

For Office Use Only:	Branch #:	RR:	Date Entered :
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All information in this application is subject to verification

Date Application Submitted: _____

General Information

First: _____ Middle Initial: _____ Last: _____

SSN: _____ Jr. Sr. I II III IV V

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Have you ever applied with any of our offices before? Yes No Location: _____

Are you 23 or older? Yes No Date of Birth: _____

Do you have the following valid documentation with you today?

Identity: (Photo ID) Yes No Eligibility to work in the U.S. Yes No

Information provided is subject to verification with the Social Security Administration and/or the U.S. Citizenship and Immigration Services.

Additional Information

List any other names by which you've been known: _____

Please explain any additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or educational record: _____

Have you been a temporary with another service before? Yes No If yes, complete the Temporary Experience Supplement.

List all languages spoken other than English: _____

Can you be bonded if necessary? Yes No

Security Clearance: Confidential Dept Defense Dept Energy DOE Q Clearance DOE E Clearance

None Needed Secret Top Secret Other: _____

Security Issue Date: _____ Security Expire Date: _____

Work Preferences

Are you willing to travel? Yes No

Are you willing to relocate? Yes No Unknown

Rate of Pay expected: _____

Are you available to work on short notice? Yes No

Miles per week expected: _____

What date are you available to start working? _____

Are you willing to drive a straight truck if tractor-trailer jobs are not available? Yes No

Will you hand unload? Yes No If yes, up to how much weight? _____

What days of the week are you available to work? Mon Tue Wed Thurs Fri Sat Sun

Desired Shift: 1 2 3 Weekends Other _____

What type of work are you looking for?

Over the Road Single

Over the Road Team

Local

Flat Bed

Straight Truck

Tractor Trailer

Previous Addresses

Please provide your previous addresses for the last three years.

From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Traffic Accidents and Convictions

LIST ALL TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED (*Recordable and Non-Recordable*) IN THE PAST 3 YEARS. IF NONE, WRITE NONE.

DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

LIST TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

Were you discharged from employment because of an accident? Yes No

If yes, when and by whom? _____

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided above) required to be listed during the past 3 years.

Driver's Signature: _____ Date: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Payroll

Please check how you would like your payroll handled upon hire

- Directly deposited to my bank account. (Direct Deposit form must be submitted to the Employer.)
 Deposited onto a pay card. (Enrollment form must be submitted to the Employer.)

Signature of Applicant

Date

Legal Questions

1. Have you ever been asked to resign from any job? Yes No

If yes, please explain circumstances: _____

2. Have you been reprimanded, suspended with or without pay, or terminated for fighting on the job, whether or not it was your fault? Yes No If yes, please explain: _____

3. Will any of your work references disclose / reveal anything negative? Yes No If yes, please explain: _____

4. Have you ever plead guilty, "no contest," or been convicted of a felony or misdemeanor crime since the age of 18, including such moving violations as driving under the influence of a drug or alcohol, which were not later expunged? **(CA Only** - Do not disclose convictions for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not identify convictions which have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, or any information pertaining to an arrest or detention which did not result in conviction, including because of referral to and participation in any pre-trial or post-trial diversion program. **GA Only** - Do not disclose information pertaining to any "first offender discharge" **HI Only** - Do not respond to this inquiry until you have been given a conditional offer of employment. Answer "Yes" only if the conviction was within the last ten (10) years. **MA Only** - Please do not complete this question. **WA Only** - Answer "Yes" only if the conviction was within the last ten (10) years. **UT Only** - Do not answer this question with respect to any conviction for a misdemeanor or summary offense. **Newark, NJ Only** - Please do not complete this question. **Philadelphia, PA Only** - Please do not complete this question.) Yes No Exempt (Massachusetts, Newark, NJ or Philadelphia, PA Applicant) If Yes, explain the circumstances by completing the **Individualized Assessment Form**.

