



ISO CERTIFIED

DEAR PROSPECTIVE INDEPENDENT CONTRACTOR

We wish to thank you for your interest in Miller Transfer and Rigging Co. and take a moment of your time to offer some information about our company.

Miller Transfer and Rigging has been operating as a heavy-specialized hauler for over thirty-five years. Our headquarters are located in Edinburg, Ohio between Akron and Youngstown near the center of the U.S. industrial equipment manufacturers, our primary customers. Nineteen full service, company operated terminals are located East of the Mississippi. We also have terminals in Texas and California. We have operations and sales personnel work from each terminal in order to provide rapid and first hand response to the shipper's needs. We also have an additional 24 sales agents who also secure shipments throughout the United States.

The MILLER INDEPENDENT CONTRACTORS and DRIVERS take pride in providing the best service possible at a fair and equitable price to all. Our INDEPENDENT CONTRACTORS average above \$1.50 per mile to the truck annually for all miles traveled. As a result, most of our INDEPENDENT CONTRACTORS have been with us for many years. The 2009 average was \$1.61 a mile to the truck.

Contractor's settlements are based on the following percentages:

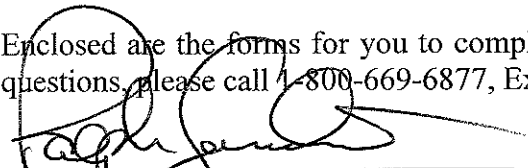
	<u>MACHINERY</u>	<u>STEEL</u>	<u>BELTS</u>
Tractor	64%	67%	65%
Trailer	10%	10%	10%

Your settlements are direct deposited, normally seven days after receipt of the necessary paperwork on all loads. Advances on each load are given on an EFS Card as requested.

ALL INDEPENDENT CONTRACTORS and DRIVERS are also qualified to participate in any of the following programs:

BOBTAIL/DEADHEAD INSURANCE AVAILABLE	ANNUAL GROSS EARNING AWARDS
COMPREHENSIVE/COLLISION INSURANCE	SAFETY AWARDS
OCCUPATIONAL ACCIDENT INS AVAILABLE	TRIP ADVANCES
FREE INSPECTIONS AT THE MAIN OFFICE	NO FORCED BOARD
SETTLEMENT DEDUCTED RETIREMENT PLAN	

Enclosed are the forms for you to complete and return to us in the envelope provided. If you have any questions, please call 1-800-669-6877, Ext. 207 or 208.


 Director of Safety

INFORMATION FOR PROSPECTIVE INDEPENDENT CONTRACTORS

2009 FLEET AVERAGE REVENUE PER MILE \$1.61 TO THE TRUCK FOR ALL MILES

1. Loads are paid on a percentage of GROSS LINE HAUL REVENUE basis:
 - Machinery loads – 64% for owned tractor + 10% for owned trailer
 - Steel loads – 67% for owned tractor + 10% for owned trailer.
 - Conveyer Belt loads – 65% for tractor + 10% for owned trailer
2. We do not pay deadhead (empty) miles unless customer required.
3. We do not load or unload trailers – Customers and/or riggers do.
4. When riggers are necessary, they are paid for by our customers.
5. Occasionally, multiple pick-ups & stop-offs may be required.
6. The Independent Contractor is responsible for CREDENTIALS to operate and the cost will be deducted from their settlements until paid. There is a Reimbursement Program in place and very simply put – “Generate revenue level & receive a reimbursement”. ALL EQUIPMENT OPERATES UNDER THE COMPANY IFTA AUTHORITY.
7. Independent Contractors, on company business, are covered under our liability insurance policy. They are responsible for the first \$1,750.00 of any accident/cargo damage when deemed PREVENTABLE and/or NEGLIGENT.
8. Physical Damage & Non-Trucking Liability, (BOBTAIL DEADHEAD-\$1,000.000 COVERAGE), Insurance is available at group rates and settlement deducted.
9. Workman’s Compensation coverage is required for your employees. If you own & drive your truck, then you must have Workman’s Compensation or an Occupational Accident Insurance Policy. Occupational Accident Policy is available through the company and settlement deducted.
10. Fuel and Road taxes are filed by the company. However, Independent Contractors will be charged back for under purchases of fuel. Independent Contractors are given credit for 5.5 miles per gallon.
11. Tolls and scale fees are reimbursed if required for permitted loads.
12. There is NO ESCROW ACCOUNT or SECURITY DEPOSIT.
13. Independent Contractor settlements are made 7 days from the date paperwork is received in the main office and will be Direct Deposited into your account.
14. Liberal advance are given on each load. EFS Debit cards are used for advances.
15. EQUIPMENT REQUIRED: Tractors 7 years old or newer, HEADACHE RACK required for Contractors with no trailer. Amber light, tarps, chains, binders and straps are required. **ONLY AIR RIDE EQUIPMENT ACCEPTED FOR LEASE.**
16. There is a Safety Award Program for ALL DRIVERS certified by the company. Patches, Pins and Plaques for the first three years and \$100.00 the fourth year, increasing \$50.00/year thereafter to maximum award of \$500.00/year. Awards are based on a calendar year.
17. A settlement deducted retirement plan for Independent Contractors & drivers is available.

