

Attention All Applicants – READ FIRST:

1. This application must be filled out completely and accurately. Do not leave blank spaces with the exception of the question asking if you have been bonded. Do not answer that question unless instructed to do so.
2. Upon completion of your application we will run a back ground check and motor vehicle record report. If the information gathered from the investigation does not match the entries on the application, the process can be terminated upon the discretion of this company.
3. When completing the history of employment section, be sure to follow the instructions at the top of the page. You must supply company's full name, address and telephone number. Failure to supply this information will cease the application process. If you have gaps in your employment history you must indicate the reason and the length of time that gap existed, such as:

Unemployed

10/2005 – 1/2006

4. Please have your CDL, Social Security Card and DOT Medical card available for the person facilitating the application process so they can make copies.
5. Please write neatly so that we can clearly read the information that you are providing. If an error is made in data entry for investigation because of illegibility, the application can be rejected upon the discretion of this company. For accident and violation history, if none write "none".
6. Answer the questions on the last page of this application regarding CSA

For office use:

Please check if application is complete before the applicant leaves:

- _____ Position applied for
- _____ Date of Application
- _____ Drivers license and Social Security number
- _____ Previous address – past 3 years
- _____ Driving experience and type of equipment
- _____ Accidents and Violations during previous 3 years
- _____ Suspension and Revocation questions
- _____ Company full name, address and phone number for all job history listed – minimum 3 years, up to 10 years with CDL experience
- _____ All questions on page 3 are answered.
- _____ Initials on the bottom along with signature and date

Made copies of:

- _____ CDL
- _____ Current Medical Card
- _____ Social Security Card

Ok to run background _____ Date _____
Authorization _____
_____ Company _____ O/O _____ Driver for O/O
Contracted _____ Hired _____
Works For _____

Applicant Profile Interview

Date _____

Driver Name _____

CDL # _____

Do you own your truck? Yes _____ No _____

Year _____ Make _____ Mileage _____ Day Cab _____ Sleeper _____

Do you own your truck plate? Yes _____ No _____ P-Plate _____ Z-Plate _____

Do you maintain your IFTA reporting? Yes _____ No _____

CDL Driving Experience. Years _____ Months _____

Rail Container Experience. Years _____ Months _____

Please list the Rail Yards you have been to:

What driving mile radius do you prefer? (Check one)

Between 0-50? _____

Less Than 150? _____

Between 150-250? _____

More than 250? _____

Please list the major highways/interstates out of Chicago Metropolitan area:

Do you know how to complete a log book? Yes _____ No _____

Do you know the limits on Driving Time? Yes _____ No _____

Are you familiar with the FMCSA-CSA program? Yes _____ No _____

Are you willing to provide to this company a monthly equipment inspection and maintenance report to insure that your truck is properly maintained? Yes _____ No _____

CMV Operator Application

Emergency Contact

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

MNR Trucking Inc 2604 West 83rd Street Suite A Darien, IL 60561 PH# 630-985-2900

Position applying for _____ Date of Application _____

Last Name _____ First Name _____ Middle _____

Drivers License # _____ State _____ Type _____ Expiration _____

Endorsements _____ Social Security # _____ Date of Birth _____

United States work authority status: _____ Permanent Resident _____ Authorization to work _____ Citizen

Residency for the last 3 years: _____ Cell Phone Number: _____

Current Address	Street	City	State	Zip code	Phone#	How long?

Previous	Street	City	State	Zip code	Phone#	How long?

Previous	Street	City	State	Zip code	Phone#	How long?

Education:

Highest Grade completed _____ Name of School _____ City _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Driving Performance History:

Experience-Type of Power Unit	Type of Trailer	From	To	Approximate Miles

Please describe Accidents and Violations during the previous 3 years. If none, write "NONE"

Type of Vehicle	Type of Incident	Month	Year	Ticket(s) issued

Employment History

Please indicate all employment for the last three consecutive years. If employed by a Motor Carrier hauling interstate/intrastate commerce, please include the dates of all employment as a commercial motor vehicle operator within the last 10 consecutive years. Provide information on all gaps in employment i.e., unemployed or out of country

Past Employer's Name and <u>phone number</u>	Employer's Address Street City State Zip	Date Employed From	Date Employed To	Position(s) Held	Reason for leaving
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___ / ___ No ___ / ___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___ / ___ No ___ / ___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___ / ___ No ___ / ___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___ / ___ No ___ / ___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___ / ___ No ___ / ___				
PH # _____					

