

# APPLICATION FOR DRIVER QUALIFICATION

## AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

**Company applying for: Cargo Connection Logistics Corp**

**Address: 600 Bayview Avenue, Inwood NY 11096**

**Location:** ATL \_\_\_\_\_ CLT \_\_\_\_\_ CMH \_\_\_\_\_ JFK \_\_\_\_\_ MIA \_\_\_\_\_ ORD \_\_\_\_\_

Company driver \_\_\_\_\_ Owner Operator \_\_\_\_\_

Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

**No application will be processed unless its completed in full!!!!**

**X Date:** \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_

**Name:** First Middle Last (Area)

(Current Address) Number Street City ST Zip

Address \_\_\_\_\_

(Past 3 Years) Number Street City ST Zip

**Social Security No.**

**Drivers License Number & State**

**License Expiration Date**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Place of Birth:** (city) \_\_\_\_\_ (state) \_\_\_\_\_

**Spouses Name**

**Address**

**Phone**

**Notify in Case of Emergency:**

**Telephone No.**

**Relationship**

### TO BE READ AND SIGNED BY APPLICANT

I authorize your 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 event 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 that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that 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 re-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.
- As a part of the background information that you provide on this application, you **are not required** to provide, and you **shall not voluntarily** provide the company, with any information regarding any conviction/arrest records pertaining to you, that have been sealed or expunged.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**EMPLOYMENT RECORD FOR PAST TEN (10) YEARS**

Begin with your present job or most recent and work backwards in order. All ten years must be accounted for.

Current or Most Recent Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Are you Presently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we call your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Why do you want to change employers? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp. Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Second Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Third Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Fourth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Fifth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Sixth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

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**Must be COMPLETE 10-year history, if unemployed for any period of time - state unemployed. ALL addresses & phone Numbers MUST be listed for Application to be processed.**

**EMPLOYMENT RECORD FOR PAST TEN (10) YEARS CONTINUED.....**

Seventh Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Eighth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Ninth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Tenth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Eleventh Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

Twelfth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Were you subject to the FMCSR's while employed by this employer? \_\_\_\_\_. Were you subject to drug and alcohol testing while employed? \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_\_ # of Worker's Comp Claims? \_\_\_\_\_ Please Explain \_\_\_\_\_

**Must be COMPLETE 10-year history, if unemployed for any period of time - state unemployed. ALL addresses & phone Numbers MUST be listed for Application to be processed**

**LICENSE**

**List All Drivers license/permits held in the past**

State	License Number	Type	Expiration Date

Check Endorsements that you have: \_\_\_\_\_ Combinations \_\_\_\_\_ Hazardous Materials \_\_\_\_\_ Air Brakes

**TRAFFIC CONVICTIONS/FORFEITURES**

List all vehicle moving traffic convictions and forfeitures for the past 3 years (If none write none)

Date	Location (ST)	Charge	Penalty

**ACCIDENT RECORD**

List all accidents/incidents with vehicles for the past 3 years, include all preventable and non-preventable whether or not on MVR  
**(IF NONE WRITE NONE)**

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable		Fatalities		Injuries		Amount of Damage
			Yes	No	Yes	No	Yes	No	

**NATURE AND EXTENT OF EXPERIENCE**

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				
Straight Truck				
Dump Truck				
Other (Specify)				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes  No
- C. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes  No
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug? Yes  No
- E. Have you ever been refused liability insurance? Yes  No
- F. Have you ever been convicted of a felony? Yes  No
- G. Have you ever been convicted of a Misdemeanor? Yes  No
- H. Have you ever been disqualified to drive by Federal Regulations? Yes  No
- I. In the three years prior to the date of this application, ( for DOT-regulated testing ) :
  - 1. Have you ever had an alcohol test with a result of 0.04 or higher? Yes  No
  - 2. Have you ever had a verified positive drug test? Yes  No
  - 3. Have you ever refused to be tested? Yes  No
  - 4. Have you ever violated any DOT drug and alcohol testing regulation? Yes  No
  - 5. If "yes" to any of the above items, did you complete the return-to-duty process? Yes  No

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

**TO BE READ AND SIGNED BY APPLICANT**

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 understand that the information provided concerning previous employers must involve contact of the previous employers for the purpose of investigating my safety performance history information as required in part 391.23 of FMCSR. I also understand that part 391.23 of FMCSR provides me specific process rights regarding the information received as a result of these investigations. These rights include: (1) the right to review information provided by my previous employers; (2) the right to have errors in the information corrected by my previous employer and for that previous employer to re-send the corrected information to the prospective employer; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the information. Along with these rights, I understand that in accordance with FMCSR part 391.23(l), I may not take action or proceeding for defamation, invasion of privacy or interference with a contract that is based on the furnishing or use of information by providers of information, agents of motor carriers or insurers except for providers of knowingly false information in accordance with this regulation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