**WE DO NOT SUPPLY IRP LICENSE PLATES
INDEPENDENT CONTRACTORS MUST HAVE AN IRP PLATE IN THEIR NAME**



ISO 9002
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EQUIPMENT REQUIREMENTS FOR LEASE

1. No equipment over 7 years old will be accepted unless first cleared through the Safety Office.
2. All tractors must have a minimum of 48" fifth wheel height.
3. Tractors & trailers must be **air ride** and have reflectorized tape applied as required by DOT regulations.
4. A headache rack is required on all tractors & meet DOT specifications.
5. All D.O.T. required safety equipment, mounted fire extinguisher, hard hat, safety glasses, etc.
6. One (1) steel measuring tape, at least 25' long & a ladder,
7. At least ten (10) 18 foot approved chains, 3/8" preferred, in good condition, with no worn chain links.
8. Ten (10) to twelve (12) chain binders in good condition with no worn links or hooks.
9. Three tarps in good condition are required. (2-24' x 24' and 1-33' x 30')
10. Tractors are to be equipped with a revolving amber light, over-dimension signs of required size (2 WIDE LOAD & 2 OVERSIZE), red flags & padding.
11. Many loads require straps. Therefore the following equipment is also required:
 - 4" Load straps and ratchets (TEN SUGGESTED)
 - 2" Load straps and ratchets (TEN SUGGESTED)
12. **All equipment must pass a rigid mechanical and a safety inspection before a lease will be signed.**

REV: 6/08

PLEASE READ & FOLLOW THESE INSTRUCTIONS
“COMPLETING YOUR APPLICATION”
YOUR APPLICATION WILL NOT BE PROCESSED IF
INCOMPLETE

Your application is very important to us. In order to expedite the process, make sure you complete all areas of your application. Pay particular attention to the areas that are **HILITED** or marked with an X. **Do not leave anything blank.** List all previous employers and carriers worked for starting with the most recent and working backwards for **TEN (10) YEARS**, if you have driven that long. **YOU MUST HAVE VALID ADDRESSES & TELEPHONE NUMBERS** for all previous employers and carriers you list! **There can be no unexplained gaps in employment.** If companies are out of business, please **SUPPLY** tax information, W2's or 1099's for those periods. **If unemployed for periods, state unemployment stubs are necessary.** **If self employed, a notarized statement of self employment is required.** **If you had Authority, MC & US DOT Numbers.**

WHEN MAILING IN YOUR APPLICATION, PLEASE INCLUDE A COPY OF:

1. **REGISTRATIONS for Tractor & Trailer (OWNER OPERATOR)**
2. **PHOTOGRAPHS of Tractor & Trailer. (OWNER OPERATOR)**
3. **CERTIFICATE of NON-TRUCKING INSURANCE \$1,000,000 limit (OWNER OPERATOR)**
4. **CERTIFICATE OF WORKERS' COMPENSATION or CERTIFICATE OF AN OCCUPATIONAL ACCIDENT POLICY in effect. (OWNER OPERATOR)**
5. **COPY OF CDL (ALL APPLICANTS)- A HAZ MAT ENDORSEMENT IS REQUIRED FOR EMPLOYMENT AS A COMPANY DRIVER**
6. **A COPY OF TWIC (TRANSPORTATION WORKER IDENTIFICATION CARD). (REQUIRED FROM ALL APPLICANTS)**
7. **COPY OF DOT MEDICAL CARD & LONG FORM (ALL APPLICANTS)**
8. **SOCIAL SECURITY CARD (COMPANY DRIVER APPLICANT)**
9. **COPY OF PASSPORT OR PASSPORT CARD (REQUIRED FOR ALL APPLICANTS TO OPERATE IN CANADA)**



