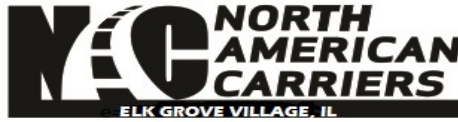


DRIVER CONTRACT APPLICATION



MAIN# 800-293-2189

MC# 718045

FAX# 800-380-7603

2244 Landmeier Road, Elk Grove Village, IL 60007

US DOT # 2049456

DRIVER'S INFORMATION

NAME:

(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS:

PHONE: DATE OF BIRTH: SSN:

EMERGENCY CONTACT NAME: RELATION:

CONTACT ADDRESS: PHONE:

DRIVER'S LICENSE INFORMATION

STATE	LICENSE	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____

DRIVER'S EXPERIENCE

TYPE OF EQUIPMENT	APPROX. OF MILES
DRY VAN	_____
REFER	_____
FLAT BED	_____
OTHER	_____

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 YOU ANSWERED YES TO EITHER OF THE ABOVE 2 QUESTIONS, ATTACH A STATEMENT OF EXPLANATION.

TICKETS / ACCIDENTS

ACCIDENT RECORD FOR PAST 3 YEARS

DATE	DESCRIPTION	INJURIES / FATALITIES

TRAFFIC CONVICTION FOR PAST 3 YEARS

LOCATION	DATE	CHARGE

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years.

EMPLOYER:	EMPLOYED FROM	TO
ADDRESS:		
SUPERVISOR:	PHONE:	FAX:
POSITION:	REASON FOR LEAVING:	
Were you subject to the FMSCR while employed?		YES NO
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40?		YES NO

EMPLOYER:	EMPLOYED FROM	TO
ADDRESS:		
SUPERVISOR:	PHONE:	FAX:
POSITION:	REASON FOR LEAVING:	
Were you subject to the FMSCR while employed?		YES NO
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40?		YES NO

EMPLOYER:	EMPLOYED FROM	TO
ADDRESS:		
SUPERVISOR:	PHONE:	FAX:
POSITION:	REASON FOR LEAVING:	
Were you subject to the FMSCR while employed?		YES NO
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40?		YES NO

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____ FAX: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMSCR while employed? YES NO
 Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40? YES NO

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____ FAX: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMSCR while employed? YES NO
 Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40? YES NO

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____ FAX: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMSCR while employed? YES NO
 Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40? YES NO

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____ FAX: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMSCR while employed? YES NO
 Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40? YES NO

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____ FAX: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMSCR while employed? YES NO
 Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug & alcohol testing requirements of 49 CFR parts 40? YES NO

DECLARATION OF EMPLOYMENT STATUS

THIS REFERS TO ANY GAPS IN EMPLOYMENT HISTORY

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that any gaps in employment longer than 1 month are explained as follows:

FROM: _____ TO: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual.

_____ I was not convicted of any criminal act involving the use of commercial motor vehicle driving a Commercial Motor Vehicle.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of section **604(2) (A)** of the fair credit reporting act, **public law 91-508**, as amended by the consumer credit reporting act of 1996 (**title 11, subtitle d, chapter 1, of public law 104-208**), you are being informed that reports verifying you previous employment, previous drug and alcohol test result, and your driving record may be obtained on you for employment purposes. This report and required sections **382. 413** and **391.2 5** of the **FMSCR**.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SSN: _____

EMPLOYER SIGNATURE: _____

ALCOHOL AND CONTROLLED SUBSTANCE
CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? YES NO

Have you ever tested positive for drugs or alcohol at any time in last 2 years? YES NO

Have you ever tested positive on any pre-employment D & A test for a job which you applied for but did not obtain? YES NO

If you answered yes to any above questions, attach statement of explanation and provide proof of return to duty process.

I understand that, as required by the FMSCR and company policy, all drivers must submit to alcohol and controlled Substance testing as a condition of employment. I also understand that any offer of employment be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests and as defined by the FMSCR and this company's policies:

- PRE-EMPLOYMENT, TO DETERMINE EMPLOYMENT ELIGIBILITY
- RANDOM
- REASONABLE SUSPICION
- POST ACCIDENT

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SSN: _____

EMPLOYER SIGNATURE: _____

CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR carrier instruction: 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 transport hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates a vehicle weighing 10,001 pounds, can transport more than 15 people, or transport hazardous materials that require placarding.

Driver requirements: parts 383 and 391 of the FMSCR contain some requirements that you as a driver must comply with these requirements are in effect as of July 1, 1987.
They are as follows:

1. You as commercial vehicle driver may not possess more than one license. The only exception is if a state requires you to have more than one license. The exception is allowed until January 1, 1990.