5. Are you currently using illegal drugs? Yes No If yes, which illegal drugs have you recently used? _____

When did you recently use each of these drugs? _____

6. Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations? Yes No

7. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, please complete the Denial, Revocation and Suspension Form.

8. Has any license, permit or privilege ever been suspended or revoked Yes No

9. Have you ever failed or refused a pre-employment drug screen? Yes No

10. Have you ever failed or refused a random drug screen? Yes No

11. Have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes No

12. Have you been convicted of a DUI or a DWI in the past five years? Yes No

13. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last two years? Yes No

If YES, have you successfully completed the return-to-duty process if it applies? Yes No

If YES, documentation must be provided before any safety-sensitive transportation function is performed.

If you answered yes to questions 6-13 above, please provide dates and an explanation below and on the Explanation of Denial, Revocation or Suspension of Drivers License form.

Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date



Explanation of Denial, Revocation or Suspension of Drivers License

Employee Name: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail why your license was suspended, denied, or revoked: _____

Additional Notes: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail why your license was suspended, denied, or revoked: _____

Additional Notes: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail why your license was suspended, denied, or revoked: _____

Additional Notes: _____

Education – Highest Level Attended

School Name: _____ Location (City / State): _____

Years Completed: _____ Diploma / Degree: _____ Major / Subject: _____

List any special trade or vocational schools attended: _____

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past: _____

Describe any specialized training, apprenticeship, skills, extracurricular activities, honors, scholarships, appointments, awards, or special recognition that you have received: _____

Have you ever attended a truck driving school? Yes No Name: _____

Have you ever trained in Hazardous Material Handling? Yes No By Whom: _____

Have you ever trained in refrigerated equipment operation? Yes No By Whom: _____

Have you ever been trained in tanker equipment operation? Yes No By Whom: _____

Have you ever received any safety awards? Yes No By Whom: _____

Experience

List current driver's licenses and any other licenses you have had in the past ten (10) years.

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

Class of Equipment	Type of Equipment	Date From	Date To	Number of Miles Driven
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List states you've operated commercial vehicles in the last 5 years: _____

