

M. R. EXPRESS INC.

DRIVERS EMPLOYMENT APPLICATION

OFFICE USE ONLY: DATE APPROVED _____

NAME _____

FIRST

MIDDLE

LAST

ADDRESS _____

STREET

CITY

STATE, ZIP CODE

PREVIOUS ADDRESS _____

STREET

CITY

STATE, ZIP CODE

PREVIOUS ADDRESS _____

STREET

CITY

STATE, ZIP CODE

PHONE _____ SS# _____ OVER AGE 24? _____

CDL# _____ EXP. _____ DATE OF BIRTH _____

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 / ETC

Accident Record for Past 3 Years

DATE	DESCRIPTION	# of Injuries / Fatalities
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_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
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_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EMERGENCY, NOTIFY: _____ E-Mail: _____

(NAME & NUMBER)

List all employment during the last 3 years

DOT requires employment for 3 years previous and/or commercial driving experience for the past 10 years be shown.

1. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

2. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

3. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

4. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

5. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

6. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 40? _____ Yes _____ No

7. Employer _____ Employed From: _____ To: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 Part 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 last 3 years, and all CDL require 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 a commercial motor vehicle or while driving a commercial motor vehicle

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the even of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to res-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b) (2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experian or other vendors of information services.

_____	_____
Applicant Signature	Date
_____	_____
Print Name	Social Security Number
_____	_____
Employer Witness	Company Name

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 the last 2 years? ____ Yes ____ No

Have you ever tested positive on any pre employment drug or alcohol test for a job which you applied for but did not obtain? ____ Yes ____ No

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

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all driver must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will 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 in accordance and as defined by the Federal Motor Carrier Safety Regulation 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

Social Security Number

Employer Witness

Company Name

Driver's authorization

To obtain past drug alcohol test results

I, _____, understand that as a condition of qualification with M. R. EXPRESS INC

I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol test (including any refused to be tested) from all of the companies for which I worked as a driver, or for which I took pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be qualified with the Company.

Below I have listed all of the companies for which I worked as a driver, or to which applied as a driver during the past two (2) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol test: (I) all positive drug test results during the past two (2) years; (II) all alcohol test results of 0.04 or greater during the past two (2) years; (III) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; (IV) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past two (2) years.

The following is a list of all the companies which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years:

<u>Company Name</u>	<u>Dates worked for / applied to</u>
_____	_____
_____	_____
_____	_____
_____	_____

Driver's certification:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past two years.

Print Name

Signature of Driver

Date

DRIVER'S ROAD TEST EXAMINATION

Name _____ Phone _____

Drivers Address _____

City _____ State _____ Zip Code _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. 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 shall give the test.

Rating of
Performance

_____ The pre trip inspection (as required by Sec.392.7)

_____ Coupling and uncoupling of combination units, of the equipment he or she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicle's controls and emergency equipment.

_____ Turning the vehicle.

_____ Braking, and slowing the vehicle.

_____ Backing, and parking the vehicle.

_____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 20____ Examiner's Signature _____

Remarks _____

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 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 transport 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 1st 1987. They are as follows.

- 1) You as a 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. This exception is allowed 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 license to the state that issued them. DESTROYING a license does not close the records in the state that issued it: you must notify the state. If a multiple has been lost, stolen or destroyed, you should close your record by notifying the state issuance that you no longer want to be licensed in that state.

- 2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 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.

Drivers License No. _____ State _____ Expiration Date _____

Driver's Name _____ Drivers Signature _____

Notes: _____

HOURS OF SERVICE RECORD

FOR FIRST-TIME OR INTERMITTEN DRIVERS

Name: _____ S.S # _____

Day	Total time on Duty
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 of release from duty was:

From: _____ To: _____

Signature Date

This form is to be completed on the day before or the day of the drivers first dispatch.

Seatbelt Usage Policy
September 22, 2004

We value the lives and safety of our employees and contractors. Seatbelts are proven to greatly reduce the risk of dying or being seriously injured in motor vehicle crash. Of course, seatbelt usage is also a federal requirement for commercial drivers under FMCSR 392.16. Because of our commitment to employee safety and compliance with the law, our company has adopted the following policy regarding employee seatbelt usage.

All employees, are required to use a seatbelt when traveling in any vehicle while in the course of conducting company business. This policy applies to employees, independent contractor truck drivers, and those who operate other company vehicles.

Failure to abide by this stated policy will be considered a violation of our company policy and will subject the person who is in violation to disciplinary action, which could include suspension and possible termination of employment or termination of lease.

Thank you,

Signature

Date

HOURS OF SERVICE POLICY

Effective _____

Hours of service Requirements are detailed in CFR 49 Part of FMCSR. These regulations were written to reduce accidents/ injuries due to driver fatigue. The rules are as follows:

- 11 Hour Rule: You cannot drive again until you have completed a 10 hour break after driving 11 hours since your last 10 hour break
- 14 hour Rule: You cannot drive again until you have completed a 10 hour break after being on duty for 14 hours since your last 10 hour break
- 60 Hour Rule: You cannot drive again until you have hours available after having been on duty 60 hours in the past seven days- to be able to be on duty again you have to be off duty for at least 34 consecutive hours
- 70 Hour Rule: You cannot drive again until you have hour available after having been on duty 70 hours in the past eight days- to be able to be on duty again you must be off duty for at least 34 consecutive hours
- Falsification: You cannot falsify your logs or hide an hours of service violation. All fuel and toll receipts as well as any other documents with a date or time will be checked against logs for accuracy

DISCIPLINARY PROGRAM FOR LOG VIOLATIONS

- 1ST Violation: Verbal Warning/ Retraining
- 2nd Violation: Written Warning/ Retraining
- 3rd Violation: 1 Day Off/ Dispatcher Convenience
- 4th Violation: 3 Days Off/ Dispatcher Convenience
- 5th Violation: Mandatory Log Retraining and 5 Days Off/
Dispatcher Convenience
- 6th Violation: Review of Records/ Begin termination of employment

Driver Signature _____ Print Name _____ Date _____

Employer Signature _____ Date _____

Motor Vehicle Record (MVR) Authorization Form

The undersigned hereby authorizes M.R. EXPRESS INC or its Insurance agency, Abis Insurance Services Inc., or its assigns, to obtain a copy of driving record (MVR), pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof.

Driver's Signature _____ Date _____

Print Driver's Name (as it appears on the driver's license)

Date of Birth: _____

Driver License No: _____

Issuing State: _____

Number of years of experience driving commercial vehicles (Trucks, Buses, Vans 16seat)_____

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration’s (FMCSA’s) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a “limited” report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a “limited query” to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver’s printed name)

M. R. Express INC

to conduct limited annual queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety sensitive duties.

Driver’s Signature: _____

ID Number: _____ Date: _____