

US1 LOGISTICS, LLC

DRIVER PRE-QUALIFICATION / MVR REQUEST FORM

TERMINAL _____ City _____ State _____ Requested By _____

This form must be completed for all drivers seeking initial qualification for any entity or subsidiary of U.S. 1
This form must be completed in its entirety and scanned to safety to begin the screening process.
Please provide copy of the following documents at time of Pre-Qualification:
CDL, SS CARD, MEDICAL CARD & TWIC CARD IF APPLICABLE

NAME: _____ DATE: ____/____/____
LAST FIRST MI MONTH DAY YEAR

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CDL LICENSE #: _____ STATE OF ISSUE: _____ EXPIRES: _____

SSN: _____ - _____ - _____ DATE OF BIRTH: ____/____/____ PHONE#: _____

CELL PHONE NUMBER AND CARRIER (AT&T, VERIZON) _____

EMAIL ADDRESS _____

MEDICAL CARD EXPIRATION: _____ MONTH DAY YEAR TWIC CARD: (YES) _____ (NO) _____

- HAS THE DRIVER: YES NO
1. Ever been convicted of a felony?
2. Been convicted of reckless driving?
3. Been convicted of DUI/DWI within the last 5 years?
4. Ever failed or refused to take a required DOT drug or alcohol test?
5. Been involved in any accidents within the last 3 years? (List separately)
6. Been convicted of any moving violations within the last 3 years? (List separately)
7. Received and maintained a Hazardous Materials Endorsement?

EQUIPMENT OPERATED BY DRIVER:
___ TRACTOR TRAILER ___ DRY VAN ___ FLAT BED ___ CONTAINER

PREVIOUS WORK HISTORY

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413 under FMC CFR Title 49: YES _____ NO _____

Signature: _____ Date: _____

(If answer is NO, driver may not be qualified)

The following sections MUST be completed for ALL POSITIONS held within the last 3 YEARS.
Use additional sheets if necessary
Any lapses in employment must be included (unemployment, disability, etc.) Begin with most current employer.

EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____/____ to: ____/____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____/____ to: ____/____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____/____ to: ____/____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____/____ to: ____/____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

ACKNOWLEDGEMENT & AUTHORIZATION

US 1 LOGISTICS, LLC, DBA – US 1 LOGISTICS, AMERICA 1, LLC; FREEDOM 1, LLC; LONGBOW TRANSPORTATION; TRANSPORT LEASING SYSTEMS; WHITE RIVER TRANSPORTATION; LIONHEART TRANSPORTATION; HOMELAND 1 LOGISTICS, LLC, CENTRANS TRUCK LINES LLC

I, _____, have carefully read and understand the DISCLOSURE REGARDING YOUR BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **US1 LOGISTICS, LLC or its affiliate companies**; its third party verifier, **WorkforceQA**; or the CRA, **Asurint**. This Disclosure and Authorization form in original, faxed, photocopied, or electronic form will be valid for any reports that may be requested by the Company. I understand that providing any false information or omitting any material information on my application or in the interview process may be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

If applicable, please check box acknowledging receipt of the federal Fair Credit Reporting Act Summary of Rights.

AUTHORIZING SIGNATURE

Signature: _____

(Please do not print; your signature is required)

Date: _____

(MM/DD/YYYY)

DISCLOSURE REGARDING YOUR BACKGROUND INVESTIGATION

US1 LOGISTICS, LLC or its affiliate companies ("the Company") may obtain information about you for employment purposes through its contracted Third-party Verifier, **WorkforceQA**. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" procured by a Consumer Reporting Agency (CRA). The report is an independent investigation of your background, which pursuant to Section 603 of the Fair Credit Reporting Act (FCRA) may include information regarding your character, general reputation, personal characteristics, or mode of living. The scope of the report may include information concerning your driving record, civil and criminal court records, education, credentials, identity, past addresses, Social Security Number, substance abuse testing results, Worker's Compensation information, previous employment, and personal references.

If you are denied employment as a result of information obtained from your background check, pursuant to the FCRA, the Company will furnish you with the required adverse communications, which include a copy of your background report, a copy of A Summary of Your Rights Under the Fair Credit Reporting Act, and instructions on how to dispute inaccurate information contained within the report. **US1 LOGISTICS, LLC or its affiliate companies** will procure the report from: **CRA:**

ASURINT, Compliance Department • P.O. Box 14730 • Cleveland, OH 44145 • (800) 906-2034 •

www.asurint.com/Compliance.aspx

DOT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

US 1 LOGISTICS, LLC, DBA – US 1 LOGISTICS, AMERICA 1, LLC; FREEDOM 1, LLC; LONGBOW TRANSPORTATION; TRANSPORT LEASING SYSTEMS; WHITE RIVER TRANSPORTATION; LIONHEART TRANSPORTATION; HOMELAND 1 LOGISTICS, LLC; CENTRANS TRUCK LINES LLC

In accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to **WorkforceQA**, a third-party verifier, for the purpose of transmitting such records to **US 1 Logistics or its affiliate companies**. I understand that information/documents released pursuant to this Part 1 is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years** (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to **WorkforceQA** on behalf of **US 1 Logistics or its affiliate companies** if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List **all** DOT-regulated employers you have worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages including the date, your name, social security number, and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
			() -
			() -
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			() -
			() -
			() -
			() -
			() -

ACKNOWLEDGEMENT & AUTHORIZATION FOR RELEASE OF DOT INFORMATION

By signing below, I certify that (1) All information provided herein is complete and accurate. (2) I have read and understand the intended purpose of this Disclosure and Authorization for Release of Information. (3) I agree that this document in original, faxed, photocopied, or electronic form, will be valid for any background reports that may be requested by or on behalf of **US 1 Logistics or its affiliate companies**.