Kind of freight handled: _____

Makes of tractors driven: _____

Will you drive a cab over? Yes No

Summary of Skills

<input type="checkbox"/> 24' Truck	24TRK	<input type="checkbox"/> Endorsement T	ENDRT	<input type="checkbox"/> Roll-Off	ROLOF
<input type="checkbox"/> 26' Truck	26TRK	<input type="checkbox"/> Endorsement X	ENDRX	<input type="checkbox"/> Shuttle Driver	SHUTD
<input type="checkbox"/> 28' Truck	28TRK	<input type="checkbox"/> Flatbed Trailer	FLTBD	<input type="checkbox"/> Single Unit Truck	SUNTK
<input type="checkbox"/> 48' Truck	48TRK	<input type="checkbox"/> Forklift Certified	FORKC	<input type="checkbox"/> Sleeper Cabs	SLEPR
<input type="checkbox"/> 53' Truck	53TRK	<input type="checkbox"/> Full Trailer	FLTRL	<input type="checkbox"/> Smith System	SMTSY
<input type="checkbox"/> Airbrakes	AIRBK	<input type="checkbox"/> Garbage Truck	GARTK	<input type="checkbox"/> Straight Truck	STTRK
<input type="checkbox"/> Boom Truck	BOMTK	<input type="checkbox"/> Hand Truck	HNDTK	<input type="checkbox"/> Straps	STRAP
<input type="checkbox"/> Chains	CHAIN	<input type="checkbox"/> Hazmat EXP:	HAZEX	<input type="checkbox"/> Supervisor	SUPER
<input type="checkbox"/> City Delivery	CTYDV	<input type="checkbox"/> Heavy Equipment	HVEQP	<input type="checkbox"/> Tankers	TANKR
<input type="checkbox"/> Class A	CLSAC	<input type="checkbox"/> Intrastate	ITAST	<input type="checkbox"/> Tarps	TARPS
<input type="checkbox"/> Class B	CLSSB	<input type="checkbox"/> Jockey / Switcher	JOCKY	<input type="checkbox"/> Triples	TRPLS
<input type="checkbox"/> Class C	CLSSC	<input type="checkbox"/> Lifting 10 lbs	GNL10	<input type="checkbox"/> Truckload	TRKLD
<input type="checkbox"/> Coil	COIL1	<input type="checkbox"/> Lifting 20 lbs	GNL20	<input type="checkbox"/> Vans	VANS1
<input type="checkbox"/> Combo Unit Truck	CMBTK	<input type="checkbox"/> Lifting 50 lbs	GNL50	<input type="checkbox"/> Work boots	WKBTS
<input type="checkbox"/> Container	CNTNR	<input type="checkbox"/> Local	LOCAL	<input type="checkbox"/> Warehouse	WREHS
<input type="checkbox"/> Conventional Types	CONVL	<input type="checkbox"/> LTL	LTL01	<input type="checkbox"/> Winter Driving	WINTD
<input type="checkbox"/> Deadhead	DEDHD	<input type="checkbox"/> Lumper	LUMPR	Please list any additional skills in the blank spaces provided below	
<input type="checkbox"/> Defensive Driving	DFDRV	<input type="checkbox"/> Moffet	MOFFT		
<input type="checkbox"/> Delivery	DLVRY	<input type="checkbox"/> Oversize Load	OVERL	<input type="checkbox"/>	
<input type="checkbox"/> Doubles / Triples	DBLTP	<input type="checkbox"/> OTR	OTR01	<input type="checkbox"/>	
<input type="checkbox"/> Driver Unload	DRVUN	<input type="checkbox"/> Pallet Jack Manual	MPALJ	<input type="checkbox"/>	
<input type="checkbox"/> Dump Truck	DMPTK	<input type="checkbox"/> Pallet Jack Electronic	EPALC	<input type="checkbox"/>	
<input type="checkbox"/> Drop & Hook	DRPHK	<input type="checkbox"/> Pole Trailer	POLTR	<input type="checkbox"/>	
<input type="checkbox"/> Endorsement H	ENDRH	<input type="checkbox"/> Pups	PUPS1	<input type="checkbox"/>	
<input type="checkbox"/> Endorsement N	ENDRN	<input type="checkbox"/> QUALCOMM	QLCOM	<input type="checkbox"/>	
<input type="checkbox"/> Endorsement P	ENDRP	<input type="checkbox"/> Refer Trailer	REFTR	<input type="checkbox"/>	

Employment History

ALL **APPLICANTS** must provide the following information on all employers during the preceding 10 years. Please provide complete mailing address, street number, city, state and zip code and valid phone numbers.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (REQUIRED)

All Employment Gaps over 30 days must be documented on the Explanation of Gaps Form.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

1		EMPLOYER		DATE	
NAME		FROM		TO	
ADDRESS		MO.	YR.	MO.	YR.
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
		POSITION HELD		SALARY/WAGE	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

2		EMPLOYER		DATE	
NAME		FROM		TO	
ADDRESS		MO.	YR.	MO.	YR.
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
		POSITION HELD		SALARY/WAGE	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

3		EMPLOYER		DATE	
NAME		FROM		TO	
ADDRESS		MO.	YR.	MO.	YR.
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
		POSITION HELD		SALARY/WAGE	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

4		EMPLOYER		DATE	
NAME		FROM		TO	
ADDRESS		MO.	YR.	MO.	YR.
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
		POSITION HELD		SALARY/WAGE	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

5		EMPLOYER		DATE	
NAME		FROM		TO	
ADDRESS		MO.	YR.	MO.	YR.
CITY		STATE		ZIP	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
		POSITION HELD		SALARY/WAGE	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

Employment History

6	EMPLOYER	DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

7	EMPLOYER	DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

8	EMPLOYER	DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

9	EMPLOYER	DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No

10	EMPLOYER	DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Were you subject to FMCSR drug & alcohol testing regulations? Yes No



