



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



322 International Parkway
Arlington, TX 76011
Office: 817.633.2220
Fax: 817.633.2253

-- ACCEL OFFICE USE ONLY --

Previous Truck#: _____

Current Truck#: _____

DIRECT DEPOSIT FORM

Account Holders Name: _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

SSN or EIN: _____ DOB: _____

Marital Status: _____

Current Address (address, city, state, and zip code)

I _____ authorize Accel Logistics, Inc. to deposit into this bank account for payroll purposes only.

Signature

Date

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	Multiply the number of qualifying children under age 17 by \$2,000 ▶	\$ _____		
	Multiply the number of other dependents by \$500 ▶	\$ _____		
	Add the amounts above and enter the total here	3	\$	
	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$	
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$		
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$		



For example, if you're married...with 2 children...and you claim your spouse, and kids, you would:

Multiply \$2,000 x 2 (the kids) = \$4,000

Multiply \$500 x 2 (spouse & yourself) = \$1,000

\$4,000 + \$1,000 = \$5,000 << this is the final amount entered on line 3.

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Accel Logistics, Inc. 322 International Parkway Arlington, TX 76011		27-3236635

MUTUAL ARBITRATION AGREEMENT

I, the undersigned employee and **Accel Logistics, Inc.** (the "Company"), enter into this Mutual Arbitration Agreement ("Agreement"), and agree to arbitrate all claims which may arise out of the employment context, as follows:

The Company promotes a voluntary system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. The purpose of this Agreement is to set forth the terms of the arbitration procedure, and to memorialize agreement of the Company and me to those terms. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide to both the Company and to me, and in consideration of Company's initial hiring and/or continued employment of me, and in further consideration of the mutual covenants set forth below, and intending to be legally bound, the Company and I agree as follows:

1. Covered Claims. This Agreement covers and applies to any and all claims relating to my employment with Company or the separation/termination of my employment for any reason, except for the types of claims identified as "Excluded Claims" in Paragraph 2 of this Agreement.

- a. For purposes of this Agreement, claims that relate to my employment with Company or the termination of that employment, whether based in statute, common law, or otherwise, and that are not "Excluded Claims," shall be referred to as "Covered Claims." The Agreement covers and applies to any and all Covered Claims that could be asserted in court or before an administrative agency; any and all Covered Claims for which I have a cause of action, including but not limited to claims for breach of contract or covenant (express or implied), wrongful discharge, retaliation, torts, or harassment or discrimination (including, but not limited to, claims for harassment or discrimination based on race, color, religion, sex, national origin, age, disability, military service member status, marital status, or other characteristics protected by law), failure to pay minimum or overtime wages, compensation, or other remuneration; any Covered Claims against the directors, officers, insurers, or employees of Company or its affiliated entities; and any and all disputes concerning the arbitrability of any employment-related claim.
- b. Further examples of specific statutory claims subject to arbitration include, but are not limited to, claims arising under the following statutes: the Age Discrimination in Employment Act ("ADEA"), Title VII of the Civil Rights Act of 1964 ("Title VII"), 42 USC §1981, the Americans with Disabilities Act ("ADA"), the Fair Labor Standards Act ("FLSA"), the Employee Polygraph Protection Act ("EPPA"), the Family Medical Leave Act ("FMLA"), the Occupational Safety and Health Act ("OSHA") and to the extent allowed by law; the Workers' Adjustment and Retraining Notification Act ("WARN"); the Fair Credit Reporting Act ("FCRA"), the National Labor Relations Act ("NLRA"), the Texas Labor Code, the U.S.

and Texas Constitutions, and the civil rights, employment discrimination, disability protection, minimum wage, overtime pay, and whistleblower statutes of any other state or municipality.

c. As to these Covered Claims, I understand that the Company and I are waiving the right to a trial in front of a judge and jury.

2. Excluded Claims. This Agreement does not cover or apply to the following “Excluded Claims:” claims for workers’ compensation benefits; claims for unemployment compensation benefits; claims by Company for injunctive or other equitable relief, including but not limited to claims for unfair competition, the use or disclosure of confidential business or client information, or the breach of any restrictive covenant agreements for which Company may seek relief from a court of competent jurisdiction, including claims for breach of any confidentiality, non-competition, non-solicitation and intellectual property agreement between the Company and me; and claims for employee benefits that I contend are owed to me pursuant to any employee benefit plan that contains an appeal procedure or other procedure for the resolution of disputes under the plan. This Agreement should not be read to limit or interfere with any rights I may have to file administrative claims with federal or state agencies, including claims with the National Labor Relations Board, the United States Equal Employment Opportunity Commission (“EEOC”), or similar state or local agencies, or to bring claims that, by law, may not be subject to a mandatory arbitration arrangement. However, if I choose to pursue a claim after conclusion of the EEOC or similar federal, state, or local agency’s administrative consideration of their charge/complaint then I agree I shall still be subject to this Agreement.

