## APPLICATION FOR EMPLOYMENT

# O'Hare Freight USA, Inc.

### APPLICANT INFORMATION

Name:(	(First)	(Middle)	(Last)	
	ress:		, ,	
	(Street)	(City)	(State, Zip)	How Long?
Previous Add	ress(es):			
	(Street)	(City)	(State, Zip)	How Long?
	(Street)	(City)	(State, Zip)	How Long?
Phone #:(	)Date	of Birth:	_Social Security #:	
		· · · · · · · · · · · · · · · · · · ·		
	ess:		Phone #:(	)
State		R'S LICENSE INFO		Expiration Date
State /	DRIVE			Expiration Date
State //	DRIVE			Expiration Date
State //	DRIVE	! 	Type /	Expiration Date
	DRIVE License #	driver experie	Type /	Expiration Date
	DRIVE License #	! 	Type /	
	DRIVE License #	driver experie	Type /	
State //_ Type of Equip	DRIVE License #	driver experie	Type /	
///	DRIVE License #	DRIVER EXPERIE	Type / / NCE To (Date) A	pprox. # of Miles
Type of Equip	DRIVE License #  pment Fr	DRIVER EXPERIE om (Date)	Type //  //  NCE  To (Date)  Apoperate a motor vehicle	pprox. # of Miles
Type of Equip	DRIVE  License #  pment Fr  r been denied a license	DRIVER EXPERIE	Type // // // // // // // // // // // // //	pprox. # of Miles ? Yes No

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## AUTHORIZATION TO OBTAIN DRIVING RECORDS (MVR) REQURIED FOR EMPLOYMENT

	O'Hare Freight USA, Inc. Employers Name			
Drivers Full Name	Employers Name			
	621 IL R+,83-Ste. 202			
Address	Employers Address			
City, State, Zip Code	Bensenville, IL 60/06 City, State, Zip Code			
Drivers License Number	Contact Person Phone Number			
Reason to perform Driving Records C	PRE-EMPLOYMENT			
Reason to periorin briting	ANNUAL—DOT—REQUIRED			
I certify that I have authorized Master Safety, Inc. to perform my Driving Records (MVR) check as a requirement of employment at the company listed above.  This authorization should continue throughout the entire duration of my employment with the above company, so that Master Safety, Inc. can perform my Driving Records Check on an annual basis, as required by the U.S. Department of Transportation (DOT).				
SIGNATURE	DAIL			

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#### TICKETS / ACCIDENTS / ETC.

	Date	Description		# of In	juries / Fatalities
Accident		······································			
Record for	·				
Past 3 Yrs.		ne u.e.			
Traffic	Location		Date ,	Charge	Penalty
Convictions					
& Forfeiture					
EURO 1011 IE 1021 (EUROE 10					
101 Tast 5 11					
MARK NAM		EMPLO!	YMENT REC	CORD cial driving experience for p	east 10 years be shown.
Employer:	requires employ	nent for 3 years previou	Emp	loyed From:	To:
Address:			· ·		
Phone:					
Position:	<u></u>				
	ignated as a safety	1 '1' 1 40 - Woo	- No	ode subject to the drug & alco	
Employer:			Emp	loyed From:	To:
Address:					
Phone:		Superv	isor:		
Position:		Reaso	n for Leaving		
Were you subject Was your job des of 49 CFR Part 4	signated as a safety	while employed? In Yes sensitive function in any	DOT regulated mo	ode subject to the drug & alco	phol testing requirements
			Emp	loyed From:	To:
Employer:					
Address:			-laout		
Phone:	<u></u>	Super	ISUF:		
Position:					
Were you subject Was your job dea of 49 CFR Part 4	t to the FMCSRs vignated as a safet 10? I Yes No	while employed?   Yes y sensitive function in an	y DOT regulated m	ode subject to the drug & alc	ohol testing requirements

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## SUPPLEMENTAL EMPLOYMENT RECORD