Explanation of Gaps in Employment

Employee Name: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail what you were doing during this break in employment: _____

Additional Notes: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail what you were doing during this break in employment: _____

Additional Notes: _____

From (MM/YYYY): _____ To (MM/YYYY): _____

Please write in detail what you were doing during this break in employment: _____

Additional Notes: _____

Legal Acknowledgements

APPLICANT'S AGREEMENT

AT-WILL

I understand that the Employer does not hire everyone who fills out an application for employment and that all applicants must meet certain general hiring criteria set forth by the Employer, such as having the legal right to work in the U.S., appropriate skills, job history, and favorable references. Applicants must also have personal qualities such as being honest, trustworthy, non-violent, and reliable. I understand that the Employer does not discuss hiring or placement criteria or hiring decisions with applicants or employees, and that the Employer does not discuss termination decisions with employees. **I understand that my employment at the Employer is on an at-will basis and that I may be terminated at any time, with or without cause, and with or without notice, either at my option or at the option of the Employer.** In consideration of my employment, I agree to conform to the rules and standards of the Employer, as amended by the Employer from time to time at their discretion. I further agree that my employment and compensation is for no definite period. Terms and conditions of employment including promotions, change in job duties, locations, and compensation can be changed at the sole discretion of the Employer, at any time, with or without cause, advance notice, or stated reason. The Employer may warn, reassign, suspend, demote, or terminate any employee in their sole discretion, at any time, with or without cause, advance notice, or stated reason. I understand that no employee or representative of the Employer, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement or condition contrary to the foregoing. Further, the President of the Employer may not alter the at-will nature of this employment relationship unless he signs a written document in which he specifically and clearly indicates the intent to do so.

Initials

VERIFICATION & RELEASE

I hereby certify that the information supplied on this application for employment is true and correct to the best of my knowledge, and agree to have any of the statements checked by the Employer, unless I have indicated to the contrary. I authorize the Employer to contact any and all of the references listed (including employers and schools), and I authorize those references to provide the Employer any and all information concerning my previous education and employment and any other pertinent information that any of them may have or know about me. Further, I release all parties, companies, and persons providing such information to the Employer from any liability for any damages that may result from furnishing such information to the Employer as well as from the use or disclosure of such information by the Employer or any of their agents, employees, or representatives. **I understand that any misrepresentation, falsification, or material omission of information on this application or during the interview process (regardless of when discovered) may result in my failure to receive an offer or, if I am hired, my immediate termination from employment at any time.**

I understand that on some jobs I may be offered full-time employment. This may be approved if the Employer is notified prior to my accepting the full-time assignment and after I have completed 1000 hours for that client or the number of hours mutually agreed upon by the Employer and the client

I understand that at the end of an assignment it is my responsibility to contact the Employer immediately to report my availability. I will become an employee upon commencing a paid assignment with a client of Employer. When my assignment with any particular client ends, I will remain an employee of Employer, however unpaid and not on active duty, and Employer will continue its efforts to find me a new assignment. The end of any particular assignment with a client does not end my employment relationship with Employer. My employment relationship with Employer will end only on the occurrence of one of the following three events: I tell Employer that I am not interested in additional assignments from Employer; Employer tells me that I am not eligible for additional assignments from Employer; or 14 days pass after the end of my last assignment with a client of Employer, and Employer has not offered me a new assignment which I have accepted.

I acknowledge that I am not eligible to receive the benefits offered by the Employer's clients to their employees.

I also understand that any offer of employment from the Employer is conditional on the Employer receiving satisfactory responses to reference requests, passing a drug screen, and providing satisfactory proof of my identity and legal authority to work in the United States.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply

Do Not Sign Until You Have Read and Understood the Above Statement.

