

ULTIMATE Driver Staffing, LLC.

Commercial Driver Application for Employment

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant

Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State

\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_)

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

Emergency Contact Name \_\_\_\_\_ Phone # (\_\_\_\_)

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

CDL Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(The Federal Motor Carrier Safety Regulations 49 CFR 391 Subpart E require that all driver applicants pass certain medical examinations before they are hired to drive a motor vehicle)

Medical Exam: Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date

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

If at above residence less than three years, please list below all addresses at which you have resided for the past three years:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Years \_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

Zip \_\_\_\_\_ Years \_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_

Endorsements and Certifications: (check all that apply)

\_\_\_\_ Hazmat

\_\_\_\_ Tanker

\_\_\_\_ Tanker / Hazmat Combo

\_\_\_\_ Doubles / Triples

\_\_\_\_ TWIC

Equipment Experience: (check all that apply)

\_\_\_\_ Dry Van Doubles

\_\_\_\_ Tanker

\_\_\_\_ Reefer

\_\_\_\_ Triples

\_\_\_\_ Motor Coach

\_\_\_\_ Flatbed

\_\_\_\_ Intermodal

\_\_\_ Car Carrier

\_\_\_ Roll-off

\_\_\_ Dump

Commercial Driving Experience:

(# of months exp.) Tractor Trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI?  Yes  No yes, when? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Truck Driving Position Applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you worked for Ultimate Driver Staffing before? \_\_\_\_\_

If Yes, please provide the dates of previous employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Education:

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduated?  Yes  No

College/Trade School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduated?  Yes  No

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Completion Date \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Employment Record:

Please start with the most recent employer. In accordance with FMCSR 391.21 & . 23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name  
\_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary  
\_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name  
\_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary  
\_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving  
\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing

requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name

Equipment Operated: \_\_\_\_\_ Salary

Position Held \_\_\_\_\_ Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
ULTIMATE Driver Staffing, LLC.

Employment Record Continued:

Employer \_\_\_\_\_ From \_\_\_\_\_ to

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name

Equipment Operated: \_\_\_\_\_ Salary

Position Held \_\_\_\_\_ Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

\_\_\_\_\_  
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Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Salary

Position Held \_\_\_\_\_ Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?  Yes  No

Were you subject to the US DOT alcohol and controlled substances testing requirements?  Yes  No

Explain reason for any gaps greater than 30 days:

ULTIMATE Driver Staffing, LLC.

Commercial Driver's License Information:

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State License Number Class Endorsements Expiration Date

Have you had any motor vehicle accidents in the last 3 years?  Yes  No (attach additional sheets if needed) If yes, please provide details:

Date State Description Of Accident

Have you had any tickets in the last 3 years?  Yes  No. (Other Than Parking Violations) If yes, please provide details:

Date State CONVICTIONS: Forfeited, Bond, or Collateral Penalty

Background:

IMPORTANT - APPLICANTS MUST READ & ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

2. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  Yes  No

If you answered "Yes" to any of the above, please give details.

4. Have you ever been convicted of a felony?  Yes  No

If you answered "Yes", Please explain:

\_\_\_\_\_

(A conviction record will not necessarily be a bar to employment. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.)

5. Have you ever been known by another name?  Yes  No If you answered "Yes", under what name? \_\_\_\_\_

6. Have you ever been convicted of/or have a pending DWI/DUI?  Yes  No If "Yes", when? \_\_\_\_\_

7. Drug conviction  Yes  No If "Yes", when? \_\_\_\_\_

8. Have you ever tested positive or refused a drug and or alcohol test?  Yes  No If yes, when? \_\_\_\_\_ company name: \_\_\_\_\_

\_\_\_\_\_

9. Have you ever been cited for 15 mph + over the speed limit in a commercial vehicle?  Yes  No If yes, date(s) of speeding conviction(s): \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Previous Pre-Employment Employee Alcohol & Drug Test Verification:

Ultimate Driver Staffing, LLC

Company address \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_

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 paragraphs (b)(5) and (e) of this section).

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever 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?  
 Yes  No

2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?

Yes  No

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Prospective Employee Name (print)

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Witness Name (print) \_\_\_\_\_ Witness Signature

ULTIMATE Driver Staffing, LLC.

Pre-Qulification Drug Testing Consent Form

I, (Print Name) \_\_\_\_\_, understand as required by federal regulation (subpart H of 49 CFR, part 391) and Ultimate Driver Staffing, LLC., Driver Substance Abuse Policy for a Drug and Alcohol-Free workplace, I am being required to a pre-employment drug test screening.