Applicant Hired \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Department \_\_\_\_\_

Rejected \_\_\_\_\_  
Point Employed \_\_\_\_\_  
Classification \_\_\_\_\_

(If rejected, Summary Report should be placed in file)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on file
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic convictions						

Signature of Interviewing Officer \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_ Position: \_\_\_\_\_ Letter Mailed \_\_\_\_\_ In file \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

## INQUIRY TO PREVIOUS EMPLOYER

Prospective Employer: MCSS / \_\_\_\_\_ CO. REP.: \_\_\_\_\_

P.O.BOX 451309, Laredo, TX 78041

Previous Employer: \_\_\_\_\_ Attn : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_\_) \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**I HEREBY AUTHORIZE YOU TO RELEASE THE REQUESTED INFORMATION TO MCSS / \_\_\_\_\_ FOR THE PURPOSE OF SAFETY PERFORMANCE HISTORY INVESTIGATION AS REQUIRED BY PART 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.**

**DATE:** \_\_\_\_\_ **APPLICANTS SIGNATURE** \_\_\_\_\_

In compliance with Title 49 Part 391.23 of the FMCSR's, previous employers must respond to each request for the DOT defined information within 30 days after the request is received. If there is no safety performance history, previous employers are required to send a response of "no-data".

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (Position worked at your company ) Date started Date left your company

1. Are dates of employment with your company correct as stated above? YES / NO  
 If not please provide correct dates: From \_\_\_\_\_ to \_\_\_\_\_

2. Please describe type of work: Single driver operation: \_\_\_\_\_ Team driver \_\_\_\_\_ Long Haul \_\_\_\_\_  
 Short Haul \_\_\_\_\_ Local \_\_\_\_\_

3. Please indicate type of equipment driven: Tractor Trailer / Straight truck / Twins / Bus / Flat / Van  
 Drop / Reefer / Other \_\_\_\_\_

4. Accident information covering time of employment:

Date of accident	City or town	State	# of injuries	# of fatalities	H/M released

5. To your knowledge has this person's license ever been suspended while in your employment? Yes / No

6. Did the applicant pose either repeated and/or severe disciplinary problems? Yes / No  
 If yes please explain. \_\_\_\_\_

7. Reason for leaving your employment. Laid off \_\_\_\_\_ Resigned \_\_\_\_\_ Discharged \_\_\_\_\_

8. Were logs required? \_\_\_\_\_ if so were they maintained properly? Yes / No

9. Where was he/she employed before coming to you?  
 \_\_\_\_\_

10. Would he/she be eligible for rehire? Yes / No If no please explain \_\_\_\_\_

11. Company's D.O.T#., MCC#, OR, ICC#: \_\_\_\_\_

General Comments: \_\_\_\_\_

Date : \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

(Signature of person giving information and title)

Release of Information Form

Section I: To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

X Applicant's Printed Name: \_\_\_\_\_

X Applicant's SS # or ID # \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section 1-A to the employer listed in Section 1-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following items for the past three years.

- 1. Alcohol test with a result of 0.04 or higher:
2. Verified positive drug test:
3. Refusals to be tested:
4. Other violations of DOT agency drug and alcohol testing regulation:
5. Information obtained from previous employers of a drug and alcohol rule violation.

Applicant's Signature: \_\_\_\_\_

A. Previous Employer Name: \_\_\_\_\_
Address : \_\_\_\_\_
Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

B. New Employer Name: MCSS/
Address: P.O. BOX 451309, Laredo, TX 78041
Phone # (956) 726-3377 / Safety Dept. Fax # (956) 790-9040 / Safety Dept.

Designated Employer Representative: \_\_\_\_\_

Section II. to be completed by the previous employer and transmitted to the new employer.

A. In the previous three years, for DOT-regulated testing (while employed by your company):

- 1. Did the employee have alcohol test with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. If "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No
6. Did a previous employer report a drug and alcohol rule violation to you? Yes No

[ Note: Previous employer, if you answered "YES" to any item in Section II-A, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing ) record to the new employer.

[ ] No regulated history available for driver named in Section I.

B. Name of person providing information in Section II-A: \_\_\_\_\_

Title : \_\_\_\_\_

Date: \_\_\_\_\_

Please return both pages via fax to (956) 790-9040. Thank you for your immediate attention.

