



Specializing in Wood Products

P.O. Box 1446 • 170 St. Hwy. 508 • Chehalis, WA 98532

Office (360) 262-9383 • Fax (360) 262-9385 • E-Mail nick@mandmtransport.com

APPLICANTS

Thank you for your interest in working for M&M Transport, Inc. Please fill out the application as thorough as possible. Please have complete addresses, FAX numbers and phone numbers for former employers. The employers will be contacted prior to you being considered for employment. Your application will not be processed until you provide this information.

You will also need to provide a copy of the following:

1. Current License with CDL Class A.
2. Current DOT Physical.
3. Social Security Card.
4. Driver Record for the previous 3 years.

Prior to being hired, you will be required to take a NIDA Drug Test. The cost of the test is \$60 and will be deducted from your first check. After 3 months of full-employment with us, the cost of the test will be reimbursed to you.

Before you are actually called to work, you will need to train with one of our drivers. This will enable you to become familiar with our routines, mills, policies, equipment, paperwork and general operations.

New drivers usually **start out working nights**. We request that you be able to arrive within one hour at the shop once you are called to work.

The following benefits are available to employees and will be explained in more detail at your final orientation:

Medical Insurance	Simple IRA
Dental Insurance	Holiday Pay
Prescription Insurance	Vacation Pay

If you have any questions or need help with your applications, let us know.

Thanks,

Nick McKenzie
Safety Director

M&M Transport, Inc.

BENEFITS

Training Pay: Minimum wage until you are driving on your own and then you are eligible for the hourly pay below:

UP TO THE FIRST 30 DAYS: Hourly Pay - \$20.50/hr. or Standard Pay (whichever is more)

3 tier pay system. Levels 3/2/1. All pay rates increase by level.

STANDARD PAY (LEVEL 3): .41 mile

STANDARD PAY w/ bonus: .43/.45 mile

Loading and Unloading - Standard Pay

Loading / Unloading and excess waiting time pay increases with each level change.

Doubles: \$15.37 load / \$15.37 unload

53': \$10.25 load / \$10.25 unload

Live Bottom: \$10.25 load / \$15.37 unload

Flatbed: \$20.50 load / \$20.50 unload

Excess waiting time paid at \$.34/min after the first 45 min. for doubles and after 30 minutes for 53' trailers of unloading time.

Eligible for Medical, Dental, and Prescription Insurance beginning the first of the following month after initial 60 days of full time employment.

HOLIDAY PAY : Eligible for Holiday Pay after 3 months of full time employment. New Years, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas day. In order to receive the pay, you must work the working day before and after the holiday, or take a Pre-Approved vacation day.

After 1 year full time employment: 1 week paid vacation
After 3 years full time employment: 2 weeks paid vacation
After 10 years full time employment: 3 weeks paid vacation + additional .01 mile

Retirement Plan: M&M Transport offers a Simple IRA retirement plan with a 3% company matching.

Employee's Signature.

Date

M&M Transport, Inc.
170 State Hwy. 508
Chehalis, WA 98532
360-262-9383

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

ANSWER ALL QUESTIONS. PLEASE PRINT LEGIBLY.

Position applied for: Driver		Date of application:	
Name:		DOB:	
Addresses for past three years (write on back if there's not enough room)			SS#:
Street Address	How long?	Home Phone:	
City:	State	Zip	Cell Phone:
Street Address	How long?		
City:	State	Zip	
Are you a US Citizen?	Are you a Veteran?	Email Address:	
In Case Of Emergency, Notify:			Phone:
Address:			
Have you worked for this company before?	If yes, when?	Position:	
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?			

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Are you able and capable to work safely at night?
Would you be willing to take an examination?
Do you have any fears of heights and climbing ladders and/or bunkers?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED

EMPLOYMENT HISTORY

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an **additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.** Use the back of this page if more room is needed.

Date: _____

Applicant: _____

EMPLOYER			Did you operate motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME		From:	To:	
Address		Position:		
City	State	Zip		
Fax # :	Phone # :	Reason for leaving:		
Were you subject to the FMCSR's while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYER			Did you operate motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME		From:	To:	
Address		Position:		
City	State	Zip		
Fax # :	Phone # :	Reason for leaving:		
Were you subject to the FMCSR's while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYER			Did you operate motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME		From:	To:	
Address		Position:		
City	State	Zip		
Fax # :	Phone # :	Reason for leaving:		
Were you subject to the FMCSR's while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYER			Did you operate motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME		From:	To:	
Address		Position:		
City	State	Zip		
Fax # :	Phone # :	Reason for leaving:		
Were you subject to the FMCSR's while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYER			Did you operate motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NAME		From:	To:	
Address		Position:		
City	State	Zip		
Fax # :	Phone # :	Reason for leaving:		
Were you subject to the FMCSR's while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

_____ Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placard able quantities for the period described above has been included in this application.

