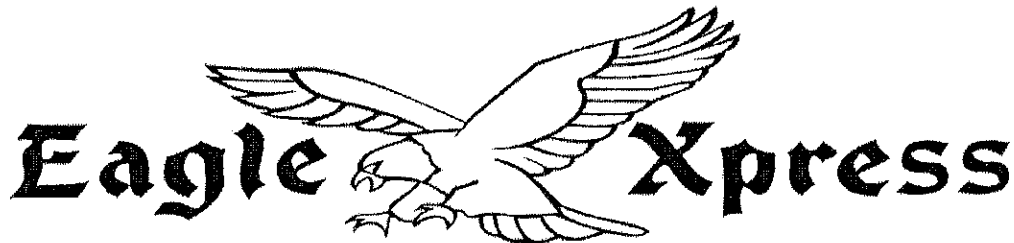


Driver's Application for Employment

1105 Conrad Industrial Drive

Ludington, MI 49431-0050

Ph:231-845-5011 Fax: 231-845-5389



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disabilities.

Date _____

Desired Position _____ Rate of Pay Desired _____

Name _____ SSN _____
Last First MI

List your place of residency for the past 3 years.

Current Address _____
Street City
State Zip Phone _____ How Long? _____

Previous Addresses _____ How Long? _____
Street City State Zip
Street City State Zip How Long? _____
Street City State Zip How Long? _____

Do you have the legal right to work in the United States _____ D.O.B. _____

Can you provide proof of age _____ Have you worked for this company before _____

Where _____ Dates: _____ / _____ Rate of Pay _____ Position _____

Reason for Leaving _____ Employed Now _____

How long Since Last Employment _____ Referred By _____

Is there any reason you might be unable to perform the functions of the job for you are applying? If yes, please explain: _____

Have you ever failed a DOT drug test? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers for the preceding 3 years. List complete mailing address: street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years worth of information for whom the applicant operated a CMV.

NOTE: List most recent employer first, add another sheet if necessary.

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
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| EMPLOYER | | | DATE | |
|----------|-------|-----|----------------------|--------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT | | PH. | REASON FOR LEAVING | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring a placard.

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 9

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

NAME

CITY, STATE

DRIVING HISTORY

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

| DATES | NATURE OF | FATALITIES | INJURIES |
|---------------------|-----------|------------|----------|
| MOST RECENT _____ | _____ | _____ | _____ |
| NEXT PREVIOUS _____ | _____ | _____ | _____ |
| NEXT PREVIOUS _____ | _____ | _____ | _____ |

IF NONE; WRITE NONE

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

| LOCATION | DATE | VIOLATION | PENALTY |
|----------|------|-----------|---------|
| | | | |
| | | | |
| | | | |

IF NONE; WRITE NONE

DRIVER EXPERIENCE AND QUALIFICATIONS

| STATE | LICENSE # | TYPE | EXPIRATION DATE |
|-------|-----------|------|-----------------|
| | | | |

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

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

*IF THE ANSWER TO EITHER IS YES, ATTACH STATEMENT WITH DETAIL

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT | DATES | | APPROX # OR MILES |
|--------------------------|-------------------|-------|----|-------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK _____ | | | | |
| TRACTOR/TRAILOR _____ | | | | |
| TRACTOR 2 TRAILERS _____ | | | | |
| OTHER _____ | | | | |

DRIVING EXPERIENCE (IF NONE; WRITE NONE)

LIST STATES OPERATED IN FOR LAST 3 YRS _____

SPECIAL COURSES/TRAINING _____

SAFE DRIVING AWARDS _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information expressed hereto in are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial, medical history, or any 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.

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Eagle Xpress, the prospective employer may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person; if the prospective employer uses any information it obtains from the the FMCSA in a decision to not hire you or to make any other adverse employment decisions 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 an action has been taken and it was based in part or whole on the report.

When the application is submitted by mail, telephone, computer, or other similar means; if the prospective employer uses any information it obtains from the FMCSA in a decision to not hire you or to make any other adverse employment decisions regarding you; the prospective employer must provide you within three (3) business days an oral, written, or electronic notification of any adverse action that has been taken in part or whole from information obtained from the FMCSA. Included in this notice will be the name, address, and telephone number of the FMCSA, a statement specifying that the FMCSA did not make the decision to take any adverse action and is unable to provide you specific reasons as to why the adverse action was taken. You may, upon providing proper identification, request a free copy of the report and dispute with FMCSA the accuracy or completeness of any information in the report. If you request a copy of the driver record from the prospective employer who procured the report, then, within 3 business days of receiving your request with proper identification, the prospective employer must send or provide a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The prospective employer, Eagle Xpress, cannot obtain background reports from the FMCSA unless you consent in writing.

If you agree that the prospective employer may obtain such reports, please read the following and sign below:

2. **I authorize Eagle Xpress (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 decision regarding my suitability as an employee.**

3. 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 that 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 the FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate state for adjudication.

4. Please note: any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashers were reported to the FMCSA regardless of fault. Similarly, all inspections, with or without violations will also appear on the PSP report. State citations associated with FMCSA violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to my by the prospective employer and understand that by signing this consent, I authorize the prospective employer, its employees, authorized agents, and/or affiliates to obtain a report of my crash and inspection history.

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 this company.