Employer:	NOTE: DOT	requires employment for 3 years previous and/or		
Phone: (				
Reason for Leaving:	Address:	Marine		
Were you subject to the FMCSRs while employed? □ Yes □ No  Employer:	Phone:	()Supervisor:_		·
Phone: Supervisor:  Position: Reason for Leaving: Were you subject to the FMCSRs while employed? If Yes In No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? If Yes In No  Employer: Employed From: To:  Address: Phone: Supervisor:  Were you subject to the FMCSRs while employed? If Yes In No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? If Yes In No  Employer: Employed From: To:  Employer: Employed From: To:  Employer: No	Were you subject Was your job des of 49 CFR Part 4	t to the FMCSRs while employed? □ Yes □ No signated as a safety sensitive function in any DOT re 0? □ Yes□ No	gulated mode subject to the drug &	alcohol testing requirements
Reason for Leaving:   Now	Address:		· · · · · · · · · · · · · · · · · · ·	
Were you subject to the FMCSRs while employed?	Phone:	Supervisor:_		
Address:  Phone: (	Were you subject Was your job des	t to the FMCSRs while employed?   Yes   No  signated as a safety sensitive function in any DOT re	gulated mode subject to the drug & a	alcohol testing requirements
Phone: (	Employer:		Employed From:	To:
Phone:	10.0% ps			
Were you subject to the FMCSRs while employed? □ Yes □ No  Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? □ Yes□ No  Employer:	Phone:	Supervisor:		
Address:  Phone: Supervisor:	Were you subject Was your job des	t to the FMCSRs while employed?   Yes   No  signated as a safety sensitive function in any DOT re	gulated mode subject to the drug & a	alcohol testing requirements
Address:  Phone: Supervisor:  Position: Reason for Leaving: Were you subject to the FMCSRs while employed? □ Yes □ No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 407 □ Yes □ No  Employer:	Employer:		Employed From:	To:
Position:    Reason for Leaving:   No   No   No   No   No   No   No   N				
Position:  Were you subject to the FMCSRs while employed?	Phone:			
Employer:Employed From:  Address:  Phone: () Supervisor:  Reason for Leaving:	Position: Were you subject	t to the FMCSRs while employed?   Yes   No signated as a safety sensitive function in any DOT re	gulated mode subject to the drug &	alcohol testing requirements
Address:  Phone: (	Employer:		Employed From:	To:
Phone: ()Supervisor:				
Reason for Leaving:		Supervisor:		
TUSICIONA - Section of the second results and the second section of the section		Reason for 1	Leaving:	
Was your job designated as a safety sensitive function	Were you subject Was your job de	ot to the FMCSRs while employed?   Yes   No  signated as a safety sensitive function in any DOT re	egulated mode subject to the drug &	alcohol testing requirements
Ta and the readed please request another sneet to complete missey.	If more spa	ce is needed please request another sn	ser to courbicie masor?	Updated: August 1st, 2013

## **DECLARATION OF EMPLOYMENT STATUS**

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

contents displayed and exception of the contents of the conten		
F	rom:	To:
During this time, I wa	as engaged in the f	following activity:
In addition:		
Iv	was not employed	by any company or individual
Iv	was not convicted otor vehicle or wh	of any criminal act involving the use of a commercial tile driving a commercial motor vehicle
	To Be Rea	ad and Signed By Applicant
history and other related inquiries regarding medi	matters as may be no cal history will be m	nd inquiries of my personal, employment, financial or medical ecessary in arriving at an employment decision. (Generally ade only if and after a conditional offer of employment has been ols, health care providers and other persons from all liability in ation in connection with my application.
In the event of employm interviews may result in the Company.	ent, I understand tha discharge. I underst	t false or misleading information given in my application or and, also, that I am required to abide by all rules and regulations of
I understand that information of the contact of the	SOUTHER PURCHES	ding current and/or previous employers may be used, and those of investigating my safety performance history as required by 49 nave the right to:
• Review information pr	rovided by the previo	ous employers;
Have errors in the information	ormation corrected by	y previous employers and for those previous employers to re-send employer; and
Have a rebuttal statem cannot agree on the accurate.	ent attached to the al	leged erroneous information, if the previous employer(s) and I
Signature:		Date:

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions 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 may be obtained on you for employment purposes. These reports and required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature	Date
Print Name	Social Security Number
Employer Witness	Company Name

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# ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at a	ny time in the last 2 years?	Yes	. No
Have you ever tested positive for drugs or alcohol at any time	me in the last 2 years?	Yes	No
Have you ever tested positive on any pre-employment drug	or alcohol test for a job whi	ch you	applied
for but did not obtain?		Yes	No
If you answered yes to any of the above questions, a	ttach a statement of expl	anatio	n and
provide proof of return to duty process.			
employment. I also understand that any offer of employ of an alcohol and controlled substance test.  Therefore, I agree to submit to the following alcohol and and as defined by the Federal Motor Carrier Safety Reg  • Pre-Employment, to determine employment eligit • Random • Reasonable Suspicion • Post Accident  I certify that I have read, understand, and agree to abid	l controlled substance tests gulation and this company's	in acci	ordance es:
Applicant's Signature	Date		<b></b>
Print Name	Social Security Number		
Employer Witness	Company Name		