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY REGULATIONS  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

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<b>X</b> Name (Last,	First,	MI)	<b>X</b> (Social Security No.)
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**This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that**

- The driver meets the minimum requirements for safe driving, or**
  
- The driver is disqualified to drive a motor vehicle pursuant to 391.25**

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**Date of Review**

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**Reviewed by: Signature and Title**

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**Date of Review**

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**Reviewed by: Signature and Title**

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**Date of Review**

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**Reviewed by: Signature and Title**

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**Date of Review**

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**Reviewed by: Signature and Title**

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**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
INQUIRY TO STATE AGENCY FOR  
DRIVER'S RECORD  
391.23**

\_\_\_\_\_  
X(Driver's Name)

\_\_\_\_\_  
X(Driver's Operators Lic. No.)

\_\_\_\_\_  
X(Driver's Social Sec. #)

Dear \_\_\_\_\_:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

**Respectfully Yours,**

\_\_\_\_\_  
(Signature of individual making inquiry)

\_\_\_\_\_  
(Printed) Name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Street City State Zip

**Motor Vehicle Driver's  
CERTIFICATE 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 transports 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 transports 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 1, 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 until 1/1/90.

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 state 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 that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your drivers 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 understood the above requirements.

The following license is the only one I will possess:

**Driver's License No.** \_\_\_\_\_ **State** \_\_\_\_\_ **Exp.Date** \_\_\_\_\_

**Drivers Signature**X \_\_\_\_\_

Notes: \_\_\_\_\_

# PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301 pre-employment testing requirements, apply to driver-applicants of this company.

## 382.301 – Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

**X** \_\_\_\_\_  
**Applicant's Name (print)**

**X** \_\_\_\_\_  
**Applicant's Signature**

**X** \_\_\_\_\_  
**MONTH DAY YEAR**

**WITNESSED BY:**

\_\_\_\_\_  
**Company Representative's Signature**

\_\_\_\_\_  
**MONTH DAY YEAR**



Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee information and verification.** To be completed and signed at the time employment begins.

<b>Print Name:</b> Last _____	<b>First</b> _____	<b>Middle Initial</b> _____	<b>Maiden Name</b> _____
<b>Address</b> ( Street name and Number) _____		<b>Apt. #</b> _____	<b>Date of Birth</b> _____
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Social Sec. #</b> _____
<b>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.</b>		<b>I attest, under penalty of perjury, that I am (check one of the following)</b> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident ( Alien # A _____ ) <input type="checkbox"/> An alien authorized to work until ____/____/____/ Alien or admission # _____	
<b>Employee's Signature</b> _____			<b>DATE</b> (MONTH/DAY/YEAR) _____

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from list A or examine One document from list B and one from list C as listed on the reverse of this form and record the title, number, and expiration date, if any, of the document(s)

<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
<b>Document Title:</b> _____		_____		_____
<b>Issuing authority:</b> _____		_____		_____
<b>Document #</b> _____		_____		_____
<b>Expiration Date (if any)</b> _____		_____		_____
<b>Document #</b> _____		_____		_____
<b>Expiration date (if any)</b> _____		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above named employee, that the above listed documents appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began work.

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document # _____ Expiration Date (if any) ____/____/____	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented documents, the documents I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
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COMPANY NAME

I \_\_\_\_\_ HAVE ATTENDED THE EAP MANDATORY 60-MINUTE CLASS THAT HAS MADE ME AWARE OF THE RULES FOR ALCOHOL OR DRUG USAGE ON THE JOB. I UNDERSTAND IF CAUGHT USING DRUGS OR TEST POSITIVE FOR ALCOHOL OR DRUGS I WILL BE TERMINATED WITH NO RECOURSE.

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**(SIGNATURE OF DRIVER)**

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**(DATE)**

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(Alvan Scribner Safety Director)

**DRUG AND ALCOHOL TESTING PROGRAM CONSENT FORM**

I HEREBY RELEASE THE COMPANY, IT'S OFFICERS, AGENTS, EMPLOYEES AND ATTORNEYS FROM ANY AND ALL LIABILITY THAT MAY IN ANY WAY ARISE FROM, OR IN ANY WAY BE CONNECTED WITH THE COMPANY'S DRUG AND ALCOHOL TESTING PROGRAM, DISCIPLINARY PROGRAM, OR ALLOWING ME TO CONTINUE TO WORK WITH THE COMPANY. I SPECIFICALLY WAIVE ANY RIGHTS OF ACTION UNDER ANY THEORY OF THE LAW AND THE LIKE, INCLUDING, SPECIFICALLY, BUT NOT LIMITED TO, THEORIES OF NEGLIGENT, AND/OR INTENTIONAL INFLECTION OF EMOTIONAL DISTRESS, NEGLIGENCE, INVASION OF PRIVACY, WRONGFUL DISCHARGE, DEFAMATION, SLANDER, OR ANY LIKE OR SIMILAR THEORY.