Applicant Signature

Date

Print Name

FOR OFFICE USE ONLY

PROCESS RECORD

APPLICANT HIRED _____
DATE EMPLOYED _____
DEPARTMENT _____

APPLICANT REJECTED _____
POINT EMPLOYED _____
CLASSIFICATION _____

*(IF REJECTED, SUMMARY OF REASONS SHOULD BE PLACED IN FILE)

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

| | SUPERIOR | GOOD | FAIR | BELOW AVG | POOR | RECORD ON FILE |
|-----------------------------|----------|------|------|-----------|------|----------------|
| APPLICATION | | | | | | |
| INTERVIEW | | | | | | |
| PAST EMPLOYMENT | | | | | | |
| WRITTEN EXAM | | | | | | |
| ROAD TEST | | | | | | |
| CRIMINAL/TRAFFIC VIOLATIONS | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE _____ RELEASED FROM _____ DISMISSED _____ VOLUNTARY QUIT _____

OTHER _____ TERMINATION IN FILE _____ SUPERVISOR _____

NOTES _____

Name: _____
Company: _____
Instructor: _____ Date: _____

Hours of Service Quiz

- You must keep your current day's log plus the previous seven days':**
 - To prove that you are working enough hours
 - In your possession and available for inspection while on duty
 - At home
 - All of the above
- Which task would not be included in the definition of on-duty time:**
 - Time spent driving
 - Time resting in the sleeper berth
 - Waiting for your cargo to be loaded or unloaded
 - Attending a company-required training session
- After how many hours of driving, you must have at least 10 consecutive hours of off-duty or sleeper-berth time before you can drive again:**
 - 8
 - 11
 - 12
 - 15
- True or false: Under both the 60- and 70-hour limits, you may continue to perform non-driving duties after you've reached the limits.**
 - True
 - False
- After how many consecutive hours after coming on duty, you must have 10 consecutive hours of rest before you can drive again:**
 - 8
 - 10
 - 12
 - 14
- The 60/70 hour rule has to do with:**
 - 60 hours of driving/70 hours of rest
 - The number of on-duty hours a driver may accumulate in a 7- or 8-day period before he or she may not drive
 - 60 hours of on-duty time/70 hours of rest
 - 70 hours of driving/60 hours of rest
- You may use the 34-hour restart to "reset" your 60/70 hour clock if:**
 - You have at least 34 consecutive hours off duty
 - Your off-duty time includes two periods of time between 1:00 a.m. and 5:00 a.m.
 - You have not used a 34-hour restart in the last 7 days (168 hours)
 - All of the above
- After 11 hours of driving time you must:**
 - Stop working and go home
 - Work 3 more hours
 - Get at least 10 consecutive hours off duty before driving again
 - All of the above
- The 34-hour restart provision can only be used:**
 - By drivers of motor carriers that do not operate CMVs every day of the week
 - If you are hauling non-hazardous materials
 - If you qualify for the 16-hour short haul exception
 - Once per 168 consecutive hours or, once every seven days
- Under the mandatory break rule, what would be considered a "qualifying break":**
 - A 30-minute meal break
 - Resting in the sleeper berth for 45 minutes
 - Resting in the seat of your vehicle for 30 minutes
 - All of the above



1105 Conrad Industrial Dr
Ludington, MI 49431
231-845-5011

REQUEST FOR PREVIOUS EMPLOYMENT

(As required by FMCSA Regulations part 382 and 391)

Please return by fax to: Eagle Xpress, Safety Department, **231-845-5389**

To: _____ Date: _____ Phone: _____
Location: _____ Attn: _____ Fax: _____

Applicant _____ **DOB** _____ **SSN** _____

Authorization and Release to Obtain Information

I, _____, hereby authorize Sparec, Inc dba Eagle Xpress, in accordance with FCRA 1681, 49 CFR parts 40, 382 or 391, to obtain a consumer report and /or investigative consumer report which may include the following: employment, driving history, criminal, credit, civil, workers' compensation records, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service. I also authorize Eagle Xpress to obtain drug and alcohol records in accordance with 49 CFR parts 40.25 and 40.321.

Signature _____ Date _____

Employed From: _____ **To:** _____ **Did this employee drive for you?** YES NO
What type of equipment: STRAIGHT TRUCK TRACTOR/TRAILER VAN FLAT REEFER TANKER
States regularly traveled _____

Did this employee have any accidents during their employment with you?

Date: _____ Desc: _____ Reportable _____ Preventable _____ # Injuries _____
Date: _____ Desc: _____ Reportable _____ Preventable _____ # Injuries _____
Date: _____ Desc: _____ Reportable _____ Preventable _____ # Injuries _____

DOT Drug and Alcohol (49 CFR 392.23(e) and 49 CFR 40.25) Within the past 3 years:

1. This person have any violation of the drug and alcohol regulations. YES NO
2. This person have an alcohol test with a result of 0.04 or higher. YES NO
3. This person ever test positive or adulterate or substitute a test Specimen for controlled substances. YES NO
4. Any previous employer provided information this person violated any DOT drug or alcohol regulations in the past 3 years. YES NO

If YES to any of the above questions, please provide the name of the Substance Abuse Professional (SAP) for further reference

Name _____ Phone _____
Address _____ City _____ State _____

Reason for Leaving _____ **Eligible for Rehire?** YES NO UPON REVIEW

Additional Comments _____

Signature of individual completing this form _____ Date _____

Name (print) _____ Title _____