

CTCO DRIVER FIELD TRAINING COMPLETION

Trainee Name: _____ Emp#: _____

Terminal Assigned: _____ Date of Hire: _____

I certify that the above named CTCO Transport Driver Trainee has completed required field training.

Trainer #1:

Printed Name: _____ Emp#: _____

Trainer #1 Signature Date (**circle one:** CDT or Non-Certified Trainer)

Trainer #2:

Printed Name: _____ Emp#: _____

Trainer #2 Signature Date (**circle one:** CDT or Non-Certified Trainer)

Terminal Manager or Operations Vice-President:

Trainee is approved to attend new hire finishing training:

Printed Name Signature Title Date

Trainee: You are reminded that you hold stop work authority. If you are unsure of an assigned task, STOP, request assistance and/or guidance before proceeding.

Trainee Printed Name Signature Date

(Original to HR training file, copy to: trainers 1, 2, terminal, trainee)