

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company Atlantic Logistics Management \_\_\_\_\_

Address 6350 Lake Oconee Pkwy, Suite 102 #22 \_\_\_\_\_

City Greensboro State GA Zip 30642 \_\_\_\_\_

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.

## TO BE READ AND SIGNED BY APPLICANT

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 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 \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTAIRILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Have you lived at this  
address 3 or more years? \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

If no, please provide previous address below.

Previous Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_

Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job (as described to you)?

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**(NOTE: List employers in reverse order starting with the most recent. Send an additional sheet if necessary.)**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
ZIP			
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			
EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
ZIP			
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			
EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
ZIP			
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			
EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
ZIP			
CONTACT PERSON		PHONE NUMBER	
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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

### EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			
EMPLOYER		DATE	
		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
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		FROM	TO
NAME			
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
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WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			

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

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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (SEND SEPARATE SHEET IF MORE SPACE NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(SEND SEPARATE SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS — DRIVER**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

**DRIVING EXPERIENCE SELECT YES OR NO**

CLASS OF EQUIPMENT			LIST TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REEFER)	DATES FROM (M/Y) TO (M/Y)	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK	Yes	No			
TRACTOR AND SEMI-TRAILER	Yes	No			
TRACTOR – TWO TRAILERS	Yes	No			
TRACTOR – THREE TRAILERS	Yes	No			
MOTORCOACH – SCHOOL BUS	Yes	No	More than 8 passengers More than 15 passengers		
MOTORCOACH – SCHOOL BUS	Yes	No			
OTHER _____					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT  
WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**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 SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHINICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CHECK 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) \_\_\_\_\_

(CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

# MOTOR VEHICLE DRIVER'S

## Certification of Violations/Annual Review of Driving Record

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER:	ID NUMBER (CDL NO.)	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If you have had no violations, write NONE)			
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 (other than those I have provided under Part 383) required to be listed during the past 12 months.			
Date		Driver's Signature	

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD	
<b>MOTOR CARRIER INSTRUCTIONS:</b> Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below. I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):	
<input checked="" type="checkbox"/> Meets minimum requirements for safe driving <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15	
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance	
Action taken with driver: _____	
Reviewed by: <u>Cassie Bradley</u>	
Signature	Date
<u>Cassie Bradley</u>	<u>Administrative Assistant</u>
Printed Name	Title
<u>Atlantic Logistics Management</u>	<u>6350 Lake Oconee Pkwy, Greensboro, GA 30642</u>
Motor Carrier Name	Motor Carrier Address

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to being driving a commercial motor vehicle and must be kept on file for at least 6 months.

Driver Name (Print) \_\_\_\_\_  
Employee ID No. \_\_\_\_\_  
(CDL No) \_\_\_\_\_

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 I was last relieved from work at:

\_\_\_\_\_ On \_\_\_\_\_  
Time Month/Day/Year

\_\_\_\_\_  
Driver's Signature Date

## DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver 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, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? \_\_\_\_\_

At this time do you intend to work for another employer while still employed by this company? \_\_\_\_\_

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.

\_\_\_\_\_  
Driver's Signature Date

Witness: \_\_\_\_\_  
Company Representative 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 Atlantic Logistics Management (“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 Atlantic Logistics Management (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FIAR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of \*consumer reports\* and/or \*investigative consumer reports\* by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administration, state, or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to release any and all background information requested by Atlantic Logistics Management, 6350 Lake Oconee Pkwy, Suite 102, #22 Greensboro, GA 30642. I agree that a facsimile (\*fax\*), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, disclosed to you by employer, directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please write yes below if you would like a copy of a consumer report if one is obtained by the Company. \_\_\_\_\_

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail, CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRA.
- \*Proper Identification\* Includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such persons' presence.

Please answer yes in the area below if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION TEST

Atlantic Logistics Management (\*the Company\*) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “Investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as you neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (\*driving records\*), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification.

A consumer report will be conducted by Atlantic Logistics Management, 6350 Lake Oconee Pkwy, Suite 102, #22 Greensboro, GA 30642. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Print Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

# Motor Carrier's MEDICAL EXAMINER NATIONAL REGISTRY VERIFICATION

**MOTOR CARRIER INSTRUCTIONS:** For each Medical Examiner's Certificate issued to a commercial motor vehicle driver, the motor carrier must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

**§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 §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 qualification file, before allowing the driver to operate a CMV.

**§391.51 General requirements for driver qualification files. (b)(9)(i)** For drivers not required to have a CDL, a note relating to verification of medical examiner listing on the National Registry for Certified Medical Examiners required by §391.23(m)(1). (b)(9)(ii) Until June 22, 2018, for drivers required to have a CDL, a note relating to the verification of medical examiner listing on the National Registry for Certified Medical Examiners required by §391.23(m)(2).