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# 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. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.
  - If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your 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 to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:		
Driver's License #:	State:	Exp. Date:
Driver's Signature:		Date:
Notes:	<u> </u>	

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## HOURS OF SERVICE RECORD FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name:	, S. S. #
Day	Total Time on Duty
1	
2	
3	
4	<u> </u>
5	
6	
7	
Total	
I hereby certify that the information belief, and that my last period of rele	contained hereon is true to the best of my knowledge and ase from duty was:
From:	To:
Signature	Date
This form is to be completed on the d	lay before or day of driver's first dispatch.

Updated: August 1st, 2013

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#### CERTIFICATION OF VIOLATIONS

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 for parking only) of which the driver has been convicted, or on account of which he 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.

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 shall so certify. (Section 391.27)

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.

Date	Offense	Location	Type of Vehicle Operated
account of any the past 12 mo	s are listed above, I certi violation (other than th	fy that I have not been convicted or toose I have provided under Part 383)	forfeited bond or collateral on required to be listed during
Driver's license	:#:	State: Exp. Date:	
Date of Certific	eation	Driver's Signature	,
Motor Carrier	's Name	Motor Carrier's Address	
Reviewed By:	Signature	Title	451 001

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# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1:	TO BE COMPLET	ED BY PROS	PECTIVE EM	PLOYEE	
(Print Name)	First, M.I., Last		Social Securit	y Number	Date of Birth
		Herby auth	orize:		•
revious Employer:					
treet:				Fax No.:	
To release and forward Testing records within	the information requested by the previous 3 years from	y section 3 of this (	locument concern	ing my Alcohol and	d Controlled Substance
To: Safety Department Attn: Safety (630) 422 Phone: Prospective Employer:	-7494 – please fax to this nu	mber		1 a written form tha	nt ensures confidentiality,
uch as fax, letter, or e	mail.				
				Date	
Applicant's S					
Section 2:	TO BE CO	MPLETED BY ACCIDENT I	PREVIOUS I HISTORY	EMPLOYER	
The applicant named a	bove was employed by us.	□ Yes □ No			
mployed from (m/v)		_to (m/y)		<u>-</u>	
1. Did he/she drive mo	otor vehicle for you?   Yes	□ No If yes,	what type? □ St	raight Truck	☐ Tractor Traile
Donner for leaving	vour employ:   Discharge	I □ Resignation	☐ Lay Off	☐ Military Duty	
f there is no safety pe	rformance history to report,	check here $\square$ , sign	Delow & Letain.		
	omplete the following for an		a an vous annident	t register (§390.15( ere is no accident r	<ul><li>b) that involved the egister data for this driver.</li></ul>
applicant in the 5 year	Location		No of Injuries	No of Fatalities	Hazmat Spill
Date	Location				
1					
2				•	
3.  Please provide inform insurers or retained un	ation concerning any other a	ccidents involving es:	the applicant that	were reported to go	overnment agencies or
		Title:		Date:	
	TO RE CO	MPLETED R	V PREVIOUS	EMPLOYER	
Section 3:	յ Մ ՄԻ ՄՄ	TA CTY I WELL BEING	COHOL HIS	TORY	Updated: August 1st, 20

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If driver was not subject to DOT testing requirements while employed by this employer please check here   to (m/y) to (m/y), complete bottom of Section 3, sign, and return.  Driver was subject to DOT testing requirements from (m/y) to (m/y)					
		YES	NO		
1. Has this person had an alcohol test with a result of 0.04 or higher?					
2. Has this person tested positive or adulterated or substituted a test specimen for controlled su	ostances?				
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow controlled substance test?	up				
<ul> <li>4. Has this person committed other violations of Subpart B of Part 382 or Part 40?</li> <li>5. If this person has violated a DOT drug &amp; alcohol regulation, did this person complete a SAP rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes,</li> </ul>	prescribed	□ ! !			
documentation with this form.  6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive did	employ, ug test,				
or refuse to be tested?					
in the previous 3 years prior to the application date shown in Section 1.  Name: Telephone:	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 in Section 1.				
Company: Street: City: State:		Zip:			
Street: City: State:					
Section 3 completed by (Signature) Date:					
Section 4 TO BE COMPLETED BY [COMPANY]					
1 <sup>st</sup> Attempt	ther				
This form was (check one) in Paxed to provious employer in the state of the state o	•				
By: Date:					
2 <sup>nd</sup> Attempt					
This form was (check one) □ Faxed to previous employer □ Mailed □ O	ther				
3 <sup>rd</sup> Attempt					
ATTOM CV SECTION COMM. TO THE COMMENT OF THE COM	ther				
Information was received by: ☐ Fax ☐ Mail ☐ Other					
Date received:					

