



MARTIN CARTAGE & EXPRESS, INC.

PART 1 DRIVER SET-UP PACKET

Effective 01-01-2013

Attention: Potential Driver

Attached is the Driver Set-Up Packet. Your information will be sent to TLC and our insurance carrier for pre-approval. Once pre-approved, you will be contacted to complete the hiring process.

In addition to the attached forms, We will need copies of the following:

1. Copy of driver's CDL (color copy preferred)
2. Copy of current Medical Certificate, if available

Below are details on the attached documentation. Make sure to read this carefully. Incomplete paperwork will delay your pre-approval and the paperwork will be returned to you for completion:

- Application: Make sure to provide a minimum of 10 years of employment history WITH NO GAPS in dates between employment. If there are gaps in employment, these dates must be outlined as "out of work" or "on unemployment".
- Experience: Our CDL drivers are required to have a minimum of 3 years of CDL driving experience.
- Request for Information from a Previous Employer: Only complete the top section of this form including the date, applicant's signature, and applicant's printed name on the form. Leave the rest of the details blank (Example: previous employers name, phone, fax, etc.). This form will be used for multiple employer references, so we will be making several copies of this form and entering the data of your previous employers for background checks.

If you have any questions on how to properly complete these forms, please call. Please return these forms to my attention via email.

Regards,
Bill Gazarek
Director, Sales and Operations
MARTIN Cartage & Express, Inc.
745 Dillon Drive Wood Dale, Illinois 60191
Phone. 630-616-1199
Fax. 630-616-1284
Email. Billg@mcartage.com
Visit our website at www.mcartage.com



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Assignment To / TLC Client Name: MARTIN CARTAGE AND EXPRESS, INC.
TLC Client Address: 745 DILLON DRIVE, WOOD DALE, IL 60191

Position Applying For: _____ Type of Truck _____
Local ____ OTR ____ License Type/Class required: A B C Other _____

DATE OF APPLICATION: ____/____/____

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Social Security Number:	
Address:		County:	
City, State, Zip:		Home Phone: () Mobile Phone: ()	
Address For Past Three Years	Street _____ City _____ State & Zip Code _____		How Long?
	Street _____ City _____ State & Zip Code _____		How Long?
Date of Birth ____/____/____ <small>(Required for Commercial Drivers)</small>		Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Who referred you to TLC? _____	

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any local, city or county taxes you are subject to:
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment:	What school district do you live in?

Is there any reason you *would not* be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) NO YES If YES, please explain below:

EMERGENCY INFORMATION				
In case of emergency, contact:	Name:	Relationship:	Phone Number: ()	City, State:

EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

CDL DRIVERS MUST PROVIDE A MINIMUM OF 10 YEARS OF EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

EMPLOYMENT HISTORY

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CDL DRIVERS MUST PROVIDE A MINIMUM OF 10 YEARS OF EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		
CONTACT PERSON:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		
CONTACT PERSON:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		
CONTACT PERSON:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		
CONTACT PERSON:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			
<p>A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>B. Has any license, permit or privilege ever been suspended or revoked?YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>C. Have you ever been convicted of a felony?.....YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If u re a M ssach s ttr s n o you a a pl ng for in Ph lad l ha, PA or Ne , NJ yo m y sregard h lony question)</i></p> <p>D. Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p>				<p>**If you answered yes to any of these questions please provide details on a separate sheet**</p>

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS:
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DRIVING RECORD
ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Mo. Day Yr.	(HEAD-ON, REAR-END, UPSET, ETC.)		
LAST ACCIDENT: / /			
NEXT PREVIOUS: / /			
NEXT PREVIOUS: / /			

HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

EDUCATION																		
CIRCLE HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	HIGH SCHOOL	1	2	3	4	COLLEGE	1	2	3	4
LAST SCHOOL ATTENDED	NAME:								DATE:									

EXPERIENCE AND QUALIFICATIONS – OTHER
SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: _____
LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION: _____

PLEASE READ AND SIGN BELOW

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

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from HireRight. These reports may include: previous employer verifications, reason for termination, accidents, driving records, workers compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize The TLC Companies to release any and all information regarding myself to any of its lessees that TLC may consider assigning me to. You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature



Corporate Offices
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

MARTIN CARTAGE & EXPRESS, INC. - LESSEE

**REQUEST FOR INFORMATION
FROM A PREVIOUS EMPLOYER**

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

1st Attempt: _____
2nd Attempt: _____
3rd Attempt: _____
4th Attempt: _____

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to The TLC Companies for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. **A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS (FMCSR 40.321).**

_____ Date _____ Applicant's Signature _____ Applicant's Printed Name

Previous Employer Name: _____ **Fax #:** _____
Address: _____ **Phone #:** _____

Applicant: do not complete anything below this line.

The individual named below has applied to our company, or one of our client companies, for a position as a **Commercial driver** and states that he/she was employed by your company as a(n) _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: _____, TLC Customer Service Rep.