**RETENTION:** This form is to be kept in the driver's qualification file for 3 years.

**MOTOR CARRIER VERIFICATION:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners (NRCME) as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: \_\_\_\_\_ Driver's Identification Number: \_\_\_\_\_  
(CDL No.)

Expiration Date of Medical Certificate: \_\_\_\_\_  
(Medical Card Expiration Date)

Medical Examiner's Name: \_\_\_\_\_

National Registry Number: \_\_\_\_\_

NRCME Certification Date: \_\_\_\_\_  
(Date of Exam)

Motor Carrier: \_\_\_\_\_ Atlantic Logistics Management

Location: \_\_\_\_\_  
(Exam Location City & State )

Verified By: \_\_\_\_\_ *Cassie Bradley* Date: \_\_\_\_\_  
Motor Carrier Representative Signature

# 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) (CDL No.)

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?

Answer Yes or No: \_\_\_\_\_

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

Answer Yes, No, or NA: \_\_\_\_\_

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

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ *Cassie Bradley* \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## MEDICAL HISTORY

HAVE YOU EVER HAD	YES OR NO	HAVE YOU EVER HAD	YES OR NO
Do you smoke?		Insomnia or other sleep disorders	
High Blood pressure		Skin disease or allergy	
Are you presently taking any medications?		Thyroid or goiter trouble	
Malaria or tropical disease		Eye trouble (except glasses)	
Sugar in urine or diabetes, excessive thirst		Reaction to drugs or medications	
Hernia or rupture		Accidents or injuries	
Cancer or tumors		Kidney or bladder disorders or trouble	
Varicose veins or swelling of feet		Prostate problems	
Joint pains, arthritis or bursitis		Ear or hearing trouble	
Osteomyelitis		Syphilis or Gonorrhea	
Broken bones		Chest pain or angina	
Prolonged tiredness or fatigue		Hand/Wrist/Arm Injury	
Anemia or blood disease		Heart disease or attacks	
Asthma or bronchitis		Any heart problems	
Hay fever or other allergies		Rheumatic fever	
Frequent colds or sore throats		Shortness of breath	
Persistent or chronic cough		Tuberculosis or lung problems	
Cough, spit up or vomit blood		Head injury	
Stomach ulcer or intestinal trouble		Joint problems	
Rectal trouble or hemorrhoids		Epilepsy, fits, or convulsions	
Blood or black stools		Hepatitis, liver trouble or jaundice	
Have you ever been treated for back problems?		Have you ever been hospitalized?	
Have you ever had back surgery, injury or disease?		Have you ever had surgery?	
Have you ever been treated by a chiropractor?		Blood, puss or albumin in urine	
Have you ever received counseling?		Have you ever been hurt on the job?	
Convulsions		Have you ever received Work Comp benefits?	
Have you ever had any drug or alcohol problems?		Do you have a lawsuit pending as a result of illness, accident, or employment?	
Have you ever received counseling for drug or alcohol problems?			

IF you answered “yes” to any question above, please explain below:

I hereby certify that all this medical history is correct and complete to the best of my knowledge. I willingly submit this information and understand that it will become part of my medical record.

I hereby authorize Atlantic Logistics Management to obtain any medical documentation or information concerning my past, present, or future medical condition from any provider of such information. I hereby release all such persons from any liability or damages.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

**ATLANTIC LOGISTICS MANAGEMENT**  
**6350 Lake Oconee Pkwy Suite 102 #22**  
**GREENSBORO, GA 30642**

**SE REGIONAL OFFICE: (770) 365-9407**  
**NE REGIONAL OFFICE: (734) 788-0856**  
**SW REGIONAL OFFICE: (972) 413-9194**



**Please Fax to: (888) 908-6861**

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Memo: TO ALL NEW CONTRACT EMPLOYEES

We want to extend our best wishes to you on your new employment endeavor. Several items need to be addressed concerning your new employment including your understanding about your employment, your responsibilities, and the payroll process.

Each employee shall be considered as an "independent contractor" engaged in providing service to Atlantic Logistics Management (hereafter known as ALM) and any client company that you are referred to for employment purposes. As an independent contractor, each employee shall be responsible for any cost involved or associated with the incident or accident and/or any injury or injuries occurring during your contract employment period. Each driver shall operate their designated vehicle according to, and within the guidelines of the State and Federal Department of Transportation and the regulations under the Federal Motor Carrier Safety Regulations guidelines as directed by US DOT. Each contract employee is required to have and wear 'steel toe' boots or shoes at all times when working.

Understand that for the purpose of contract employment, any assignment(s) shall be considered as a 'casual' assignment and a one-time occurrence, whether they are daily, 'temp to perm' or long-term lease assignment(s).

