

Applicant's Name _____

Date _____

Please write your email address: _____

Applying for:

Driver

Owner Operator

Company Driver

PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING DOCUMENTS:

BIRTH CERTIFICATE

TWIC CARD

FAST CARD

PASSPORT

PASSCARD

ENHANCED DRIVER'S LICENSE

TYPE OF VEHICLE _____

YEAR _____

MAKE _____

COMPANY LICENSE PLATE PROGRAM

YES

NO

COMPANY INSURANCE PROGRAM

YES

NO



13221 Inkster Road
Taylor, Michigan 48180
PHN: (734) 947-9440
FAX: (734) 942-0110

“DRIVER’S APPLICATION”

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 non-job related disability.

Date Of Application: _____

Position Applied for: **Truck Driver**

Name: _____ Social Security No: _____
Last First Middle

(List your addresses of residency for the past three years)

Current Address: _____
Street City

State Zip Code () Phone # () Cell () Pager

Previous Address: _____ How Long? _____
Street City State & Zip

Previous Address: _____ How Long? _____
Street City State & Zip

Do you have the legal right to work in the United States? _____

Date Of Birth: ____/____/____ Can you provide proof of age? _____
(Required For Commercial Drivers)

Have you worked for this company before? _____ From: ____/____/____ To: ____/____/____
Date Date

Reason For Leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, would you like to explain? _____

EMPLOYMENT HISTORY – All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **three (3) years**. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional **seven (7) years** information on those employers for whom the applicant operated such a vehicle.

(Note: Please list employers in reverse order starting with the most recent) List COMPLETE address, street number, city, state and zip code and contact information.
PLEASE NOTE THAT THERE SHOULD BE NO GAP IN EMPLOYMENT HISTORY PER D.O.T. GUIDELINES.

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NO.				
IF CURRENT EMPLOYER, CAN WE CONTACT? YES NO				
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NO.				
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NO.				
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NO.				
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.			
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.			
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.			
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYER			DATE	
NAME			FROM Mo. Yr.	TO Mo. Yr.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.			
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

***Includes vehicles having a GVWR of 26,001 lbs., or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST MOST RECENT ACCIDENT FIRST	DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

(If None, Write NONE)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(If None, Write NONE)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended: _____

Name & Address

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE: *IF NONE, WRITE NONE*

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER (Specify)				

List States Operated In For The Last Five Years: _____

Show Special Courses Or Training That Will Help You As A Driver: _____

Which Safe Driving Awards Do You Hold And From Whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, Transportation or other experience that my help in working for this company.

List courses and training other than shown elsewhere in this application (Driving school, etc.)

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 authorize Load One Transportation & Logistics 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 employer, 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(s) 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

Interviewed By: _____

Date: _____

January 23, 2012

Attention Drivers:

On the following two pages, **only** fill out the areas next to the asterisks (*).

Thanks,

Safety Dept.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I, * _____ hereby authorize you to release the following information to Load One Transportation & Logistics for the purposes of investigation as required by Section 391.23 and allowed by Section 383.55 for the Federal Motor Carrier Safety Regulations. Under the current DOT Regulations part 391.23 and 383.35, we are required to obtain this information. Therefore upon complying with the DOT regulations you are released from any liability that may result from furnishing such information.

Date * _____ Applicant's Signature * _____

Previous Employer: _____
Street: _____
City, State, Zip: _____
Fax #: _____
U.S. DOT #: _____

Prospective Employer:
Load One Transportation & Logistics
Attention: Laura Page
13221 Inkster Road
Taylor, MI 48180
Phone: (734) 947-9440 x. 1341
Fax: (734) 942-0110

Dear Sir/Madam:

The individual has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____.

1. Employed from _____ to _____ as a _____ at the wage/salary of _____.
2. Did he/she drive a motor vehicle for you? Yes or No
 - a. If yes, what type:
 - i. Straight truck _____
 - ii. Tractor-Trailer _____
 - iii. Other (please specify) _____

3. Was he/she a safe and efficient driver? Yes or No
4. Reason for leaving your employment: Discharged _____ Resigned _____
Lay-Off _____ Military Duty _____
5. Was he/she general conduct satisfactory? _____

If there is no safety performance history to report, check here , sign below and return.

Accidents: _____

Signature: _____ Date: _____



PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

NOTICE: DRUG AND ALCOHOL INFORMATION REQUEST

The new regulations also required the prospective employer to gather information on whether, with the last 3 years, the driver has violated the alcohol and controlled substance prohibitions under Subpart B of Part 382 of this chapter, or CFR Part 40. Note that the questions being asked are now applicable for the previous three years.

