

**APPLICATION** {See 49 CFR 391.21}

Employment + 3 years

This Application must be filled out completely or it will not be processed.

**Prospective Company:**

Premier Freight Systems LLC 635 E 48th St Ste A Holland, MI 49423	Phone: (616) 594-5385 FAX: (616) 594-5391	Application Submitted: ___/___/___
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**Applicant: Read and sign the following notification prior to submitting this Application.**

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) The above named company hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (1) The right to review information provided by previous employers;
- (2) 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 us; The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.
- (3)

(C) EQUAL OPPORTUNITY EMPLOYER: 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, or disability.

(D) I understand that if I have a protected handicap that effects my ability to perform the position, I may ask the company named above to attempt to make accommodation as required by law. I must make my request in writing to the company named above as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

**X**

**Applicant's Signature**

\_\_\_\_\_

Print Applicant's Name Date of Birth Social Security Number Yrs @ Address

\_\_\_\_\_

Applicant's Current Address Home Phone #

\_\_\_\_\_

City/State/Zip Cell Phone #

Are there currently any felony charges against you?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_

Have you ever been convicted of any crime?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_

Have you ever been known by any name other than the one on this application?  Yes  No If "Yes" print name below.

If "Yes" to any of the above, explain:

Are you:  a U.S. Citizen,  a Lawful Permanent Resident, or  otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_:

In Case of Emergency notify: \_\_\_\_\_ (Name) (Relationship) (Address) (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you worked for this company before?  Yes  No If "Yes," Where? \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

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

**Education/Military Status**

U.S. Military (Branch): \_\_\_\_\_ Rank: \_\_\_\_\_ Presently in Guard/Reserves?  Yes  No

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years preceding date this application submitted**; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances

testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of the Prospective Employer named in this application as part of its application process.

Last Employer Company Name:			Dates of Employment
Address:			_/_/_/___ _/_/_/___
City/State/Zip:			Hired                      Left
Supervisor Name:		Phone:	
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:	
In what states did you drive a CMV?			

2 <sup>nd</sup> Last Employer Company Name:			Dates of Employment
Address:			_/_/_/___ _/_/_/___
City/State/Zip:			Hired                      Left
Supervisor Name:		Phone:	
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:	
In what states did you drive a CMV?			

3 <sup>rd</sup> Last Employer Company Name:			Dates of Employment
Address:			_/_/_/___ _/_/_/___
City/State/Zip:			Hired                      Left
Supervisor Name:		Phone:	
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:	
In what states did you drive a CMV?			

4 <sup>th</sup> Last Employer Company Name:			Dates of Employment
Address:			_/_/_/___ _/_/_/___
City/State/Zip:			Hired                      Left
Supervisor Name:		Phone:	
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:	
In what states did you drive a CMV?			

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years preceding date this application submitted**; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of the Prospective Employer named in this application as part of its application process.

5 <sup>th</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            __/__/__    __/__/__            Hired                          Left         </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:
In what states did you drive a CMV?		

6 <sup>th</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            __/__/__    __/__/__            Hired                          Left         </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:
In what states did you drive a CMV?		

7 <sup>th</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            __/__/__    __/__/__            Hired                          Left         </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:
In what states did you drive a CMV?		

8 <sup>th</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            __/__/__    __/__/__            Hired                          Left         </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:		Salary:
In what states did you drive a CMV?		

**License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :**

State	License/Permit #	Type	Expiration Date
			__/__/__
			__/__/__
			__/__/__

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

Dates	Location	Charge	Penalty
__/__/__			
__/__/__			
__/__/__			

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines?  YES  NO  
 Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?  YES  NO  
 Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?  YES  NO  
 Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied?  YES  NO  
 Revoked?  YES  NO  
 or Suspended?  YES  NO

If "YES" to any of the above, list dates and circumstances:

**Driving experience:**

Truck Driving School:		Graduation Date __/__/__		
Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers)	Dates:		Approx Total Experience	Approx Total # Miles Driven
	From	To		
	__/__/__	to __/__/__	__/__ yrs/mos	
	__/__/__	to __/__/__	__/__ yrs/mos	
	__/__/__	to __/__/__	__/__ yrs/mos	
	__/__/__	to __/__/__	__/__ yrs/mos	

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	#Fatalities	# Injuries
Last Accident: __/__/__			
Next previous: __/__/__			
Next previous: __/__/__			

**Driver Certification** Includes all additional sheets. Were any additional sheets used for this application?  YES  NO  
If "Yes" list here:

I understand that all employees or owner operators leased of the company named in this application (Premier Freight Systems LLC) are employed or leased on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

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

**X**

(Date)

(Applicant's signature)