If you currently have more than one license, you should 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by state.

2. Section 392.42 and 383.33 of the FMSCR 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 to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION:

I certify that i have read and understand the above requirements.

The following license is the only one I will possess:

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SSN: _____

EMPLOYER SIGNATURE: _____

HOURS OF SERVICES
RECORD FOR FIRST – TIME OR INTERMITTING DRIVERS

NAME: _____

SSN: _____

	DAY	TOTAL TIME ON DUTY
PREVIOUS DAY	1	_____
	2	_____
	3	_____
	4	_____
	5	_____
	6	_____
	7	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period release from duty was:

SIGNATURE: _____

DATE: _____

THIS FORM IS TO BE COMPLETED ON THE DAY BEFORE OR DAY OF DRIVER'S FIRST DISPATCH.

SAFETY PERFORMANCE BY PROSPECTIVE EMPLOYEE

SECTION 1: TO BE COMPLETED BY EMPLOYEE

(PRINT NAME)

DATE _____ SSN: _____

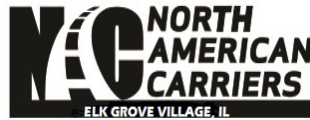
PREVIOUS _____ EMPLOYER PHONE: _____

STREET _____ FAX: _____

CITY, STATE, ZIP _____

To release and forward the information requested by section 3 of this document concerning my alcohol and controlled substance testing records within the previous 3 years from _____ to _____.

PROSPECTIVE EMPLOYER



2244 Landmeier Road, Elk Grove Village, IL, 60007

In compliance 40.25(g) and 391.23 (h) release of this information must be made in written form that ensures confidently, such a fax, letter or mail.

SIGNATURE: _____ DATE : _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant name above was employed by us : _____ YES _____ NO

Employed from (m/y) _____ to _____

Did he/she drive motor vehicle for you? _____ YES _____ NO

If yes, what type? __Straight Truck __Tractor Trailer __ Other

Reason for leaving your employ: __Discharged __ Resignation __Lay Off

Is there no safety performance history to report check here __ sign below & return.

Accidents: complete the following any accidents included on your accident register 390.15(b) that involved the Applicant in the 3 years prior to the application date shown above or check here __ if there is no accident register data for this driver.

DATE	LOCATION	INJURIES	FATALITIES	HAZMAT SPILL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

SIGNATURE: _____ TITLE: _____ DATE: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to dot testing requirements while employed by this employer please check here ___
Fill in the dates of employment from _____ to _____

Complete bottom of section 3, sign and return.
Driver was subject to dot testing requirements from _____ to _____

- 1. Has this person had an alcohol test with a result of 0.04 or higher? YES__ NO__
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES__ NO__
- 3. Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test? YES__ NO__
- 4. Has this person committed other violations of subpart b of part 382 or part 40? YES__ NO__
- 5. IF this person has violated a dot drug & alcohol regulation, did this person complete a sap prescribed rehabilitation program in your employ, including return to duty and follow up tests? If yes, please send documentation with this form. YES__ NO__
- 6. For a driver who successfully completed a sap's 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 a tested? YES__ NO__

In answering these questions, include any required dot drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in section 1.

Name: _____ Phone: _____

Company: _____

Street, City, State, Zip: _____

Section 3 Completed By: _____ Date : _____

SECTION 4: TO BE COMPLETED BY COMPANY

1st attempt

This Form (Check One) ___ Faxed ___ Mailed ___ Other ___

By: _____ Date: _____

2nd attempt

This Form (Check One) ___ Faxed ___ Mailed ___ Other ___

By: _____ Date: _____

3rd attempt

This Form (Check One) ___ Faxed ___ Mailed ___ Other ___

By: _____ Date: _____

CERTIFICATION OF VIOLATIONS

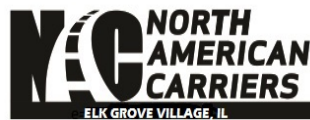
Motor carrier instructions: the company is required by dot to perform an annual records check. To ensure the company is aware of any all traffic violations committed by its drivers including those in a private auto as well as any in a commercial motor vehicle. Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (FMCSR 391.27).

Date	Offence	Location

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided ider part 383) required to be listed during the past 12 months.