SAFETY PERFORMANCE HISTORY RECURDS REQUEST

#### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE Section 1:

First, M.I., Last   Social Security Number   Date of Birth	Į.	irst, M.I., Last		Social Securit	y Number	Date of Birth
Street: Fax No.:  City, State, Zip:  Corelease and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance (date of employment application)  To: Safety Department Attm: Safety (630) 422-7494 - please fax to this number Phonon:  Prospective Employer:  In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidential such as fax, letter, or email.  Applicant's Signature  Section 2:  TO BE COMPLETED BY PREVIOUS EMPLOYER  ACCIDENT HISTORY  The applicant named above was employed by us.   Yes   No    Employed from (m/y)   to (m/y)    1. Did he/she drive motor vehicle for you?   Yes   No   If yes, what type?   Straight Truck   Tractor Tructor Truc						
Fax No.:	Provious Employor:				Telephone:	
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	Street:			<u> </u>	Fax No.:	<del></del>
Testing records within the previous 3 years from	City, State, Zip:					
Testing records within the previous 3 years from	To release and forward the	information requested by	section 3 of this	document concern	ing my Alcohol an	d Controlled Substance
To safety (630) 422-7494 - please fax to this number shone:  Prospective Employer:  In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentialization as fax, letter, or email.  Applicant's Signature  Section 2:  TO BE COMPLETED BY PREVIOUS EMPLOYER  ACCIDENT HISTORY  The applicant named above was employed by us.	resting records within the p	revious 3 years from	(date of employ	vment application)		•
Attn: Safety (630) 422-7494 - please fax to this number Prospective Employer:  In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentialization as fax, letter, or email.  Applicant's Signature  Section 2:  TO BE COMPLETED BY PREVIOUS EMPLOYER  ACCIDENT HISTORY  The applicant named above was employed by us.   Yes   No    Employed from (m/y)			(date of ompro	mont approactors,		
Applicant's Signature  Section 2:  TO BE COMPLETED BY PREVIOUS EMPLOYER  ACCIDENT HISTORY  The applicant named above was employed by us.   Yes   No    Employed from (m/y)	Attn: Safety (630) 422-749 Phone:	4 - please fax to this nun	nber			
Applicant's Signature  TO BE COMPLETED BY PREVIOUS EMPLOYER  ACCIDENT HISTORY  The applicant named above was employed by us.	In compliance with §40.25( such as fax, letter, or email.	g) and 391.23(h), release	e of this informati	on must be made in		at ensures confidentiality,
ACCIDENT HISTORY  The applicant named above was employed by us.	Applicant's Signat	ure	— ————————————————————————————————————	, DDEWIATIC I		
Employed from (m/y)	Section 2:	TO BE COM	ACCIDENT	HISTORY	MILOIEK	
Employed from (m/y)	The annional above					
1. Did he/she drive motor vehicle for you?	I de applicant hamed above	was employed by as-	to (m/u)			
1. Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Other (Specify) ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty  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 & 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 dri applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this dri Date ☐ Location ☐ No of Injuries ☐ No of Fatalities ☐ Hazmat Spill ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Employed from (m/y)		_10 (111/y)	1 0 = 0.0		☐ Tractor Traile
2. Reason for leaving your employ: □ Discharged □ Resignation □ Lay Off □ Mintary Duty  If there is no safety performance history to report, check here □, sign below & 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 dri applicant in the 3 years prior to the application date shown above, or check here □ if there is no accident register data for this dri applicant in the 3 years prior to the application date shown above, or check here □ if there is no accident register data for this dri applicant in the 3 years prior to the applicant shown above, or check here □ if there is no accident register data for this dri applicant in the 3 years prior to the applicant shown above, or check here □ if there is no accident register data for this dri applicant in the 3 years prior to the applicant shown above, or check here □ if there is no accident register (§390.15(b) that involved the applicant register	<ol> <li>Did he/she drive motor v</li> </ol>	vehicle for you? ☐ Yes	□ No If yes	s, what type? $\Box$ Si	raight Truck	S TO SHOW SHOWS AND
2. Reason for leaving your employ:   It there is no safety performance history to report, check here   If there is no safety performance history to report, check here   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 driapplicant in the 3 years prior to the application date shown above, or check here   If there is no accident register data for this driapplicant in the 3 years prior to the application date shown above, or check here   If there is no accident register data for this driapplicant in the 3 years prior to the applicant of the applicant shown above, or check here   If there is no accident register data for this driapplicant in the 3 years prior to the applicant of the applicant shown above, or check here   If there is no accident register (§390.15(b) that involved the applicant in the 3 years prior to the applicant of the applicant shown above, or check here   If there is no accident register (§390.15(b) that involved the applicant register	☐ Other (Specify)			- 1 Off	m Militory Duty	
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 dripate.  Date  Location  No of Injuries  No of Fatalities  Hazmat Spill  Location  Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:	<ol><li>Reason for leaving your</li></ol>	employ: Discharged	Resignation	below & return.	□ Ivilitary Duty	
applicant in the 3 years prior to the application date shown above, or check here in the solution of Fatalities.  Date Location No of Injuries No of Fatalities Hazmat Spill  2	If there is no safety perforn	iance history to report, c	neck here Li, sigi		(8200.15/	h) that involved the
applicant in the 3 years prior to the application date shown above, or check here in the solution of Fatalities.  Date Location No of Injuries No of Fatalities Hazmat Spill  2	ACCIDENTS: Compl	ete the following for any	accidents includ	ed on your accident	; register (§390.13) ere is no accident t	egister data for this driver.
Date Location No of Injuries No of Fatalities Hazmat Spin  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:  Date:	applicant in the 3 years pric	or to the application date	shown above, or	cneck here in it	OIO ID IIO W	
2						Hazmat Spill
2						
3						
Date:	L					mont egencies Or
Title: Date:	3. Please provide information insurers or retained under	concerning any other ac internal company policie	ccidents involvings:	g the applicant that	were reported to g	Sveriment agencies of
Signature: Date:						
	G!towns		Title		_ Date:	
Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER	Signature:					