Section A: To Be Completed by Prospective Employee



First, Middle Initial, Last Name



Social Security Number

Hereby authorize my previous employer:

Previous employer: _____

Street: _____

City, State, Zip: _____

To release and forward information requested by this document concerning my Alcohol and Controlled Substance Testing records and information to my prospective employer: *Load One Transportation & Logistics*, 13221 Inkster Rd. Taylor, MI 48180. The prospective employer's telephone number is (800) 957-4698.

PROSPECTIVE EMPLOYERS FAX NUMBER (734) 942-0110



Applicant's Signature



Date

Section B: To Be Completed by Previous Employer

If the driver was not subject to Part 382 Controlled Substances and Alcohol Testing while employed by this employer Please check the box , sign and return to *Load One Transportation & Logistics*.

If this person was subject to Part 382 testing requirements please answer the following questions.

- | | | |
|--|-----|----|
| 1. Has this person ever tested positive for controlled substance in the past three years? | Yes | No |
| 2. Has this person ever had an alcohol test with a Breath Alcohol concentration 0.04 or greater in the last three years? | Yes | No |
| 3. Has this person ever refused a required test for drugs or alcohol in the last three years? (include verified adulterated or substituted drug test results) | Yes | No |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | Yes | No |
| 5. Have you received information from a previous employer that this individual violated DOT Drug/Alcohol regulations in the past three years? | Yes | No |
| 6. If this person has violated DOT drug and Alcohol regulations, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (If yes, please send this documentation back with this form) | Yes | No |
| 7. Has this person failed to undertake or complete a rehabilitation program as prescribed by substance abuse professional pursuant to Part 382.605, or Part 49 Part 40, Subpart)? | Yes | No |

In answering these questions, include the drug or alcohol testing information from previous employers under 40.25 or other applicable DOT agency regulations.

Company Name _____ Phone Number _____

Address _____ City/State/Zip _____

Signature _____ Date _____

Substance Abuse Professional Information

SAP Name _____ Phone Number _____

Address _____ City/State/Zip _____

Section C: To be completed by prospective employer

This form was mailed/Faxed on _____, The completed form was received on _____ and was reviewed by the manager of Safety & personnel on _____. The manager of Safety & personnel has approved the acceptance of this form and has filed in the driver investigation file as mandated by the Federal Motor Safety Regulations.

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)).

Company Name: **Load One, LLC**
Street: 13221 Inkster Road
City: Taylor
State, ZIP: Michigan, 48180

Prospective Employee Name: _____ ID Number: _____
(print)

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

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 testing rules during the past two years?

* Check one: yes no

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

Check one: yes no

* Prospective employee signature: _____ Date: _____

Witnessed by: _____ Date: _____
(signature)



13221 Inkster Road
Taylor, Michigan 48180
PHN: (734) 947-9440
FAX: (734) 942-0110

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision 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, and criminal background check may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

* _____
Applicant's Signature

* _____
Date

* _____
Print Name

* _____
Social Security #



13221 Inkster Rd.
Taylor, MI 48180
Office: (800) 957-4698
Fax: (734) 942-0110

DRIVER REQUIREMENTS

1. **No** more than two moving violations on Motor Vehicle Record in the past three (3) years.
2. **No** drug or alcohol related incidents in driver's history
3. **No** reckless or careless driving infractions
 - a. Speeding 15mph or over is considered reckless driving.
4. A minimum 24 years of age and experience with size and type of equipment driver is being hired for; tractor trailer two (2) years; straight truck one (1) year and cargo van six months minimum.
5. **No** preventable accidents involving a fatality, bodily injuries treated away from the scene or disabling damage to a vehicle within the past three (3) years.
6. **No** more than 2 minor preventable accidents in the past three (3) years.
7. **No** pattern of OOS violations during roadside inspections.
8. **No** violations of §391.15 that would disqualify driver from driving a commercial motor vehicle.
9. **No** restrictions or convictions (past or present) that would prevent you from legally entering Canada if hired for U.S. / Canada work.

I have read and understand the above qualifications, and therefore, I agree that I have disclosed all pertinent information regarding those qualifications. I further understand that any false or misleading information can and will result in immediate dismissal from Load One Transportation & Logistics.