Signature of Applicant _____

Date _____

DISCRIMINATION AND REPORTING POLICIES

The Employer does not discriminate against their applicants or employees in any manner, and cannot and will not tolerate any form of harassment, including sexual harassment, or discrimination of any type, whether based on sex, race, age, national origin, ancestry, religion, sexual orientation, marital status, or physical or mental disability, toward our employees. The Employer is an Affirmative Action and Equal Opportunity Employer. If you believe that you (or another co-worker) have been discriminated against or harassed by a co-worker, supervisor, agent of the Employer, or a customer, you should **immediately report the facts of the incident and the names of the individuals involved to the Corporate Human Resources Director**, who will promptly investigate all claims and take appropriate action. Call 1-800-688-6162 for a direct line, or 877-LISTEN-0 to reach the legal complaint and counseling hotline.

MUTUAL AGREEMENT TO ARBITRATE

Initials

If the Employer and I are unable to resolve any dispute informally, I agree to having the dispute submitted and determined by binding arbitration in conformity with the procedures of the Federal Arbitration Act and the California Arbitration Act (California Code of Civil Procedure section 1280, et. seq.), including section 1283.05 and all other rights to discovery. Such disputes may include but not be limited to any involving breach of contract, fraud, misrepresentation, defamation, personal injury, wages, wrongful discharge, vacation pay, sick time pay, overtime pay, state and federal employment laws, and regulation including but not limited to the Fair Labor Standards Act (including the equal Pay Act), the Civil Rights Act of 1964 as amended, 42 U.S.C. section 1981, the Americans with Disabilities Act, laws prohibiting discrimination by reason of religion, sex, age, color, national origin, handicap, disability, medical condition, marital status or other basis, ADEA, federal and state, state labor code provisions, the Family and Medical Leave Act, the Employee Retirement Income Security Act(ERISA), and any amendments thereto, state unfair competition or unfair business practices provisions, and those claims whether in law or equity, which either party could assert, at common law or under statute, rule, regulation, order of law, whether federal, state, or local, except for those under the National Labor Relations Act, claims for workers' compensation and unemployment insurance, and any other claims precluded from arbitration by law. I agree that such arbitration will be conducted in Santa Barbara, CA.

Initials

AUTHORIZATION AND CONSENT FOR DRUG AND ALCOHOL SCREENING

I consent to a pre-employment test to detect the use of illegal or controlled substances or prescription medication without a prescription. I consent to provide a specimen of my urine and/or blood or hair as may be requested in conformity with the Employer's policies and procedures. I certify that urine submitted for such a drug screen will be my own. I understand that I have a right to receive a copy of this authorization.

I understand that the Employer may require a post-accident screening to test for illegal drugs or controlled substances, alcohol, or prescription medication without a prescription when a work-related accident is reported, in accordance with the Employer's policy, and I consent to such a drug screening. I also understand that I will be subject to random drug and or alcohol testing in accordance with DOT regulations and company policy. Once I am notified to submit to a random test, I must proceed immediately to the testing site.

I consent to the release of drug screen results to the Employer I also authorize any physician, hospital or clinic who may have examined me previously for drug or substance abuse to release to the Employer a complete record of the findings, results or opinions.

I understand and agree that the results of my drug screens may be used in determining my employment eligibility. If I refuse to sign this consent, fail to take a pre-employment or accident-related drug screen, or fail any portion of the test, I will not be considered for employment, or if employed, I will be terminated.

I understand and agree that the Employer may release the results of my pre-employment and/or post-accident drug screens to the State Unemployment Department if a claim for unemployment insurance is filed by me or on my behalf.

I agree to hold all parties harmless and not to sue in connection with any aspect of drug screen testing or its effect on my employment status. I understand that if I have any questions about the meaning of the provisions in this authorization and consent or the drug screens, they will be answered on request.