1. Name of applicant:		Last 4 digits of SSN:	
2. Employed from: _____ to: _____ as(n): _____			
3. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____			
4. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container			
5. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		6. Were DOT Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Was he/she an on-time and dependable driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Was his/her overall work record satisfactory?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military			
10. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____			
11. Please advise of any injuries, illnesses or prescribed medications:			
12. Please advise of dates and details of any DOT reportable accidents or tickets (specify # of injuries, fatalities, property damage, hazardous spills, etc.):			
13. Do you know of any reason why this person could not perform all the required duties of this position?			
14. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.:			
15. In the past <u>3 years</u> did he/she:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
test 0.04 or greater for alcohol?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
test positive for Controlled Substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
refuse to be tested while in your employ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
violate any other Drug/Alcohol prohibitions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge fail a drug or alcohol test for a previous employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above questions, please provide date test was failed or refused _____			
If YES to the above, did the driver follow the mandatory treatment steps? _____			
Person providing verification, please sign below:			
SIGNATURE: _____		PRINTED NAME/TITLE: _____	DATE: _____



Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

MARTIN CARTAGE & EXPRESS, INC. - LESSEE

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

Personnel ff ce
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

Disclosure:

A consumer report and a criminal background report may be procured by Transport Leasing/Contract, Inc. or any of its affiliates (collectively, the "Company") as part of your application for employment and to periodically obtain updated reports. Among the reports that may be procured by the Company are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report") for applicants applying for positions as commercial drivers.

As required by the Fair Credit Reporting Act (the "FCRA"), this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records.

Authorization:

This signed Authorization is my authorization and consent for the Company to procure consumer and criminal background reports, including a PSP Report, from time to time as required by the Company for employment purposes. I understand and agree that I am subject to a consumer and criminal background report to determine my eligibility, and continued eligibility, for employment and I specifically authorize the release, without any liability to the Company whatsoever, of any findings for those purposes only.

I further understand and agree that consumer and criminal background reports and PSP Reports are an absolute and unconditional condition precedent to acceptance or approval by the Company of my application for employment and continued employment, and the results of those reports may also, in the sole and absolute discretion of the Company, constitute grounds for rejection or termination. However, should the information received in the consumer report be adverse and the reason in whole or in part for denial, a copy of the adverse report will be provided to me. Should I dispute the information obtained from the Consumer Reporting Agency, I have the right to obtain a free disclosure of the consumer report if the report is requested within 60 days. Should I dispute the accuracy or completeness of any information provided by the Consumer Reporting Agency, I can dispute the inaccurate items with the source of the information.

I acknowledge and confirm that obtaining the reports and information are reasonable and necessary in order to determine my qualifications and competency for employment. This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports, including PSP Reports, at any time during my employment and the qualification process with respect thereto. I understand that, upon termination of my employment for any reason, this authorization will have no further effect. To obtain a copy of the Fair Credit Reporting Act Summary of Rights Notice you may visit our website at: www.tlchrconnect.com

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

Signature: _____

Date: _____

Printed Name: _____

Last 4 digits of Social Security Number: _____

**IMPORTANT NOTICE TO DRIVERS
PRE-EMPLOYMENT SCREENING PROGRAM (PSP) &
BACKGROUND REPORTS**

Disclosure:

- A consumer report and a criminal background report may be procured by Martin Cartage & Express, Inc. or any of its affiliates (collectively, the "Prospective Employer") as part of your application for employment and to periodically obtain updated reports. Among the reports that may be procured by the Prospective Employer are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report") for applicants applying for positions as commercial drivers.
- As required by the Fair Credit Reporting Act (the "FCRA"), this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records.
- In connection with your application for employment with Martin Cartage ("Prospective Employer"), Prospective Employer, its employees, agents or contractors 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 FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.
- When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.
- The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

Authorization:

- If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:
- This signed Authorization is my authorization and consent for the Prospective Employer to procure consumer and criminal background reports, including a PSP Report, as required by the Prospective Employer for employment purposes. I understand and agree that I am subject to a consumer and criminal background report to determine my eligibility, and continued eligibility, for employment and I specifically authorize the release, without any liability to the Prospective Employer whatsoever, of any findings for those purposes only.
- **I authorize Martin Cartage and Express, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**
- I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.
- I acknowledge and confirm that obtaining the reports and information are reasonable and necessary in order to determine my qualifications and competency for employment. This authorization shall remain on file and shall serve as on-going authorization for the Prospective Employer to procure consumer and criminal background reports, at any time during my employment and the qualification process with respect thereto. I understand that, upon termination of my employment for any reason, this authorization will have no further effect. To obtain a copy of the Fair Credit Reporting Act Summary of Rights Notice you may visit our website at: www.tlchrconnect.com

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report. I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:	
Signature:	
Name (Please Print):	

FORM EFFECTIVE 10-16-2013



MARTIN CARTAGE & EXPRESS, INC. - LESSEE

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

ESSENTIAL JOB FUNCTIONS WORKSHEET
COMMERCIAL TRUCK DRIVER (CLASS A & B)

rs nn l ffc
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1. Can you sit and drive as is required for an 11-hour shift?
2. Can you perform repetitive motion tasks with your hands and wrists?
3. Can you push and pull levers or objects that require 100 lbs. of force or more?
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
5. If required, are you able to reach and lift 60 lbs. above your head?
6. Can you climb stairs to safely get in and out of a truck or with a load regularly?
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?
8. If required, are you able to lift and move 100 lbs. or more?
9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part §391.41 of the Federal Motor Carrier Safety Regulations?
If Yes, please explain:

For any No answers to questions 1-8 above, please explain below:

Prompt and reliable attendance is a job requirement.
I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Applicant

Date

Printed Name

Social Security Number

PRE-EMPLOYMENT and EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-Employment and Employment testing requirements apply to driver-applications of this company.

382.301 Pre-Employment testing requirements

- A. A Motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- B. A driver-applicant shall submit to controlled substance testing as prequalification condition.
- C. Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a motor vehicle for Martin Cartage.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to Martin Cartage.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment and Employment Urinalysis Consent Agreement.

Employee/Applicant's Printed Name:	
Employee/Applicant's Signature:	
Date of Signature:	

Martin Cartage Representative Printed Name:	
Martin Cartage Representative Signature:	
Date of Signature:	