

APPLICATION FOR OPERATOR

XX NAME _____
 (First) (Middle) (Last)

XX ADDRESS _____

XX _____
 (City) (State) (Zip) (How Long?)

XX Email: _____

XX Emergency Contact, relationship and phone number:

XX DATE OF BIRTH _____ **XX SSN** _____

XX TELEPHONE # _____ **XX CELL PHONE #** _____

X PREVIOUS ADDRESSES FOR PAST 3 YEARS

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

XX OPERATOR LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

X DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	X	X	X	
TRACTOR & SEMI-TRAILER	X	X	X	
OTHER	X	X	X	

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

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

XX TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS - ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

Have you ever been convicted of a Felony, OWI, DUI or DWI? Yes No

If yes, please explain _____

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

If yes, please explain _____

Have you ever tested positive for drugs and/or alcohol? Yes No

If yes, please explain _____

Past Employment Record

(List ALL past employment for the last 10 yrs and include ALL DOT regulated past employers)
ALL CONTACT INFO FOR EACH EMPLOYER IS REQUIRED; FILL IN ALL THE BLANKS AND ASSURE THERE ARE NO GAPS LONGER THAN 30 DAYS BETWEEN JOBS. START WITH YOUR MOST RECENT POSITION BEFORE APPLYING WITH AMERICAN MOTOR TRANSPORTATION.

Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

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

Applicant's Signature _____

Date _____

Printed Name _____

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

Past Employment Record (Attachment Sheet for Additional Employers)

Fifth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Sixth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Seventh Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Eighth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Ninth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Tenth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

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

Applicant's Signature _____ Date _____

Printed Name _____

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

PAST EMPLOYMENT SAFETY HISTORY REQUEST FROM: Trucking Experts, LLC. PHONE: 708-362-6162
 Please return by faxing to 708-362-6177 or by mailing to 2130 West 163rd Place, Markham, IL 60428. Your promptness in this matter is appreciated, thank you. The person named herein has applied to Trucking Experts, LLC. for employment in a safety-sensitive position.

I, X _____, the listed applicant below, hereby authorize the following company to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to Trucking Experts, LLC. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

X _____ X _____
 Applicant's Signature Date

Company Phone Fax

Address
 Name of Applicant: X _____ Social Security Number: X _____

Dates of Employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___
 Position(s) Held: _____ Local: ___ Regional: ___ Over-the-Road: ___
 Did this Operator operate commercial motor vehicles greater than 26,000 lbs GVWR? ___yes ___no
 Type of Equipment Operated: ___Dry Van ___Flatbed ___Reefer Other (please list): _____
 Reason for Leaving: ___Voluntary ___Lay-Off ___Terminated ___Retired
 If Terminated, why? _____
 Eligible for Rehire? ___Yes ___No ___Upon Review ___No, Company Policy

Motor Vehicle Accident/Equipment Damage/Incident Inquiry. If no accidents please check box none

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

Alcohol & Controlled Substance Testing Inquiry

Has this Operator ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? ___yes ___no
 Has this Operator ever had a positive drug test in the past 3 years? ___yes ___no
 Has this Operator refused a controlled substance test and/or alcohol test within the past 3 years? ___yes ___no
 Has this Operator violated any other DOT drug/alcohol regulation? ___yes ___no
 If yes, please explain the violation: _____
 Have you ever received information from a previous employer that this Operator violated any DOT drug and alcohol regulations? ___yes ___no *If the answer to any of the above questions is "Yes", please provide details below:
 Reason for test(s): _____ Result of test(s): _____
 If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? ___yes ___No
 Any other remarks: _____

Verification Completed By: _____ Title: _____

Phone Number: _____ Verification Date: _____

First Request Date: ___/___/___	Second Request Date: ___/___/___	Third Request Date: ___/___/___
Fax ___ Mail ___ Phone ___	Fax ___ Mail ___ Phone ___	Fax ___ Mail ___ Phone ___
Initials _____	Initials _____	Initials _____

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

**MOTOR VEHICLE OPERATOR'S CERTIFICATION OF VIOLATIONS
AND ANNUAL REVIEW OF DRIVING RECORD
(Completed in accordance with 49 CFR 391.25 and 391.27)**

Operator's Name: X _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

X _____
Date of Certification

X _____
Operator's Signature

I have reviewed the driving record and safety history of the above named Operator in accordance with 49 CFR Part 391 and determined that the Operator:

- Meets minimum safe driving requirements

- Is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.15 or does not meet our safety fitness standards

Date of Review

Reviewer's Signature and Title

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

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Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Operators)

INSTRUCTIONS: Motor carriers when using an operator for the first time shall obtain from the operator a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such Operator 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.