Initials

AUTHORIZATION FOR RELEASE OF EMPLOYMENT/MEDICAL RECORDS

For the duration of my employment, I give permission to the Employer to furnish and release to its Workers' Compensation carrier and/or administrator, or any representative thereof, the following information:

1. All medical records pertaining to examinations, treatments, or consultations, including but not limited to, billing records; x-rays and reports; history records; diagnosis and prognosis records; nurses' and doctors' notes and all reports and any psychiatric or mental health records; and all reports relating to diagnosis, care and treatment for drug and alcohol abuse.
2. All employment records pertaining to employment with the Employer and any previous employer, including but not limited, to personnel records, payroll records, medical records, and time records.

I understand that the information obtained will be used by the Employer's Workers' Compensation carriers and/or administrators for the evaluation and processing of any claims for Workers' Compensation benefits as a result of any work-related injuries. I do not give permission for any other use or re-disclosure of this information.

This Authorization is valid until my claim has been accepted or denied, but in no event beyond one year from the date of my injury. A photocopy of this Authorization is as effective as the original. I understand that I am entitled to a copy of this Authorization.

Signature of Applicant_____

Date_____



Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follow:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued-your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____



Request for Information from Previous Employer

I hereby authorize you to release the following information to People Direct for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing this information.

Applicant's Signature: _____ Date: _____

Name and Address of Previous Employer:

This Form Was:

- Mailed
- Faxed
- Emailed
- 1st Request Date: _____
- 2nd Request Date: _____
- 3rd Request Date: _____
- DOT Notified

Name of Applicant: _____ **SSN:** _____

The above named individual has made an application with People Direct for a position as _____ and states that he/she was employed by you as a _____ from (M/Y) _____ to (M/Y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date of application to People Direct. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by phone, fax, mail or e-mail to the following addresses and/or numbers:

Mail to: _____ Email to: _____
Call: _____ Fax: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Section 1: Driver Identification

The driver named above was employed with us. Yes No

The driver was employed as _____ from (M/Y) _____ to (M/Y) _____

If driver held a safety sensitive position subject to drug & alcohol testing under Part 40, check here:

Section 2: Safety Performance History

If there is no safety performance history to report, check here , sign below, and return.

1. Did he/she drive a motor vehicle for you? Yes No If yes, what type? _____

Straight Truck Doubles / Triples Cargo Tank Tractor Trailer Local Regional OTR

2. Reason for Leaving

Discharged Layoff Resignation Other (please specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date:

DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL?	PREVENTABLE?	RECORDABLE?
1.						
2.						
3.						

Please provide information concerning any other accidents involving the applicant that were reported to the government agencies of insurers or retained under internal company policies:

Additional Remarks: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____



Previous Employer Alcohol & Drug Test Information

Section 1: TO BE COMPLETED BY APPLICANT

I hereby authorize you to release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to People Direct.

Applicant's Signature: _____

Date: _____

Print Name (First, M.I., Last) _____

Name and Address of Previous Employer:

This Form Was:

- Mailed
- Faxed
- Emailed

- 1st Request Date:
- 2nd Request Date:
- 3rd Request Date
- DOT Notified

Name of Applicant: _____

SSN: _____

The above named individual has advised us that he/she worked for your company as a driver or that he/she applied to your company for work as a driver, during the past three (3) years. In compliance with § 40.25(g), release of this information must be made in a written form that ensures the confidentiality, such as fax, email or letter. Our fax number above is confidential. The information is being requested in compliance with §40.25 and §382.405(f) and (h).

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here , sign below, and return.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive or adulterated or substituted a test specimen for controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAPs rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Signature: _____

Date: _____

Section 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was: Faxed / Date: _____

Mailed / Date: _____

Emailed / Date: _____

Complete once information is obtained:

Information received from: _____

Date: _____

Recorded by: _____

Date: _____

Method: Fax Mail Email



Certificate of Driver Qualification

Driver's Name: _____ SSN: _____

Driver's Signature: _____

I certify the above named driver, as defined in Section 390.5, in accordance with the provisions of 391.63, is fully qualified under Part 391 of the Federal Motor Carrier Safety Regulations.