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If driver was not subject to DOT testing requirements while employed by this employer please check here employment from (m/y) to (m/y), complete bottom of Section 3, sign, and return Driver was subject to DOT testing requirements from (m/y) to (m/y)	: □, fill i n.	n the dates of
	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?		
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?		
<ul> <li>4. Has this person committed other violations of Subpart B of Part 382 or Part 40?</li> <li>5. If this person has violated a DOT drug &amp; 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 sen</li> </ul>		
documentation with this form.  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?		
In answering these questions, include any required DOT drug or alcohol testing information obtained from in the previous 3 years prior to the application date shown in Section 1.		
Name: Telephone:		<del></del>
Company:	7ia)	
Street: City: State:	Zih:	
Section 3 completed by (Signature) Date:		
Section 4 TO BE COMPLETED BY [COMPANY]		
1 <sup>st</sup> Attempt		
This form was (check one)   Faxed to previous employer   Mailed   Other	<u> </u>	e.
By: Date:		
2 <sup>nd</sup> Attempt		
This form was (check one)   Faxed to previous employer   Mailed   Other	<del></del>	•
By: Date:		
3 <sup>rd</sup> Attempt		•
This form was (check one)   Faxed to previous employer   Mailed   Other		
By: Date:	<del></del>	<del></del>
Information was received by: ☐ Fax ☐ Mail ☐ Other		
Date received:		

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## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1:	TO BE COMPLET	ED BY PROS	PECTIVE EN	MPLOYEE	
T (Dulut No. 1)					
i, (Frint Name)	First, M.I., Last		Social Secur	ity Number	Date of Birth
	- · · · · · · · · · · · · · · · · · · ·	Herby auth		ity Ivanioci	Date of Billi
Previous Employer:		Walter Walter		Telephone:	
Street:				T	*
City, State, Zip:				-	
To release and forward th	e information requested by previous 3 years from	section 3 of this	document concert	ning my Alcohol an	d Controlled Substance
Attn: Safety (630) 422-7	494 - please fax to this nu	(date of employ mber	ment application)		
Phone: (630)422-7497 Prospective Employer:				(66)	
In compliance with §40.2: such as fax, letter, or email	5(g) and 391.23(h), release il.	of this informatio	on must be made i		at ensures confidentiality,
Applicant's Sign	ature	<b></b> -		Date	•
Section 2:		IPLETED BY ACCIDENT I		EMPLOYER	
mt t t d abov			1131 OK 1		
EXP)	e was employed by us.				
\$2 W					
	vehicle for you? □ Yes		what type? □ St	raight Truck	☐ Tractor Trailer
	r employ:   Discharged		☐ Lay Off	☐ Military Duty	
If there is no safety perfor	mance history to report, ch	eck here 🗆, sign	below & return.		
ACCIDENTS: Comp	lete the following for any for to the application date s	accidents included	l on your accident heck here □ if the	ere is no accident re	egister data for tills diffor.
Date	Location		No of Injuries	No of Fatalities	Hazmat Spili
1		<del>_</del>			
2,					
3	n concerning any other accinternal company policies	idents involving t	he applicant that v	were reported to go	vernment agencies or
Signature:		Title:		Date: _	
	4				

