

CHAMPIONSHIP ENTERPRISES, INC.

PLEASE READ CAREFULLY BEFORE SIGNING

I understood the Company safe driving policies and procedures.

I understand that an auto accident can affect my life, and the lives of others around me and my vehicle.

I agree to follow the Company policies and procedures while operating a Company vehicle.

I hereby agree to abide by the following driving guidelines:

- ❖ I will use the safety belt (seat belt) whenever operating a company vehicle, or whenever driving for company business.
- ❖ I will operate only those vehicles I am trained and licensed to operate. I will operate only those vehicles I am approved by my supervisor to operate.
- ❖ I will always check vehicle for defects and adjust safety devices such as seat belts and mirrors before operating.
- ❖ I will never operate any vehicle when impaired by fatigue, medication, drugs, or alcohol or vehicles that I do not feel capable of handling in both normal and emergency situations.
- ❖ I will obey all laws, rules, regulations, and company policies. Use common sense and adjust speed and operation to conditions and possible hazards or dangers.

- ❖ I will operate vehicles in a courteous manner, irrespective of behavior of others.

I also state the following to be true as I know it:

I have had NO MORE than 2 driving tickets in the past 5 years----- TRUE or FALSE

I have had NO MORE than 1 accident in the past 5 years, that was my fault-----TRUE or FALSE

If you answered FALSE to either question please give a brief explanation: _____

EMPLOYEE SIGNATURE

DATE

MANAGERS SIGNATURE

DATE