ALM does not dispatch. All dispatch and work assignments are given to you directly by the client. ALL contract employees shall report to their assigned position at the client's location and at the designated time as directed by the client. Failure to report on time or failure to report at all without advance notice could result in reduction of pay or termination. We are paying top wages for your assignment and expect your fullest attention and professionalism.

The assigned client determines your payroll. They compute your time and turn it in to our payroll personnel. It is best that you turn in all necessary paperwork required by the client as soon as possible. You are responsible for getting your time in to your immediate supervisor. Be sure your logbooks (if required) are completed and returned as directed by the client. Any delay in receiving your time could delay in the receipt of your pay. Your client will submit your time worked for the previous week to us each Monday. Please verify that your client has sent us your time. Any errors that occur could create payment delay. We will not pay on "verbal" authorization.

You will be paid on a weekly basis. Our weeks are Sunday morning, 12:00:01 AM through Saturday 12:00:00 AM (midnight). Remember that you will be paid the Friday following the previous work week. You will be paid via direct deposit. We do not issue advances. Your paystub will be sent to the email address on file. Please inform us of any address, phone number or email address changes.

If you leave your assignment or your assignment completes, please call us so we can follow up on final pay issues. You will not be issued a final paycheck until we have received clearance from the client. The client must inform us that you have returned all issued equipment (cell phone, fuel card, etc.) Again, be sure that you call after the end of your assignment. If you are not happy with your current assignment, please call and speak with us. We may be able to offer you a different assignment. Do not leave without informing your direct supervisor and ALM.

Contract drivers are subject to periodic drug screening, as well as initial and periodic MVR and Criminal Background checks per DOT requirements. If we find that you have not reported an accident, citation, or license suspension, you may be subject to immediate termination and final pay may be forfeited. Drive safely and keep the MVRs clean.

Best of Luck, have fun and be safe!  
Atlantic Logistics Management

The signature below shall acknowledge that for purposes of contract employees, I have received and understand these instructions and that I will follow and abide by them to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ATLANTIC LOGISTICS MANAGEMENT  
6350 Lake Oconee Pkwy Suite 102 #22  
GREENSBORO, GA 30642

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Please Fax to: (888) 908-6861

PREVIOUS EMPLOYER JOB VERIFICATION / DRUG & ALCOHOL INQUIRY

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_

First Middle Last Social Security No.

Hereby authorize that:

Previous Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

May release & forward information requested below concerning my job verification/drug & alcohol controlled substances testing records in compliance with 40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. This information is being required in compliance with 40.25 and 382.405(f) and (h), Confidential Fax Number: (888) 908-6861

X \_\_\_\_\_

Applicant's Signature

Date

**SECTION 2: DRUG & ALCOHOL INQUIRY – TO BE COMPLETED BY PREVIOUS EMPLOYER**

\*If driver was "NOT" subject to DOT testing requirements while employed, please check here ☐, sign below, and return as required.\*

Under Department of Transportation testing requirements:

- |   | YES                      | NO                       |                              |
|---|--------------------------|--------------------------|------------------------------|
| 1. Has this person had an alcohol test with a result of .04 or higher Alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 3. Has this person refused to be tested (Includ. Verified altered or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 4. Has this person committed other violations of DOT agency drug & alcohol testing regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 5. If applicable and the person violated DOT agency drug and alcohol testing regulations, do you have documentation of the person's successful completion of DOT return of duty requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N/A |
| If yes, please provide details: _____   |                          |                          |                              |
| 6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? (Please send documentation back with this form if applicable.)      | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 7. If applicable, after successful completion of a SAP program, has the individual subsequently had a verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N/A |

**SECTION 3: JOB VERIFICATION – TO BE COMPLETED BY PREVIOUS EMPLOYER**

1. Dates of employment with your company: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Position Held? \_\_\_\_\_ If Driver: ☐ Tractor Trailer ☐ Straight Truck ☐ Twins ☐ Other (Specify) \_\_\_\_\_

3. (List other details pertaining to the data below on a separate sheet)

# of Reported Accidents	# Of Tickets	# At Fault	Date of Accident	City & State Accident Occurred	# Of Injuries	# Of Fatalities	List any Haz Mat Spilled

4. Was this person's driver's license suspended while in your employment? \_\_\_\_\_

5. Why did this employee leave your company? ☐ Resigned ☐ Discharged ☐ Laid-off ☐ Other

6. Is this person eligible for rehire? ☐ Yes ☐ No ☐ Upon Review

Section 2 & 3 completed by Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Method Recorded: ☐ Fax ☐ Email ☐ Mail

1st Attempt: \_\_\_\_\_ 2nd Attempt: \_\_\_\_\_ 3rd Attempt: \_\_\_\_\_