Have you ever been denied a license, permit or privilege to operate any type of motor vehicle? Yes _____ No _____

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

As required by Title 49 part 40.25(j), please answer the following:

Have you tested positive on any pre-employment drug or alcohol test administered by an employer, or refused to submit to an employer attempting to administer a pre-employment drug or alcohol test to which you applied for, but did not obtain, safety sensitive work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No Applicant's Signature _____

If you answered NO to the question above, Do not answer this question. **If you answered yes,** than you must provide proof that you have successfully completed the DOT return-to-duty requirements. Can you comply with this requirement?

Yes No Applicant's Signature _____

Have you been trained in the proper marking and transportation of Hazardous Materials? _____ Yes _____ No

Have you been trained on the Hours of Service regulations? _____ Yes _____ No

As a commercial motor vehicle operator, you are required to perform repetitive bending, stooping, pulling, squatting, lifting, and cranking motions as well as, endure long periods of sitting. Do you have the capacity to perform these functions as well as, comply with the medical requirements of commercial motor vehicle operators, as stated in the Federal Motor Carrier Safety regulations?

Yes No Applicant's Signature _____

To be read and signed by applicant:

Before being considered for employment or contracted with this company, all information requested in this application must be completed, and accurately entered to the best of your knowledge. The hiring of this applicant will be considered based on the qualifications of the individual, and job availability. If upon considering this applicant, a discrepancy is discovered upon investigation between the application and this applicant's background, the review process can be terminated. This company is not required to give any reason for deciding not to hire an applicant.

(Initials) I understand and agree with the conditions of this application.

Applicant's Signature _____ Date of application _____

Motor Vehicle Record Release Form

I hereby authorize the release of my motor vehicle record for the purpose of:

- Pre-employment qualification
- Periodic review of driving record (current driver)

The purpose of this form of background review is to insure that the applicant/driver meets the driving performance requirements of the Federal Motor Carrier Safety regulations, and M.U.R. Trucking, Inc.
 Company Name

Name of applicant/driver: _____

Drivers license number: _____ State: _____

Expiration Date: _____ Date of Employment: _____

To be completed by the driver, for periodic review of motor vehicle record:

Home Terminal Address: _____

Social Security Number: _____ Date of Birth: _____

I certify that the following is a true and complete list of traffic violations required to be listed, for which I have been convicted, forfeited bond or collateral during the past 12 months:

Date	Offense	Location	Type of vehicle operated

No violations during the past 12 months Date: _____

Drivers Signature: _____

I have reviewed the driving record of the above named applicant/driver, and the result is:

- Applicant meets the requirements
- Applicant meets minimum standards with probation until: _____
- Applicant does not meet the requirements, and is disqualified from operating for above mentioned company

Review completed by: _____ Title: _____

Company address: _____ Date: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with MNR Trucking Inc. (“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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize MNR Trucking 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 authorizing 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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

M.N.R. Trucking, INC. Owner Operator Fees & Deductions

Two weeks hold on pay – Owner Operator gets paid on the 3rd Friday from start date. INITIAL: _____

Escrow- \$75/week. Total \$1500- Must work 1 year and give two weeks' notice for the refund to be applicable. INITIAL: _____

License Plate- Fast Pay Program. Payments are based on quarterly Plate Charges deducted weekly. Owner Operator is responsible to pay for 2290 Heavy Highway Tax. INITIAL: _____

OR Owner Operator has his/her own Plate. INITIAL: _____

IFTA- \$15/week. INITIAL: _____

Fuel card- Owner Operator must work 3 full days before fuel card is activated. INITIAL: _____

Bobtail Insurance \$25/week. INITIAL: _____

Occupational Accident (Occ/Acc) - \$50/week (NOT physical Damage) INITIAL: _____

Tire program- \$15/week- INITIAL: _____

Rand McNally ELD and Scanner -\$15/week. INITIAL: _____

Owner Operators responsible to pay for medical card. INITIAL: _____

MNR pays for initial inspection- Owner Operator pays for ½ of 45-day inspection (\$25). If Owner Operator fails the inspection and an addition inspection is required, Owner Operator pays. INITIAL: _____

I Have read and understand the Fees associated with being an Owner Operator at M.N.R. Trucking, INC.

Signature- X: _____

Date- X: _____