DRIVERS LICENSE STATE: DATE EXP:

DRIVERS SIGNATURE: DATE:



2244 Landmeier Road, Elk Grove Village, IL 60007

- () THE DRIVER MEETS THE MINIMUM REQUIERMENTS FOR SAFE DRIVING, OR
- () THE DRIVER IS DISQUALIFIED TO DRIVE MOTOR VEHICLE PURSUANT TO 391.15

REVIEWED BY SIGNATURE:

TITLE: SAFETY MANAGER:

DRIVER'S ROAD TEST EXAMINATION

Driver's Name:

Phone#

Driver's Address:

City, State, Zip:

The road test shall be given by motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person, the test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign. Instructions to evaluator: check (x) items which driver performs satisfactory mark (-) where performance is unsatisfactory any items not evaluated, leave blank.

Rating of performance

- The pre-trip inspection (sec. 392. 7)
- Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination unites.
- Placing the equipment in operation.
- Use of vehicle's controls and emergency equipment.
- Operating the vehicle in traffic and while passing other vehicle's.
- Turning the vehicle.
- Braking, and slowing the vehicle by means other than braking.
- Backing, and parking the vehicle.
- Miscellaneous: general driving ability and habits; alert and attentive. Anticipates problems, performs routine functions, remain calm under pressure.

Type of equipment used in giving test _____, with a 53' trailer.

General performance: () satisfactory
 () need training

Date: _____ Examiner's Signature: _____

If road test is successfully completed, the person who gave is shall complete a certificate of driver's road test.

Remarks:

DRUG AND ALCOHOL POLICY STATEMENT

I have read this drug and alcohol policy and I fully understand the terms and conditions used in this policy statement, any questions that I had concerning this statement have been answered and explained to my satisfaction, I will abide by this drug and alcohol policy. I hereby acknowledge that I have received the drug and alcohol policy as set forth above.

DRIVERS SIGNATURE:

DATE:

WITNESS SIGNATURE:

DATE:

DRIVER'S HAND BOOK

I acknowledge receipt of this FMSCR book. In addition i agree to familiarize myself with the FMSCR of the U.S. department of transportation, parts 40.380, 382, 383 387, 390-397, 399 subchapter b, chapter 3, title 49 of the code of federal regulations, as contained therein.

This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

DRIVER'S SIGNATURE:

DATE:

COMPANY SUPERVISOR'S SIGNATURE:

DATE:

HOURS OF SERVICE POLICY ADDENDUM

1. Failure by a driver to complete or turn in all logs trip sheets and supporting documents as required by the Federal Motor Carrier Safety Regulations within 13 days will result following actions

- First Occurrence – Written warning and retraining.
- Second Occurrence – Two day unpaid suspension and withholding of pay until the logs are turned into the company.
- Third Occurrence – Termination.

2. IPASS transponders are now assigned to specific trucks and are not to be removed by a driver unless directed by management. In the case of an emergency a driver must use a spare transponder; you are required to sign the company transponder sheet with the reason for use. You are required to note the date, transponder unit number, and the reason for use with signature. Failure to comply with this directive begins with discipline beginning at the second stage.

- First Occurrence – Written warning and retraining.
- Second Occurrence – Two day unpaid suspension and withholding of pay until the logs are turned into the company.
- Third Occurrence – Termination.

Driver receipt of policy.

DRIVER'S SIGNATURE:

DATE:

**ACKNOWLEDGMENT OF RECEIPT OF MOTOR CARRIER
DRUG AND ALCOHOL TESTING PROGRAM AGREEMENT**

I, _____ hereby acknowledge that I have received a copy of North American Carrier Drug Testing program (below: Program), which has been developed pursuant to 49 CFR Part 382.

In conjunction with my receiving a copy of the program, I further acknowledge the following:

I have read the program and fully understand the terms contained therein and consequences for violating any term of the Program. I understand that my compliance with all terms of the Program is a condition of my employment with North American Carriers and I agree to abide by all terms of the Program.

If a post – accident drug test is required under the Program and I am seriously injured and unable to provide specimen at the time of the accident, then this acknowledgment shall be considered my authorization for North American Carriers or its designated representative to obtain hospital reports and other documents which would indicate whether there were any controlled substances in my system.

I authorize the collection site, laboratory, and/or medical review officer retained by North American Carriers to perform any and all functions, which those entities and/or individuals may be, required to perform pursuant to the applicable Federal Department of Transportation regulations. Such authorization shall include, but it's not limited to North American Carriers verification of the use of prescribed medications, obtaining information from the driver's physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in cases where in a driver may be taking legally – prescribed schedule II drug.

I hereby release and hold harmless the Company North American Carriers and its employees and agents from any liability whatsoever arising from the Program.

DRIVER'S SIGNATURE:

DATE:
