Certificate (Copy)	Jill	_____
_____	4	SUCAP Vehicle Insurance	Nita	_____
_____	5	Road Test	Jill/Matt/Jay	_____
_____	6	Pre-Employment Drug Test	Nita/Matt	_____
_____	7	Criminal Background Check (NBI)	Matt	_____
_____	7a	Request/Consent for Information from Previous	Nita	_____
_____	7b	Pre-Employment Verification of Testing Results	Nita	_____
_____	7c	Applicant Acknowledgement of Drug Test	Nita	_____
_____	8	Cleared for OnBoarding Process	Matt/Jay	_____
_____	9	Schedule to start work - DOH	Matt/Jay	_____
_____	10	Supervisor Orientation	Matt/Jay	_____

**NOW THE EMPLOYEE CAN START WORK!**