ISO 9002
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EQUIPMENT REQUIREMENTS FOR LEASE

1. No equipment over 7 years old will be accepted unless first cleared through the Safety Office.
2. All tractors must have a minimum of 48" fifth wheel height.
3. Tractors & trailers must be **air ride** and have reflectorized tape applied as required by DOT regulations.
4. A headache rack is required on all tractors & meet DOT specifications.
5. All D.O.T. required safety equipment, mounted fire extinguisher, hard hat, safety glasses, etc.
6. One (1) steel measuring tape, at least 25' long & a ladder,
7. At least ten (10) 18 foot approved chains, 3/8" preferred, in good condition, with no worn chain links.
8. Ten (10) to twelve (12) chain binders in good condition with no worn links or hooks.
9. Three tarps in good condition are required. (2-24' x 24' and 1-33' x 30')
10. Tractors are to be equipped with a revolving amber light, over-dimension signs of required size (2 WIDE LOAD & 2 OVERSIZE), red flags & padding.
11. Many loads require straps. Therefore the following equipment is also required:
 - 4" Load straps and ratchets (TEN SUGGESTED)
 - 2" Load straps and ratchets (TEN SUGGESTED)
12. **All equipment must pass a rigid mechanical and a safety inspection before a lease will be signed.**

REV: 6/08

DRIVER APPLICATION FORM

REFERRED BY _____

COMPANY NAME MILLER TRANSFER Location: Region/District/Branch _____COMPANY ADDRESS PO BOX 453 ROOTSTOWN OHIO 44272
Street City State Zip**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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.

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.*

Signature _____ Date _____

NAME _____
Last First Middle

Social Security Number _____ (_____) Phone Number _____ Date of Birth _____ Hire Date _____

ADDRESS _____
Street City State Zip Number of YearsPAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the FMCSRs** while employed? Yes NoWas your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the FMCSRs** while employed? Yes NoWas your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the FMCSRs** while employed? Yes NoWas your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

FORM # 858-F 9653 06/04

Employment History

(Use Additional Employment History information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons 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 and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

AUTHORIZATION AND RELEASE

The undersigned, in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release information they may have about me to *Miller Transfer*, its affiliates and/or agents, and releases them from any liability or responsibility for doing so. Further, I authorize the procurement of an investigative consumer report. You must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant Name (printed)

Date

Applicant Signature

Driver's License Number

State

County

Date of Birth

AUTHORIZATION FORM FOR CRIMINAL BACKGROUND INVESTIGATION

I, _____ give *Miller Transfer*, and it's affiliates
(Print Name)
and/or agents permission to obtain a copy of my criminal background
history. I do hereby release all individuals connected therewith from all
liability.

Applicant Name (printed)

Date

Applicant Signature

Applicant Alias (any other name used ex. maiden)

Date of Birth

Social Security Number

CBC EMPLOYMENT SCREENING SERVICES

REPORT REQUEST

Toledo Office/Operation Center
5555 Airport Highway, Suite 205 • Toledo, OH 43615
419/861-7555 • FAX 419/861-7565 • 1/800/772-0130 • FAX 1/800/772-0440

MILLER TRANSFER USE ONLY

DATE: _____ TIME: _____ ESS SPECIALIST: CINDI KATAFIASZ / TEAM 2
CUSTOMER #: 85ES81398 PERSON ORDERING REPORT: TRINA

APPLICANT INFORMATION: (Please print all information)

LAST NAME: _____ FIRST: _____ MIDDLE: _____ *MAIDEN: _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY NO.: _____ *MALE: _____ *FEMALE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ *DATE of BIRTH: _____

APPLICANT AUTHORIZATION

Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

SIGNATURE: _____ * TODAY'S DATE: _____ *

*This information is requested by CBC Employment Screening Services solely for purposes of ensuring accurate retrieval of records.