The Federal Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous material in a quantity requiring placarding.

M&M Transport, Inc.

ACCIDENT RECORD FOR PAST 3 YEARS
If none, write "None."

DATES	NATURE OF ACCIDENT	FATALITIES	INJURY
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS – VALIDED LICENSES

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE – TYPE OF EQUIPMENT & APPROXIMATE MILES

CLASS	TYPE (Van, Tank, Flat, etc.)	FROM	TO	MILES

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

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes to any above questions, explain: _____

LIST STATE LICENSED IN FOR PAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize **M&M Transport, Inc. and its assignees** to contact my former employers for the purpose of fulfilling the requirements of the Code of Federal Regulations (CFR) Parts 391.23 and 382.413. I further authorize **M&M Transport, Inc. and its assignees** to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **M&M Transport, Inc. its assignees and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information.

Applicants Signature

Date

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED
M&M Transport, Inc.

1st request _____ 2nd request _____ 3rd request _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **M&M Transport, Inc. and its Assignees** for the purpose of investigations as required by **Part 391.23, 382.413 and 40.25 of the Title 40** Code of Federal Regulations. You are also released from any and all liability, which may result from furnishing such information. Code of Federal Regulations **Title 49 Part 382.413, 382.405 (f) and 40.25** requires employers to make inquiry for alcohol and controlled substances information from previous employers, and previous employers to provide such information upon receipt of a written request from the driver. Thank you for your cooperation.

X _____
Applicant's Signature

Date

*****REST OF THIS PAGE FILLED OUT BY M&M TRANSPORT, INC.*****

Previous Employer: _____

Name of Applicant: _____
Applicant's SSN: _____
Phone _____ Fax _____

The above named individual has made application to this company as a CDL DRIVER and states he/she was employed by your company as a _____ Yes _____ No _____

Dates of employment: _____ to _____ Yes _____ No _____

What type of motor vehicle driven? Tractor/Trailer _____ Straight Truck _____ Other _____

What type of trailer(s)? 48' - 53' _____ Double Trlr's _____ Live Bottom _____ Dumps _____ Other _____

Was he/she a safe driver? Yes / No Was conduct & attitude satisfactory? Yes / No Rehire? Yes / No / Upon Review

Reason(s) for leaving employment? Discharged _____ Resignation _____ Lay Off _____

DOT Reportable Accident Last 3 years: _____ Preventable _____ Non-Preventable _____

Did the person named above: (In the past three (3) years)

- Have an alcohol test with a result of 0.04 alcohol concentration or greater? Yes _____ No _____
- Have a verified positive controlled substances test while employed? Yes _____ No _____
- Refuse to complete a drug or alcohol test under Part 382 while employed? Yes _____ No _____
- Violate drug and alcohol regulations of any other DOT agency? Yes _____ No _____
- Did a previous employer report a drug and alcohol rule violation to you? Yes _____ No _____
- If the answer to any of the above questions is 'Yes', can you provide documentation of the applicant's successful completion of 'Return To Duty' process? Yes _____ No _____

Representative Releasing Info: X _____ Date: _____ / _____ / _____

We appreciate your time in completing the information requested here.
Please feel free to contact me with any questions. Thank you.

Requested by Nick McKenzie - Safety Director - M&M Transport, Inc.
Office 360-262-9383 / FAX 360-262-9385

Supplied by: FAX Phone Mail Unable to obtain response after successive attempts

M&M Transport, Inc.

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

Signature	Date	WA License #
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EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That American Driving Records is acting as agent on behalf of M&M Transport, Inc. who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways or otherwise at the direction of the employer or organization, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire and commercial vehicles as defined in Chapter 46.25 RCW.
- (D) That the information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

M&M Transport, Inc.
170 State Hwy. 508
Chehalis, WA 98532
Nick McKenzie, Safety Director

Safety Mgr. Signature	Date
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This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following:

- 1) Have you 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 test rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with M&M Transport, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is, unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with the proper identification, the Prospective Employer must send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with the Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize M&M Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (please print) _____