* _____
Employee Name

Supervisor Name

* _____
Employee Signature

Supervisor Signature

* _____
Date

Date

HireRight

Client # _____

Check here if you've attached a list of accounts covered by this agreement Family name _____

Affidavit of Intended Use

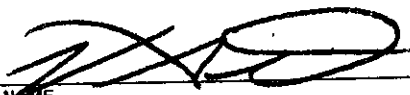
To obtain record(s), you must declare your intended use of MVRs by selecting at least one of the following permissible purposes. If you have more than one permissible purpose for ordering MVRs, then please select as many of the following boxes as necessary. If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record(s).

INFORMATION MAY BE USED ONLY FOR THE FOLLOWING APPROVED DRIVER PRIVACY PROTECTION ACT (DPPA) PURPOSES.

SELECT THE PURPOSE(S) FOR WHICH YOU WILL BE ORDERING MVRs:

- By a business that will use the information to verify the accuracy of information submitted by individuals for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest.
- By an insurer or insurance support agency in connection with claims, investigations, antifraud activities, rating or underwriting.
- By an employer/agent or insurer to obtain or verify information on a Commercial Driver License Holder.
- Written consent of the person whose record is being requested.
(Available in: AR, CA, CO, DC, FL, HI, IL, KY, MA, MN, NM, NY, NC, ND, RI, VT, VA, WY)

As an officer authorized to bind the below referenced Company, under penalty of perjury, I attest that my Company and I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. I further understand that I must provide my Driver's License Number and Issuing State or my Date of Birth as a condition to receiving MVRs and that this requirement is imposed on me by HireRight MVR suppliers, which include state agencies. I acknowledge and agree to the attached terms and conditions in the Certification of Supplier Requirements by End Users of Driver Record Information as a condition to receiving MVRs, and hereby agree to abide by said terms and conditions as evidenced by my signature below.

SIGNATURE 	STATE & DRIVERS LICENSE # OR DATE OF BIRTH	DATE 12-1-10
PRINTED NAME Vince Santana	TITLE Fleet Manager	
COMPANY NAME Load One, LLC	COMPANY ADDRESS 13221 Inkster Rd Taylor, MI 48180	

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax # (800) 267-4093 (Manual Service)
OR Fax # (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>Load One, LLC</u>
Company Contact Name:	<u>Laura Page</u>
Fax #:	<u>734, 942 - 0110</u>
HireRight Customer #:	<u>14181</u> Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I 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 HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, 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 applied with and/or 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
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

* Print Applicant Name: _____ Social Security #: _____
 * Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

* Print Applicant Name: _____ * Social Security #: _____
* Applicant Signature: _____ * Date: _____

Load One Owner/Operator

Paychecks

Please choose an option below in which you want your check payable to:

- Own Name and Social Security number - _____
Print Name SS#
- Business Name - _____
Print Company Name Tax ID#

If paid under Company name please submit:

- Copy of Documents assigning company name
 Copy of EIN assigning Tax ID number from IRS

Please list an email address so you can be set up for Fleet Vision. This will enable you to research all loads, settlements, missing paperwork etc. _____

Email Address Owner Phone number

Type of Vehicle Leasing on:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sprinter/Cargo Van
Color _____
Empty Weight _____
Load Weight _____
GVW _____
Box Length _____
Door Height _____
Door Width _____
Tire Size _____ | <input type="checkbox"/> Straight Truck
Color _____
Empty Weight _____
Load Weight _____
GVW _____
Box Length _____
Door Height _____
Door Width _____
Tire Size _____
Air Ride Brakes Yes / No _____
Door Roll / Barn Odometer _____ | <input type="checkbox"/> Tractor
Color _____
Empty Weight _____
Tire Size _____
Odometer _____ |
|--|---|--|

Load One Plating Option: (only available for 26,000 lbs or over vehicles)

- I will be running with my own plate. (Please submit copy of registration)
- I would like to run with a Load One Iowa plate. If you choose this option please answer the following questions and submit required documents.

Date of Purchase: _____
 Purchase Price: _____
 Titled Owner Name: _____
 Titled State _____
 Previous Plate # _____
 Empty Weight _____
 GVW _____
 Number of Axles _____

Required Documents for Tractors

- Copy of Title Copy of paid 2290
 Copy of Bill of Sale and Application of Title (if just purchased)

Required Documents for Straights

- Copy of Title
 Copy of Bill of Sale and Application of Title (if just purchased)

Load One Owner/Operator Vehicle insurance.

- I will provide my own proof of insurance-If you choose this option we will need a insurance certificate showing Load One as a certificate holder. Please have agent fax to (734) 942-0110.
- I am interested in getting insurance through Load One which will be deducted weekly from my settlement check.

If you choose this option please complete the following:

Value of Vehicle _____ No Lien Holder/Paid in full
 Name of Lien Holder _____
 Address _____