

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____ (FIRST) _____ (MIDDLE) _____ (Maiden Name if any) _____ (LAST)

ADDRESS _____ HOW LONG? _____

(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license. The information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____, hereby authorize: _____ (First, M.I., Last)

Previous Employer: _____
 Street Address: _____
 City, State, Zip: _____
 Email: _____
 Phone: _____
 Fax: _____

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 _____ (Date of Employment Application)

to: _____
 Prospective Employer: M1 TRANSPORT LLC
 Street Address: 2332 ALMON ST
 City, State, Zip: HUNTERTOWN, IN 46748
 Phone: 260-338-2755
 Attn: SENAD

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential tax number: 866-753-3545

Prospective employer's confidential email: m1trans@yahoo.com
 Applicants Signature: _____
 Date: _____

SECTION 2 ACCIDENT HISTORY

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23

The applicant named above was employed by us. Yes No

Employed as _____ from (m/yy) _____ to (m/yy) _____

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§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 _____ No. of Injuries _____ No. of Fatalities _____ Hazmat Spill _____

1	2	3
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature: _____
 Title: _____
 Date: _____

SECTION 3 DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

- | | | |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ if yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 tested? | <input type="checkbox"/> | <input type="checkbox"/> |

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 on side 1

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____
 Phone: _____
 Date: _____
 Section 3 completed by (Signature): _____

SECTION 4 MODE OF COMMUNICATION

This form was sent to previous employer via (check one) Fax Mail Email Other _____
 Date: _____
 Recorded by: _____
 Method: Fax Mail Email Phone _____
 Other _____
 Date: _____

SECTION 5 RECEIPT INFORMATION

Complete the following when the requested information is obtained.
 Information received from _____
 Date: _____

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer
- SIDE 1 SECTION 2: *Previous Employer*
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

- Complete the information required in this section
- Sign and date
- Return to prospective employer
- SIDE 2 SECTION 4: *Prospective Employer*
- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer
- SIDE 2 SECTION 5: *Prospective Employer*
- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1. (Print Name) _____ First _____ M.I. _____ Last _____
 Social Security Number _____
 Hereby authorize: _____
 Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____
 To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)
 To: _____ Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____
 In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.
 Prospective employer's fax number: _____
 Prospective employer's email address: _____
 Applicant's Signature _____
 Date _____
 This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us: Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____
 1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____
 2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty
 If there is no safety performance history to report, check here , sign below and return.
ACCIDENTS: Complete the following for 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.
 1. Date _____ Location _____ # Injuries _____ # Fatalities _____ Hazmat Spill _____
 2. _____
 3. _____
 Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____
 Any other remarks: _____
 Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
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 alcohol or 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 and 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 back 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 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 on page 1.

Name: _____
 Company: _____
 Street: _____
 City, State, zip: _____
 Telephone: _____
 Date: _____
 Part 3 Completed by (Signature): _____

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____
 By: _____
 Date: _____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained
 Information received from _____
 Recorded by: _____
 Method: Fax Mail Email Telephone
 Date: _____
 Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 	<ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Record receipt of the information • Retain the form <p>PAGE 2 PART 4b: Prospective Employer</p>
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**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO: Prospective Employer: _____
 Street/P.O. Box: _____
 City, State, Zip: _____ Telephone # _____

FROM: Driver/Applicant: _____ Social Security/I.D. # _____
 Street: _____
 City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: sent to me at the above address. I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____/_____/_____
 M / D / Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to: _____
 Name: _____
 Street: _____
 City, State, Zip: _____
 Comments: _____

By: _____
 Signature/person providing information _____ Telephone # _____
 Release Date: _____/_____/_____
 M / D / Y

**SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER/APPLICANT REBUTTAL**

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations:

- 5391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- 5391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO: Previous Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

FROM:

Driver/Applicant: _____

Street: _____

City, State, Zip: _____

Telephone No.: _____

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and

Reason for the rebuttal (attach documents as necessary): _____

I request that this rebuttal be sent to the attached list of motor carriers.

Driver/Applicant Signature: _____

Date: ____/____/____

Y D M

PART 2: COMPLETED BY THE PREVIOUS EMPLOYER

Received by: _____

Signature: _____

Date: ____/____/____

Y D M

COPY 1 PREVIOUS EMPLOYER

**CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO: Prospective Employer: _____
 Street/P.O. Box: _____
 City, State, Zip: _____ Telephone #: _____

FROM: Driver/Applicant: _____
 Social Security/I.D. #: _____
 Street: _____
 City, State, Zip: _____ Telephone #: _____

I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____
 Attention: _____
 Street: _____
 City, State, Zip: _____

Explanation of desired correction (attach documents as necessary): _____

Driver/Applicant Signature: _____ Date: ____/____/____
Driver: Retain COPY 4 DRIVER RECORD for your files. Submit copies 1, 2, and 3 to your previous employer.

