

# Checklists

## Screening (Basic)

- |                                       |                                             |                                                |                                     |
|---------------------------------------|---------------------------------------------|------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Flip switch? | <input type="checkbox"/> Location           | <input type="checkbox"/> Start date            | <input type="checkbox"/> Home-time  |
| <input type="checkbox"/> Experience   | <input type="checkbox"/> Gaps               | <input type="checkbox"/> Record                | <input type="checkbox"/> Med card   |
| <input type="checkbox"/> SAP          | <input type="checkbox"/> Employment history | <input type="checkbox"/> Criminal (as allowed) | <input type="checkbox"/> Comp goals |

## Advanced

- |                                 |                                              |                                     |                                         |
|---------------------------------|----------------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Goals  | <input type="checkbox"/> Ideal fleet picture | <input type="checkbox"/> Avoid list | <input type="checkbox"/> Nights/regions |
| <input type="checkbox"/> Habits | <input type="checkbox"/> Stress scenarios    | <input type="checkbox"/> Tech       |                                         |

## Safety Packet

- |                                           |                                        |                                    |                                      |
|-------------------------------------------|----------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> DOT App (10 yrs) | <input type="checkbox"/> CDL           | <input type="checkbox"/> Med       | <input type="checkbox"/> MVR         |
| <input type="checkbox"/> PSP              | <input type="checkbox"/> Clearinghouse | <input type="checkbox"/> DAC (opt) | <input type="checkbox"/> BG (policy) |

## Travel/Orientation

- |                                            |                                            |                                   |                                             |
|--------------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------------|
| <input type="checkbox"/> Ticket & ID match | <input type="checkbox"/> Hotel (if policy) | <input type="checkbox"/> Lab appt | <input type="checkbox"/> Orientation agenda |
| <input type="checkbox"/> Packing list      | <input type="checkbox"/> Contacts          |                                   |                                             |

## Truck Assignment

- |                                       |                                         |                                               |                                    |
|---------------------------------------|-----------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Clean/detail | <input type="checkbox"/> Stickers/legal | <input type="checkbox"/> Mechanical checklist | <input type="checkbox"/> Amenities |
| <input type="checkbox"/> Road test    | <input type="checkbox"/> Docs pack      |                                               |                                    |

## 30/60/90

- |                             |                             |                                        |                              |                              |                                       |
|-----------------------------|-----------------------------|----------------------------------------|------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> D3 | <input type="checkbox"/> D7 | <input type="checkbox"/> Weekly to D30 | <input type="checkbox"/> D60 | <input type="checkbox"/> D90 | <input type="checkbox"/> Referral ask |
|-----------------------------|-----------------------------|----------------------------------------|------------------------------|------------------------------|---------------------------------------|