3. Waiver of Class and Collective Actions. I agree that Covered Claims will be arbitrated only on an individual basis, and that both the Company and I waive the right to participate in or to receive money or any other relief from any class, collective, or representative proceedings. Neither the Company nor I may bring a claim on behalf of other individuals, and any arbitrator hearing a Covered Claim may not: (i) combine more than one individual’s claim or claims into a single case; (ii) participate in or facilitate notification of others of potential claims; or (iii) arbitrate any form of a class, collective, or representative proceeding. By signing this Agreement, the Company and I waive any substantive or procedural rights we may have to bring an action on a class, collective, representative, or other similar basis against each other. Notwithstanding, if there is more than one Covered Claim between the Company and me, then all such Covered Claims shall be heard in a single proceeding.

4. Initiation of Arbitration. If I wish to pursue a Covered Claim, then I must submit it to final and binding arbitration before a single arbitrator under the auspices of the American Arbitration Association (“AAA”), pursuant to AAA’s Employment Arbitration Rules (“Rules”) which are in effect at the time when a demand for arbitration is made, unless the Company and I jointly agree in writing to a different forum or procedure. The single arbitrator hearing a Covered Dispute shall apply the procedural and substantive laws of the State of Texas and the Federal Rules of Evidence. The arbitrator shall have the authority to allow for appropriate discovery and exchange of information before a hearing, including, but not limited to, production of documents, responses to information requests, depositions, and subpoenas. The arbitrator shall also be bound by any applicable Company handbooks, rules, policies and procedures. The arbitrator shall have no authority to add to, detract from, change, amend or modify this

Agreement or any law, handbook, rule, policy or procedure in any respect. Nor shall the arbitrator have authority to consider or decide any matters that are the sole responsibility of the Company in the management and conduct of its business. The arbitrator shall have the power to award all remedies that could be awarded by a court or administrative agency under applicable statutory or common law. Any arbitration shall take place in Tarrant County, Texas, unless the Company and I both agree on an alternative location. The arbitrator shall render a reasoned opinion and award in writing, finding facts and applying the applicable law, within 30 days after the close of the arbitration hearing, or at any later time to which the Company and I may agree, but failure of the arbitrator to meet this or any other deadline shall not affect the validity of the arbitration and award. The Company shall pay for all fees and costs of the arbitrator; however, both the Company and I shall pay for our own costs and attorney's fees, if any, except as otherwise required by law or as ordered or awarded by the arbitrator. The prevailing party in the arbitration may enter judgment upon the arbitrator's award in any court having jurisdiction. The award may be vacated or modified only on the grounds specified in the United States Arbitration Act or other applicable law.

5. Choice of Law. To the extent not governed by federal law, this Agreement shall be governed and construed in accordance with the law of the State of Texas.

6. At-Will Employment. The Company and I acknowledge and agree that I am employed at all times at-will. The Parties further acknowledge and agree that this Agreement is not a contract of employment and that nothing in this Agreement is intended or is to be construed to alter in any way the at-will employment relationship between the Company and me, or to guarantee or promise me continued employment with the Company for any specified period of time.

7. Severability. If any term, provision, or portion of this Agreement is determined to be void or unenforceable it shall be severed and the remainder of this Agreement shall be fully enforceable.

8. Assignment. This Agreement may not be assigned by employee to any other person or entity. This Agreement may be assigned by the Company and shall be binding upon and inure to the benefit of the successors-in-interest to the Company, including any person, partnership, corporation, or other business entity that may acquire all or substantially all of the assets or business of the Company, or with or into which the Company may be liquidated, consolidated, merged, or otherwise combined.

9. Completeness. This Agreement sets forth the complete agreement of the Parties regarding arbitration of employment-related claim, and supersedes any prior or contemporaneous oral or written understanding on this subject. Neither party is relying on any representations, oral or written, as to the effect, enforceability, or meaning of this Agreement, other than the written representations set forth in this Agreement. **Both the Company and I understand that by using arbitration to resolve disputes each party is giving up any right that they may have to a judge or jury trial with regard to all issues concerning employment.**

I have had an opportunity to read, review and consider this Mutual Arbitration Agreement and hereby agree to be bound by the terms of it.