I understand driver applicants confirmed as testing positive for drug use prohibits me from obtaining employment with Ultimate Driver Staffing, LLC.

I understand Ultimate Driver Staffing, LLC., will maintain the result of drug test(s), (MRO) Medical Review Officer and reported to Ultimate Driver Staffing, LLC., as a negative or positive result.

I further understand that I may request the test results from the Medical Review Officer within 60 days of my notification of the test result and that the test results will be made known to any Ultimate Driver Staffing, LLC. Customers who request these results.

I agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Under the guidelines established above, I hereby agree to submit to a drug test urinalysis.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Background Inquiry Release Form:

I, (Print Name) \_\_\_\_\_ authorize Ultimate Driver Staffing, LLC and its agencies to make such investigation 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 for all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment decision, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

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

I authorize, without reservation, any part or agency contacted to furnish the above mentioned information.

I hereby release employers, health care providers, schools, and other persons from any and all liability in responding to inquiries and releasing information in connection with my application.

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State

\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_/

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

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Certification of Compliance with Driver License Requirements:

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or 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. POSSESS ONLY ONE LICENSE:

You, as a commercial vehicle driver, may not possess more than one motor

vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15(b)(2) 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 driver's 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Certification of Violations/Annual Review of Driving Record:

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Name of Driver (PRINT)

Social Security Number Date of Employment

Home Terminal (City & State)

Drivers License Number

State Expiration Date

I certify that the following is a true and complete list of traffic violations required

to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box -  None.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
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If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's

Signature \_\_\_\_\_

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving  Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with

driver \_\_\_\_\_

Reviewed by (print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Ultimate Driver Staffing, LLC \_\_\_\_\_ Company  
address \_\_\_\_\_

ULTIMATE Driver Staffing, LLC.

REQUEST INFORMATION FROM PREVIOUS EMPLOYER:

I hereby authorize Ultimate Driver Staffing, LLC. to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years: I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Company: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State

ZIP \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ -

In accordance with Section 391.23, we are obligated to request the information

below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

Requested by: Ultimate Driver Staffing, LLC.

\_\_\_\_\_ Address  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP  
\_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ -  
\_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant  
Signature \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dear Sir / Madam:

The above individual has made application to our company for a position as a \_\_\_\_\_ and states that he/she was employed by you from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ as a \_\_\_\_\_.

TO BE COMPLETED BY PREVIOUS EMPLOYER: - Safety Performance History:

Did he/she drive a commercial motor vehicle for you?  Yes  No

If Yes, what type?  Straight Truck  Tractor-Semi trailer  Bus

Cargo Tank  Doubles/Triples  Flatbed Other (specify) \_\_\_\_\_

Reason for leaving your company:  Discharged  Resignation  Lay Off  Military Duty

Check if there is no safety performance history to report, 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.

Date	Location	# of injuries	# of fatalities	Hazmat Spill
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1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

If this person was not subject to 382 testing requirements while in your employ,

please check here

To your knowledge, at any time within the preceding two years, did this person ever:

1. Had a blood alcohol test with a concentration result of 0.04 or greater? (as described in 49 CFR 382, sub-part C)  Yes  No

2. Test positive for a controlled substance (as described in 49 CFR 40.21)?  Yes  No

3. Refuse to be tested for alcohol or controlled substance?  Yes  No

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

ULTIMATE Driver Staffing, LLC.

DRIVER STATEMENT OF ON-DUTY HOURS:

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name \_\_\_\_\_ SSN \_\_\_\_\_-\_\_\_\_\_-

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_

Day 1(yesterday) 2 3 4 5 6 7

Date

Total

Hours Worked

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

Time \_\_\_\_:\_\_\_\_  AM  PM on (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Driver Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ULTIMATE Driver Staffing, LLC.

Notification and Agreement:

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but

its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a pre-employment drug-screening test. I consent to the investigation, physical and drug test. I hereby authorize Ultimate Driver Staffing, LLC to investigate all statements contained in this application, to interview the references and previous employers listed in the application to be used for employment purposes. I authorize the references and previous employers listed to give the Ultimate Driver Staffing, LLC all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such information to the Ultimate Driver Staffing, LLC, including, but not limited to, any liability or invasion of privacy.

If I am applying for a position as a Driver with Ultimate Driver Staffing, LLC, I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) contacted, for the purpose of investigating 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.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate dismissal by Ultimate Driver Staffing, LLC.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_