BY MY SIGNATURE BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE DRUG AND ALCOHOL TESTING PROGRAM OF, \_\_\_\_\_, AS WELL AS THE U. S. DEPARTMENT OF TRANSPORTATION REGULATIONS AS CONTAINED IN 49 CFR PART 382.

I ALSO UNDERSTAND THAT IT IS A CONDITION OF BEING CONSIDERED FOR EMPLOYMENT, OF CONTINUED EMPLOYMENT BY THE COMPANY THAT I AGREE TO ABIDE BY THE COMPANY POLICY. BY MY SIGNATURE I CONSENT TO URINE AND/OR BREATH TESTING FOR CONTROLLED SUBSTANCES AND/OR ALCOHOL PRIOR TO AND AT ANY TIME DURING MY EMPLOYMENT WHEN REQUESTED BY MY EMPLOYER ON A RANDOM OR EVENT TRIGGERED BASIS. I HEREBY SPECIFICALLY AUTHORIZE THE COMPANY TO HAVE ALL AND IMMEDIATE ACCESS TO ANY AND ALL OF MY URINE AND/OR BREATH CUSTODY AND OCNTROL FORMS AND THE RESULTS THEREOF.

I UNDERSTAND AND AGREE THAT I MAY NOT BE UNDER AND DEGREE OF INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE AND ANY TIME DURING MY EMPLOYMENT. SHOULD ANY LEVEL OF ALCOHOL OR CONTROLLED SUBSTANCE BE DETECTED IN ANY OF MY BREATH OR URINE AT ANY TIME WHILE EMPLOYED, THE COMPANY SHALL HAVE GROUNDS FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT. THIS AUTHORIZATION SPECIFICALLY COVERS ANY RANDOM, OR EVENT TRIGGERED TESTING AS MAY BE REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS OR COMPANY POLICY.

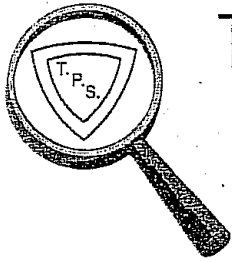
ANY POSITIVE TEST RESULTS OR REFUSAL TO SUBMIT TO ANY TYPE OF TEST SHALL CONSTITUTE MY AUTOMATIC RESIGNATION FROM THIS COMPANY.

\_\_\_\_\_  
X **DRIVER'S SIGNATURE**

\_\_\_\_\_  
X **DATE**

\_\_\_\_\_  
WITNESS'S SIGNATURE

\_\_\_\_\_  
DATE



# TOTAL PROTECTIVE SECURITY, INC.

*Licensed in NY, NJ, FL and PA*

Mailing Address:  
Post office Box 1338  
Seaford, New York 11783

## AUTHORIZATION TO INVESTIGATE APPLICANT'S BACKGROUND

I, the undersigned, am applying for employment with Cargo Connection Logistics Corp. and/or Mid-Coast Management Inc. In connection with this application, I hereby authorize Cargo Connection Logistics Corp. and/or Mid-Coast Management Inc. to investigate my background and previous employment, and to conduct police and criminal history checks, as well as motor vehicle and credit check..

I authorize those companies, organizations and government agencies contacted by Cargo Connection Logistics Corp. and/or Mid-Coast Management Inc. to release all pertinent information concerning my background, past employment and criminal history to:

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I hereby release all my pervious employers and other organizations from any liability and/or claims regarding the information provided to Total Protective Security, Inc.

I hereby release Cargo Connection Logistics Corp. and/or Mid-Coast Management, Inc. from any liability and/or all claims in connection with the checking of any of my background.

**Applicant's signature:** \_\_\_\_\_

**Print all information neatly!**

**Today's Date:** \_\_\_\_\_

**Print your name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_



# COMPLETED APPLICATIONS

Before submitting your application, please check that you have provided all the required information and you have attached clear, legible copies of the following credentials:

1. Commercial Driver's License (HAZMAT Endorsement Required)
2. Social Security Card
3. D.O.T. Physical Examination Card AND Long Form
4. Work Authorization, if not a U.S. Citizen

Send your completed application and credentials via:

Fax: 516-239-2191, Attn: Safety

E-mail: [safety@cargocon.com](mailto:safety@cargocon.com)

Snail Mail: Cargo Connection Logistics Corp  
Attn: Safety Department  
600 Bayview Avenue  
Inwood, NY 11096

**Thanks for applying with CCLC**

**HAVE A SAFE DAY!**