Employee:

Date: _____

Signature
Printed Name: _____

Accel Logistics, Inc.

Date: _____

By: _____
Title: _____

Non-Compete Agreement

State of Texas

A. BACKGROUND

1. This Non-Compete Agreement (the "Agreement") is made effective as of July 1st, 2020, by and between Accel Logistics, Inc, of the following address:

322 International Parkway
Arlington, TX 76011

and _____, of the following address:

Address

City, State, Zip Code

B. NON-COMPETE COVENANT.

2. During the business relationship and for 6 months after the separation of this relationship for any reason, _____ will not directly or indirectly engage in any business that competes with Accel Logistics, Inc.

3. Directly or indirectly engaging in any competitive business includes, but is not limited to:

- a. engaging in a business as owner or partner
- b. soliciting any customer of Accel Logistics, Inc for the benefit of a third party that is engaged in such business

4. _____ agrees that this non-compete agreement will not adversely affect _____'s livelihood.

5. This covenant shall apply to the following geographic area: State of Texas

C. NON-SOLICITATION COVENANT.

6. For 6 months after the separation of the business relationship for any reason, _____ will not directly or indirectly solicit business from, or attempt to sell, or license the same or similar products or services as are now provided to any customer or client of Accel Logistics, Inc

7. _____ shall not use Accel Logistics, Inc's existing client demographic and confidential information to solicit and provide quotes and/or transfer business to any competing entity.

8. For 6 months after the separation of the business relationship for any reason, _____ will not directly or indirectly solicit, induce, or attempt to induce any employee of Accel Logistics, Inc to terminate his or her employment with Accel Logistics, Inc.

D. CONDITION OF EMPLOYMENT.

9. In consideration of the commitments and obligations made by _____, _____ and Accel Logistics, Inc agree that the execution of this Agreement is a condition of the employment of _____ by Accel Logistics, Inc.

E. CONFIDENTIALITY.

_____ will not at any time or in any manner, either directly or indirectly, use for the personal benefit of _____, or divulge, disclose, or communicate in any manner any information that is proprietary to Accel Logistics, Inc. The nature of the information and the manner of disclosure are such that a reasonable person would understand it to be confidential. _____ will protect such information and treat it as strictly confidential.

F. ENTIRE AGREEMENT.

10. This Agreement contains the entire Agreement of the parties regarding the subject matter of this Agreement, and there are no other promises or conditions in any other Agreement, whether oral or written.

G. SEVERABILITY.

11. The parties have attempted to limit the non-compete provision so that it applies only to the extent necessary to protect legitimate business and property interests.

12. If any provisions of this Agreement shall be held to be valid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable.

13. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

H. INJUNCTION.

14. It is agreed that if _____ violates the terms of this Agreement, irreparable harm will occur, and money damages will be insufficient to compensate Accel Logistics, Inc.

15. In the event of a breach of this Agreement, Accel Logistics, Inc will be entitled to seek injunctive relief (i.e. a court order that requires all parties comply with this Agreement) to enforce the terms of this Agreement.

16. In case of a lawsuit, the prevailing party shall have the right to collect from the other party its reasonable costs and necessary disbursements and attorney's fees incurred in enforcing this Agreement.

I. APPLICABLE LAW

17. This Agreement shall be governed by the laws of State of Texas.

J. BINDING.

18. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors, and assigns.

SIGNATURE OF NON-COMPETING PARTY:

By: _____

Date: _____

SIGNATURE OF PROTECTED PARTY:

Accel Logistics, Inc

By: _____
Daron Pierson, President

Date: _____



COMPANY DRIVER AGREEMENT

*** Please complete this form in its entirety for every COMPANY truck assigned and return to Safety and Payroll. Thank you! ***

Truck #: _____ Trailer #: _____

TRUCK CONDITION: Truck clear of all damage (*notes*) _____

I _____ agree and understand that Accel Logistics Inc. can deduct from my payroll any and all cost from damaged or missing company equipment not being returned upon separation. This includes damages to the truck, trailer and or any items cause by my negligence. There will also be a cleaning fee of \$300.00 if the truck is not cleaned out upon my separation from Accel Logistics Inc. (resign, termination, etc.), this includes personal belongings, trash, etc.

Driver Printed Name

Driver Signature

Date

Accel Supervisor Printed Name

Accel Supervisor Signature

Date

**RETURN ALL PAPERWORK
TO US COMPLETED WITH
A SCREENSHOT/COPY OF
YOUR DRIVERS LICENSE &
SOCIAL SECURITY CARD.
THANK YOU!!!**