Operator's Name: X _____

Social Security Num. X _____

XX Operator's License State: _____ X Number: _____ X Class: _____

XX Endorsement(s): _____ X Restriction(s): _____ X Type of License: _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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

A.M.
 _____ P.M. On _____
 Time Day Month Year

X _____
 Operator's Signature

X _____
 Date

OPERATOR CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, an Operator must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal

Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

XX Are you currently working for another employer? Yes No

XX At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

X _____
 Operator's Signature

X _____
 Date

 Company Representative Signature

 Date

Operator Training Certificate

Date of Issuance of Certificate: X _____

Training Provider: **Trucking Experts, LLC.**
2130 West 163rd Place, Markham, IL 60428

Name of Operator: X _____

The above named Operator has been trained on the following requirements in accordance with 49 CFR Part 380:

Operator qualification requirements including

- **Medical certification**
- **Medical examination procedures**
- **General qualifications**
- **Responsibilities**
- **Disqualifications based in various offenses, orders and loss of driving privileges**

Hours of Service including

- **Limitations on driving hours**
- **Requirement to be off-duty for certain periods of time**
- **Record of duty status preparation, and exceptions**
- **Fatigue countermeasures as a means to avoid crashes**

Operator Wellness

- **Basic health maintenance including diet and exercise**
- **Importance of avoiding excessive use of alcohol**

Whistleblower protection

- **Rights of an employee to question the safety practices of an employer without the employee's risk of loosing a job or being subject to reprisals simply for stating a safety concern.**

I certify that X _____ has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for Operator training in accordance with 49 CFR 380.503.

Operator Signature: X _____

Trainer Signature: _____

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

**Motor Carrier's Medical Examiner's National Registry Verification
To be completed by safety personnel**

Motor Carrier Instructions: The requirement to include verification of the National Registry Listing in the driver's qualification file was published in the *Federal Register* April 20, 2012. Beginning May 21, 2014, motor carrier must verify that the medical examiner who is listed on the National Registry. This requirement is prescribed in FMCSA Part 391.23 and 391.51.

FMCSA Part 391.23 Investigation and inquiries (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with part 391.43 and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver's qualification file, before allowing the driver to operate a CMV. (FMCSA part 391.23(m)(1))

FMCSA Part 391.51 General Requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by Part 391.23(m). (Part 391.51(b)(9))

Motor Carrier Verification: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Drivers Name: _____ **Identification Number:** _____

Medical Examiner: _____

National Registry Number: _____

**Motor Carrier: Trucking Experts, LLC.
2130 West 163rd Place, Markham, IL 60428**

Verified By: _____ **Date:** _____

**Motor Carrier Representative Signature
(This information is required for DOT Compliance)**

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

Pre-Employment Agreements and Requirements

Applicant's/Operator's Name: X _____
(Please Print)

Please read the following carefully and sign and date each section. If you have any questions please ask. This is not a contract of employment. Employment is at will.

Pre-Employment Agreements

I understand that contract at Trucking Experts, LLC. is "at-will", and may be terminated by the operator or Trucking Experts, LLC. at any time for any reason. I further understand that the first 90 days of operation are probationary. During this period Trucking Experts, LLC. will determine my qualifications and suitability for truck driving with Trucking Experts, LLC. During this period I may be disqualified without further recourse or my employment may be terminated without reason. If necessary, the probationary period may be extended. Please see automatic payroll deduction for resignation given less than 14 days.

Operators must meet the following requirements before and during employment:

- Be able to pass U.S. DOT Controlled Substance and Alcohol Testing
- Be able to pass FMCSA physical requirements
- Have a valid CDL in the state of primary residence, if not, must obtain within 30 days
- No Alcohol or Drug related offenses within the past 5 years, state or federal
- No felony conviction(s) within the past 5 years (any conviction(s) beyond 5 years is subject to company review)
- No previous accidents resulting from a rear end, lane change/sideswipe, rollover (all other accidents and accident during employment will be reviewed on a case by case basis)
- Be able to drive/operate in all lower 48 states
- Adhere to all company policies
- Not have any serious traffic violations within the past three years including excessive speeding of 15 mph or more above the posted speed limit (all traffic violations obtained during employment will be reviewed on a case by case basis dependent upon seriousness of the violations, safety record and time with the company)
- No reckless driving and/or erratic driving
- No hit and run accidents or failure to report an accident

I understand the above requirements and agree to familiarize myself with the Operator Company Handbook and Drug & Alcohol Policy given to me at orientation. I understand that I am responsible for following the Company policies and procedures in these manuals.