FOR EMPLOYER USE ONLY

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

- Credit Report
- Social Security Search
- Motor Vehicle Report: State: _____
License No.: _____
- Report (other): _____
Available:
(Please fax a copy of the application if ordering)
 - Education Verification
 - Current Employer Verification
 - Previous Employer Verification
 - Professional License Verification
 - Personal Reference Check

- Criminal Report, County:
State _____
County: _____
City: _____
- Felony
- Felony and misdemeanor
- Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)
- State Criminal Report (list State): _____
- "Super Search"

CUSTOMER CERTIFICATION

I, _____, as an authorized representative of the above-mentioned Customer, do hereby certify that, in accordance with the ESS Customer Services Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FTC "Summary of Your Rights Under the Fair Credit Reporting Act, 3) received the FCRA Disclosure herein, and that 4) in the event any adverse action is to be taken which is based in whole or in part on the report(s), before taking such action, the applicant will be provided with a copy of the report(s) including a written summary of a consumer's rights under the FCRA, and 5) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation.

Signature of Customer: _____ Date: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____
USIS Customer #:	_____ Sub-account: _____

PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO, ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: * _____ ID Number: * _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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 two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: * _____ Date: * _____

Witnessed By: _____ Date: _____
(signature)

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 hereby authorize: _____
 Date of Birth _____

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____

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, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

* _____ *
 Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples 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 , sign below and 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: _____

Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

DRIVER QUALIFICATION QUESTOINAIRE

Please answer the following questions by placing an "x" on the appropriate blank.
Please sign your name where indicated at the bottom of this page.

- | | YES | NO |
|---|-------|-------|
| 1. Do you have 3 years over-the-road Machinery hauling experience? | _____ | _____ |
| 2. Do you have 1 year over-the-road Steel hauling experience? (Coils, Bars, Sheets, etc.) | _____ | _____ |

"PAST EMPLOYMENT MUST BE VERIFIABLE"

- | | YES | NO |
|---|-------|-------|
| 3. Do you have a "DUI" on your driving record?
(DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS) | _____ | _____ |
| 4. Do you have a Reckless Operation on your driving record? | _____ | _____ |
| 5. Do you have six (6) or more active POINTS on your driving record? | _____ | _____ |
| 6. Have you been involved in any AT FAULT (Your Fault) accidents in the past three (3) years? | _____ | _____ |
| 7. Have you had any CARGO CLAIMS in the last three (3) years? | _____ | _____ |
| 8. Can we contact your present employer? | _____ | _____ |

*

Signature of Applicant

*

Date Signed

EQUIPMENT INFORMATION SHEET

OWNER'S NAME _____
(First) (Middle) (Last)

MAILING ADDRESS _____

SOCIAL SECURITY NO. _____ PHONE NO. _____

CELL NO. _____

TRACTOR

YEAR _____ MAKE _____ SERIAL # _____

MODEL NO. _____ SLEEPER _____ EMPTY WEIGHT _____

COE _____ CONV _____ GASOLINE _____ DIESEL _____ OHIO HUT # _____

SUSPENSION: AIR _____ SPRING _____ NO. AXLES _____ TIRE SIZE _____

WHEEL BASE _____ PURCHASE COST (NEW) _____ HEADACHE RACK YES ___ NO ___

TRAILER

YEAR _____ MAKE _____ SERIAL NO. _____

TYPE _____ NO. OF AXLES _____ SLIDING TANDEM: YES () NO ()

LENGTH _____ PAYLOAD CAP. _____ EMPTY WGT _____ TIRE SIZE _____

SUSPENSION: AIR _____ SPRING _____ PURCHASE COST (NEW) _____

IS THE ABOVE DESCRIBED EQUIPMENT TITLED & REGISTERED IN THE OWNERS
NAME? _____ IF NO, WHAT NAME(S)? _____

INSURANCE INFORMATION

INS. CO. & HOME OFFICE _____

POLICY NO. _____ EXPIRES _____

NAME & ADD. OF ISSUING AGENCY _____

COVERAGE _____

I HAVE NO LIABILITY COVERAGE AND WISH TO OBTAIN COVERAGE THROUGH THE
SAFETY OFFICE. YES () NO ()