PART 2: COMPLETED BY THE PREVIOUS EMPLOYER

Disposition of the requested information:
 Information was corrected and forwarded to the prospective motor carrier employer.
 The driver was notified on ____/____/____ that the previous employer does not agree to correct the data.
 Return copy 3 to the driver.

Information sent to: Company Name: _____
 Attention: _____
 Street: _____
 City, State, Zip: _____

Comments: _____

By: Signature/person providing information: _____ Telephone #: _____
 Release Date: ____/____/____

PART 3: COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER

The corrected information was received on ____/____/____
 Prospective Employer: _____ Location: _____
 Received by: _____ Signature: _____ Title: _____

M11 Transport Inc
2332 Almon Street
Hamletown, Indiana
866-753-7599

To Whom It May Concern:

Any driver driving for M11 TRANSPORT, LLC is responsible for keeping his/her truck in clean condition inside and out. If the truck is brought back to us in dirty condition from inside, driver will be charged \$500.00 for professional detailing of that truck. If driver needs to buy any supplies for cleaning the truck, M11 transport will be paying for that. You will not need to spend any of your money for keeping that truck clean!

SENAD KESEROVIC
OWNER

DRIVER:

Employee Termination Checklist

Employee Department

COMPANY(over road) TRUCK DRIVER

Date

Each of the items below must be returned or completed upon termination and before issuance of final pay check.

Return	<input type="checkbox"/>	Company Equipment
	<input type="checkbox"/>	Log Books
	<input type="checkbox"/>	Company Fuel Cards
	<input type="checkbox"/>	Cash Advances
	<input type="checkbox"/>	Expense Accounts
	<input type="checkbox"/>	Truck Keys
	<input type="checkbox"/>	Trailer (clean)
	<input type="checkbox"/>	Truck (clean)
	<input type="checkbox"/>	Trailer documents
	<input type="checkbox"/>	Truck documents
	<input type="checkbox"/>	Company Document (bill of lading)
	<input type="checkbox"/>	Other
Complete	<input type="checkbox"/>	Exit Interview
	<input type="checkbox"/>	Expense Reports
	<input type="checkbox"/>	Termination Form
	<input type="checkbox"/>	Confidentiality Report
	<input type="checkbox"/>	Benefits Review
	<input type="checkbox"/>	Final Timesheet
	<input type="checkbox"/>	Other

Comments

Signature of Supervisor

NOTICE THAT YOU MAY BE RESPONSIBLE FOR MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE, OR IF COMPENSATION CLAIM IS DISALLOWED, OR IF AGREEMENT PURSUANT TO WCL §32 IS APPROVED

INURED PERSONS
SOC SEC NO

NATURE OF INJURY OR
ILLNESS

DATE OF INJURY

CARRIER DATE NO. (IF ANY)

FILE DATE NO. (IF ANY)

CLAIMANT NAME ADDRESS

EMPLOYER
COTTINGHAM & BUTLER INC
WJ TRANSPORT LLC

you may become responsible for the medical costs of treatment for your illness or condition with the provider listed below if (1) you fail to prosecute the claim for workers' compensation or (2) the determination by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease or (3) if an agreement is executed by you and approved pursuant to Workers' Compensation Law §32 in which you waive your right to medical benefits from the workers' compensation carrier/self-insured employer for treatment services performed after the date the agreement is approved. If any of the above events occurs, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.

I hereby acknowledge that I have read the above and understand the circumstances under which I may become responsible for payment.

Claimant's Signature X Date X
Provider's Name and Address X

TO THE CLAIMANT

Workers' Compensation Law Section 32. Regulation 256-1.23 permits your doctor or therapist to request that you sign this A-8 notice by signing the Workers' Compensation Law Section 32. The A-8 notice also covers instances in which a claimant with an existing valid workers' compensation case comes to an agreement with his/her employer or its insurance carrier setting his/her case in accordance with Section 32 of the Workers' Compensation Law. A Section 32 agreement may include a provision which relieves the employer or carrier of the liability to pay future medical bills associated with the care your health care provider may ask you to sign this A-8 notice to insure that you acknowledge your personal liability for payment of future bills. The A-8 notice also covers instances in which a claimant with an existing valid workers' compensation case comes to an agreement with his/her employer or its insurance carrier setting his/her case in accordance with Section 32 of the Workers' Compensation Law. A Section 32 agreement may include a provision which relieves the employer or carrier of the liability to pay future medical bills associated with the care your health care provider may ask you to sign this A-8 notice to insure that you acknowledge your personal liability for payment of future bills.