X _____
Applicant's Signature

X _____
Date

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

Operator Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each Operator, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer Trucking Experts, LLC.

Operators have:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the Operator cannot agree on the accuracy of the information.

X _____
Applicant's Signature

X _____
Date

Past Pre-Employment Drug & Alcohol Testing

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive 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?

X Yes No

X _____
Applicant's Signature

X _____
Date

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

No Passenger Agreement

I X _____ will **not** allow any passengers to enter any part of the Equipment leased to or operated under the authority of Trucking Experts, LLC. No one under the age of thirteen will be allowed in a truck operated under the authority of Trucking Experts, LLC. at anytime. I understand that if I fail to adhere to the above requirements I may be subject to disciplinary action including termination.

X _____
Applicant's Signature

X _____
Date

Cell Phone Restrictions

All operators of commercial motor vehicles are NOT ALLOWED to use a hand held mobile device or any other electronic devices that cause distractions while operating a CMV. Hands free devices and CB radios are still allowed. Drivers will face a fine of up to \$2700.00 and they are subjected to losing their CDL after two offenses. The trucking company faces a fine of up to \$11,000. PLEASE NOTE: Trucking Experts, LLC. WILL NOT TOLERATE this violation or this fine. Should you be caught with using ANY hand held device during operation, you, the operator, will be subject to paying the fine for the company in its entirety. Your signature below acknowledges this statement and by signing below you are agreeing to pay for any and all costs accrued on your behalf at your own or the company's expense for the use of any hand held electronic distracting device. Please sign below acknowledging your understanding and agreement. Operator agrees to additional \$1000.00 charge and termination for failure to comply.

X _____
Applicant's Signature

X _____
Date

Trucking Experts, LLC. 2130 West 163rd Place, Markham, IL 60428

Acknowledgment of Receipt of Motor Carrier Drug and Alcohol Testing Program Agreement (Employee Operator)

I, X hereby acknowledge that I have received a copy of Trucking Experts, LLC. Motor Carrier Drug Testing Program ("Program"), which has been developed pursuant to 49 CFR Part 382.

In conjunction with my receiving a copy of the Program, I further acknowledge the following:

- I will read the Program and fully understand the terms contained therein and the consequences for violating any term of the Program within three days of my hire date.
- I understand that my compliance with all terms of the Program is a condition of my employment with Trucking Experts, LLC. and I agree to abide by all terms of the Program.
- If a post - accident drug test is required under the Program and I am seriously injured and unable to provide specimen at the time of the accident, then this Acknowledgment shall be considered my authorization for Trucking Experts, LLC. or its designated representative to obtain hospital reports and other documents which would indicate whether there were any controlled substances in my system.
- I authorize the collection site, laboratory and/or medical review officer retained by Trucking Experts, LLC. to perform any and all functions, which those entities and/or individuals may be, required to perform pursuant to the applicable Federal Department of Transportation regulations. Such authorization shall include, but is not limited to Trucking Experts, LLC. verification of the use of prescribed medications, obtaining information from the Operator's physician, hospital, dentist or pharmacist and the reporting of negative test results with a qualifying statement in cases where in a Operator may be taking a legally - prescribed Schedule II drug.

I hereby release and hold harmless the Company, Trucking Experts, LLC. and its employees and agents from any liability whatsoever arising from the Program.

X
Applicant's Signature

X
Date

Company Representative Signature

Date

Acknowledgement of Receipt of Operator's Manual

I hereby acknowledge receipt of the OPERATOR MANUAL FOR COMPANY OPERATORS ("Manual") and agree that:

1. I will read this electronic copy of Manual and its attachments within the next 3 days.
2. If, for any reason, my association with the Company is terminated, I agree to destroy this Manual to immediately thereafter.
3. Nothing contained in this Manual is intended to create an employment contract between the Company and me for either employment or the providing of any benefit.

Signed and dated this ____ day of _____, 20__.

X
Applicant's Signature

Company Representative Signature

Printed Name and Title