Print Applicant Name

Social Security No.

Applicant Signature

Date (MM/DD/YYYY)

US1 LOGISTICS, LLC
SUMMARY OF MINIMUM DRIVER REQUIREMENTS

- 1. Minimum of 24 months over-the-road experience in the past 120 months, of which 12 months must be within the past 36 months. May substitute local for over-the road experience.**
- 2. No felony convictions within the past 10 years**
- 3. No convictions for possession, sale or use of any illegal drugs**
- 4. Minimum of 25 years of age**
- 5. Must present a clean, well groomed appearance**
- 6. Favorable references from past employers**
- 7. No application falsifications, application must include 10-year employment history with no gaps in employment**
- 8. No more than 3 points for Minor* moving violations/accidents in the past 36 months or 1 point in the last 12 months**

***Minor moving violations (1 point each): improper stop, lane violation, speeding (1-15 mph over speed limit), traffic control device, unsafe operation of motor vehicle, failure to yield, one preventable accident, improper U-turn or improper backing or turning, red light, stop sign. Two points (2) for each of the following: following too closely, careless driving.**

- 9. No Type I** violation within the past 36 months**

****Type I violations include: failure to report an accident, failure to aid/stop/identify, wrong way on highway, at fault accident with fatality, allowing non-licensed operator to operate vehicle, speeding (16-20 over limit)**

- 10. No Type II*** violation within the past 60 months**

*****Type II violations include: DUI, driving w/suspended-revoked license, false report to dept., hit and run, leaving the scene, homicide or manslaughter with a motor vehicle, passing a school bus, racing, eluding a police officer, railroad crossing conviction, reckless driving, speeding (+21 mph over limit)**

- 11. No more than 1 preventable accident and no preventable DOT accidents within the past 36 months**
- 12. Must provide current DOT physical and report for DOT drug screen**
- 13. Must supply a copy of CDL, social security card or birth certificate**

PSP report must not contain: jumping an OOS order, load securement or hazmat placarding violations, failure to secure container violation, 3 or more HOS OOS violations within the past 12 months or non-English speaking violations within the past 12 months. Have 90 or above CSA Points.

US1 LOGISTICS, LLC

101 East Town Place, Suite 120
St. Augustine, FL 32092

Telephone 219-476-1304
Fax 904-940-0601

STEP BY STEP TO SIGN ON A DRIVER

1. **PRE-QUALIFICATION:**
 - Complete (or have applicant complete) a pre-qualification form and scan to the Safety Department. (The application can be completed at this time, but is not needed to run the MVR.)
 - Safety will then process the required reports.
 - When the MVR is received (usually the same day), it must be reviewed BY THE SAFETY DEPT. to make sure it meets company and D.O.T. standards.
 - An applicant will not be approved if he/she does not meet the qualifications outlined on page 4 (Minimum Qualifications) of the application.

2. **MVR and DAC APPROVAL:**
 - When MVR and DAC are approved and the applicant meets the minimum qualifications, and the application is completed he/she can be sent for a drug screen and (a physical if needed).
 - We can accept a physical that does not expire within 6 months, which must include the physician and clinic name, phone number, city, and state.
 - All information on the physical must be completed and it must show an expiration date.
 - Applicant must provide the long form physical and medical certificate card.

3. **EQUIPMENT QUALIFICATION:**
 - The Owner of the truck must complete the truck paperwork included with the Equipment Qualification Section.
 - He/she must complete all forms including the requests for physical damage (optional) and/or Bobtail (mandatory) insurance.
 - If bobtail insurance is not purchased through us, he/she must provide a Certificate of Insurance from his insurance company showing US1 LOGISTICS, LLC as the certificate holder.
 - Bobtail insurance coverage minimum is 1,000,000.00.
 - Bobtail insurance coverage through the company costs \$8.00 per week. Physical Damage insurance is not required, but offered at the cost of 4% of equipment value divided by 52 weeks.

4. **REGISTRATION and ANNUAL INSPECTION:**
 - Must have a current registration and annual inspection by an approved facility for the tractor (and trailer if he/she has one).
 - Any truck owner wanting to purchase plates through US1 LOGISTICS, LLC, must provide all forms listed on the Equipment Sign on Checklist provided in the Equipment section of the Qualification application which includes:
 - > Title (front and back) OR Application for title (Owner name must match lease agreement)
 - > Lease agreement from lessors and lessee with a proper sign off (if owner name is different from title)
 - > Copy of Current 2290 with IRS Stamp
 - > Bill of Sale
 - > Bobtail Form
 - > Fleet Modification Form (Purchase price, date of purchase, empty weight)
 - > W-9
 - > Need a lease agreement (1st and last page with signature)

5. **RELEASE and AUTHORIZATION**
 - Once a negative drug screen result is received and all paperwork is completed and received in Safety, the truck owner and a company representative can sign a Lease Agreement and the driver can be released/authorized.
 - Once the file is complete Safety will issue driver and truck codes, and release and authorize the driver for dispatch.
 - Once the Terminal Manager receives the Release/Authorization, and codes from Safety, the driver may be dispatched. One original Lease Agreement should be kept in the truck and one original is kept in Safety.