MEDICAL EXAMINER'S CERTIFICATE EXPIRES: _____
THIS CERTIFICATE EXPIRES ON: _____

CONTROLLED SUBSTANCE ABUSE PROGRAM VERIFICATION

I hereby certify that _____ is and has been since _____ a participant in the DOT certified drug-testing program that complies in all aspects with Part 49 CFR Part 40 of the Federal Motor Carrier Safety Regulations.

I further certify that this driver was last tested for controlled substance on _____, and the test result was NEGATIVE.

The above named driver is qualified to drive in Interstate Commerce pursuant to DOT drug testing regulations (49 CFR 391, subpart 40).

Name and Address of Qualified Drug Testing Program:

Firstlab
1364 Welsh Rd, Ste C2 North
North Wales, PA 19454

This _____ day of _____, 2_____

Signature of Authorized Representative

Witness



Authorization to Release DOT File

I, _____, authorize People Direct, to make copies / distribute my complete driver's qualification file (DOT), including drug and alcohol results to any client in connection with the driver lease contract, I agree to release all legal responsibility in accordance with Select Trucker's Plus, and its associates.

Employee's Signature

Today's Date

People Direct Representative



Date: 10/30/2009

People Direct Driver Accident, Incident or Injury Reporting Policy

In the event of an accident, incident or injury you are to immediately contact your Select Truckers branch. In the event that individuals are in need of immediate care your first call would be to 911 or the local police. Your next call would be to your Select Truckers' Branch.

Per People Direct and your Federal Motor Carrier Safety Regulations Pocketbook on pages 232-324 under section 382.303 you must comply with all post-accident testing.

Please note: This is not an option, this is a condition of employment. If accidents, incidents and injuries are not called in promptly you will be subject to disciplinary action up to and including your termination. Please sign that you have received this copy and that you understand completely the rules and procedures if any of the following occur: accident, incident or injury.

Driver Signature

Date

You will have 7 business days to sign and return this to the address listed below. Failure to sign and send back will result in discharge from People Direct.

Thank you.

Background Check Individualized Assessment

COMPLETE THIS FORM ONLY IF you have ever plead guilty, “no contest,” or been convicted of a felony or misdemeanor crime since the age of 18, including such moving violations as driving under the influence of a drug or alcohol, which were not later expunged.

(Additional Instructions: CA Only - Do not disclose convictions for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not identify convictions which have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, or any information pertaining to an arrest or detention which did not result in conviction, including because of referral to and participation in any pre-trial or post-trial diversion program. GA Only - Do not disclose information pertaining to any “first offender discharge” HI Only - Do not respond to this inquiry until you have been given a conditional offer of employment. Answer “Yes” only if the conviction was within the last ten (10) years. MA Only - Please do not complete this question. WA Only - Answer “Yes” only if the conviction was within the last ten (10) years. UT Only - Do not answer this question with respect to any conviction for a misdemeanor or summary offense. Newark, NJ Only - Please do not complete this question. Philadelphia, PA Only - Please do not complete this question.)

The Company’s criminal background check process disqualifies applicants for criminal conviction records only insofar as they are job-related. The Company’s process for evaluating job-relatedness focuses on an individualized assessment approach. Please answer the following questions to help us make this determination. If necessary, attach additional pages.

1. Please list the crimes and dates for which you have plead guilty, “no contest,” or been convicted of a felony or misdemeanor crime since the age of 18.

2. Please explain in your own words the facts or circumstances surrounding the crime(s) for which you have been convicted.

3. What was the date of the conviction and your age at the time of the conviction? _____

4. After your conviction, have you worked in jobs similar to the one you are now seeking with this Company? If yes, please list each employer (provide name and phone number), job title, length of employment and reason for termination. _____

5. List any rehabilitation efforts since your conviction(s) and attach copies of any certifications demonstrating current enrollment or completion. _____

6. Please describe in your own words why you believe you are a good fit for your position despite your criminal convictions.

7. Are you bonded under a federal, state, or local bonding program? _____

Candidate Name

Date

Last 4 SSN _____