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Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER		
DRUG AND ALCOHOL HISTORY		
If driver was not subject to DOT testing requirements while employed by this employer please check here employment from (m/y) to (m/y), complete bottom of Section 3, sign, and return Driver was subject to DOT testing requirements from (m/y) to (m/y)	□, fill in	the dates of
Driver was subject to DOT testing requirements from (m/y) to (m/y)	YES	NO
Has this person had an alcohol test with a result of 0.04 or higher?		
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?		
<ul> <li>4. Has this person committed other violations of Subpart B of Part 382 or Part 40?</li> <li>5. If this person has violated a DOT drug &amp; 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</li> </ul>		
documentation with this form.		
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?	口	
TOOT I I I I I I I I I I I I I I I I I I	nriar nra	wious employers
In answering these questions, include any required DOT drug or alcohol testing information obtained from in the previous 3 years prior to the application date shown in Section 1.	prior pre	Atom embrolem
Name: Telephone:		
Company:		
Street:	Zip:	
Section 3 completed by (Signature) Date:		
Section 4 TO BE COMPLETED BY [COMPANY]		
1 <sup>st</sup> Attempt		•
This form was (check one) □ Faxed to previous employer □ Mailed □ Other		
Date:	100 E	
Ву;		
2 <sup>nd</sup> Attempt  The Company Check and The Faved to previous employer Mailed Other		
This form was (check one) in Passes to provide only in		
By: Date:		0.0
3 <sup>rd</sup> Attempt		
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Other		
By; Date:		
Information was received by:   Fax   Mail   Other		5
Date received:		

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## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) First, M.I., Last Social Security Number Date of Birth
Herby authorize:
Previous Employer: Telephone: Street: Fax No.:
Street: Fax No.:
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
Attn: Safety (630) 422-7494 - please fax to this number Phone: (630)422-7497 Prospective Employer:
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, letter, or email.
Applicant's Signature Date
Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER ACCIDENT HISTORY
The applicant named above was employed by us. $\square$ Yes $\square$ No
Employed from (m/y)to (m/y)
1. Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor Trailer ☐ 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 $\square$ , sign below & 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.
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:   Date:
Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  Updated: August 1st, 2013

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DRUG AND ALCOHOL HISTORY			
If driver was not subject to DOT testing requirements while employed by this employer please check he employment from (m/y) to (m/y), complete bottom of Section 3, sign, and red Driver was subject to DOT testing requirements from (m/y) to (m/y) to (m/y)	ere □, fill i turn.	n the dates o	f
	YES	NO	
1. Has this person had an alcohol test with a result of 0.04 or higher?		□ .	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances	? 🗆		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?			
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?			
5. If this person has violated a DOT drug & alcohol regulation, did this person complete a SAP prescrib rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please s	oed end		
documentation with this form.  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?			
	_	· <del></del>	
In answering these questions, include any required DOT drug or alcohol testing information obtained from the previous 3 years prior to the application date shown in Section 1.	om prior pre	evious emplo	yers
Name: Telephone:			
Company:		•	
Street:         City:         State:	Zip:		_
Section 3 completed by (Signature) Date:			
Section 4 TO BE COMPLETED BY [COMPANY]			
1 <sup>st</sup> Attempt			
This form was (check one) □ Faxed to previous employer □ Mailed □ Other			
7			
By: Date:			
2 <sup>nd</sup> Attempt			
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Other			
By: Date:			
3 <sup>rd</sup> Attempt			
This form was (check one)   Faxed to previous employer   Mailed   Other			
By: Date:		<del></del>	
Information was received by:   Fax   Mail   Other			
Information was received by. $\square$ Tax			