

RZS EXPRESS LLC.

## PRE-QUALIFICATION CHECK LIST

_____ <b>Driver Name</b>	_____-_____-_____ <b>Phone Number</b>	_____ <b>Date (MM/DD/YYYY)</b>
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Category		
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Owner Operator Driver
<input type="checkbox"/> Long Haul	<input type="checkbox"/> Single	<input type="checkbox"/> Team
<input type="checkbox"/> Short Haul	<input type="checkbox"/> Local	<input type="checkbox"/> Switches

Qualification	Yes	No
Are you 23 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have valid commercial driver's license with proper endorsements?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of D.W.I./D.U. I?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least 2 years of verifiable experience driving 53ft truck?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any at fault accident in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than 2 points on your driver's MVR?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any criminal record with CMV?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have legal rights to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Can you speak fluent English language?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have PSP/CSA points less than 4 points?	<input type="checkbox"/>	<input type="checkbox"/>
Notes _____		
_____		
_____		

# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Company RZS EXPRESS LLC.

Address 28050 GROESBECK Hwy

City ROSEVILLE State MI Zip 48066

In compliance with federal and state employment opportunity laws qualified applicants are considered for call 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 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 an 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 that I am required to abide by all rules & 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 49CFR 1.21(d) & (E). I understand that I have the right to review information provided by previous employers to have errors in the information corrected by previous employers & those before re-send corrected information to the prospective employer, and, I have a right to I rebuttal statement to the alleged erroneous Information. If previous employer(s) and I cannot agree on the accuracy of the information have rebuttal statement attached to the alleged erroneous Information If the previous employer(s) and I cannot agree on the accuracy of the Information. I will be the subject of a to a Criminal History Check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT TO COMPLETE

Position Applying \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

### LIST YOUR ADDRESS OF RESIDENCY FOR THE PAST 3 YEARS

Current \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code Phone How Long

Previous \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code Phone How Long

Previous \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code Phone How Long

Do you have the legal rights to work in the United State? \_\_\_\_\_

Have you worked for our company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

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

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

How did you hear about us \_\_\_\_\_ Expected rate of pay \_\_\_\_\_?

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain fully \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All CDL drivers' applicants must provide the following information of previous employers.  
You must provide the company name, address, and phone number (going back 10 years)

Your last employer is first.

Employer			Date	
Name _____			From _____	To _____
Address _____			Position Held _____	
_____			Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____	
_____				
Contact Person _____			Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____				
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____				

Employer			Date	
Name _____			From _____	To _____
Address _____			Position Held _____	
_____			Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____	
_____				
Contact Person _____			Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____				
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____				

Employer			Date	
Name _____			From _____	To _____
Address _____			Position Held _____	
_____			Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____	
_____				
Contact Person _____			Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____				

Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____			
Employer		Date	
Name _____		From _____ To _____	
Address _____		Position Held _____	
_____		Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____
_____			
Contact Person _____ Phone Number _____			
Were you subject to FMCSA while employed? Yes _____ No _____			
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____			

Employer		Date	
Name _____		From _____ To _____	
Address _____		Position Held _____	
_____		Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____
_____			
Contact Person _____ Phone Number _____			
Were you subject to FMCSA while employed? Yes _____ No _____			
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____			

Employer		Date	
Name _____		From _____ To _____	
Address _____		Position Held _____	
_____		Salary/Wage _____	
City _____	ST _____	Zip _____	Reason for leaving _____
_____			
Contact Person _____ Phone Number _____			
Were you subject to FMCSA while employed? Yes _____ No _____			
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____			

## EMERGENCY CONTACTS

Name

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Relationship

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Phone #

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Name

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Relationship

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Phone #

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Name

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Relationship

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Phone #

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## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENES REQUIRMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in part 383 apply to every driver who operates in interstate, or foreign commerce and operates a vehicle weighing 25,000 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 10,000 pounds or more, can transport more than 15 people or transport hazardous materials that require placarding.

**DRIVER REQUIRMENTS:** Part 383 and 391 of the federal motor carrier safety regulations contain some requirements that you as a driver must comply with. These requirements are in the effect as of July 1, 1987. They are as follows:

1. **POSSES ONLY ONE LICENSE:** You as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep your license from your state of residents and return the additional license to the state that issued it. Destroying a license does not close the record in the state that issued to you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying your state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE OF SPENSION, REVOCATION OR CANCELLATION:** Section 391.15(b)2 and 383.33 of the motor carrier safety regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking). You must report it within 30 days to yours employing motor carrier, and to the state that issued your license (If the violation occurs in the state other than the one which issued your license). The notification to both the employer and the state must be in writing.

THE FOLLOWING LICENSE IS THE ONLY ONE I WILL POSSES:

License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE  
REQUIREMENTS.

Name \_\_\_\_\_  
Print

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT, EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25 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.

Prospective Employee Name \_\_\_\_\_  
Print

The prospective employee is required by section 40.25 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 have 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# ALL DRIVERS ARE SUBJECTED TO DRUG TESTING

## COMPANY DRUG TESTING POLICY

Company policy requires testing in the following circumstances:

**Pre-Employment:** All applications for employment, after receiving an offer of employment, will be required to undergo drug testing as part of the pre-employment process or after being out of the drug pool for 30 days or more. All applicants must have a negative result to be eligible for employment.

**Contractual Testing:** Employees will be subjected to substance abuse testing as required by the company's legal and contractual obligation with legal authorities, its customers and vendors.

**Reasonable Suspicion:** Drug and Alcohol Testing is required when a supervision observe a conduct, behavior, or appearance evidencing violation of the companies prohibited conduct rules.

**Post-Accident:** Tests are required by the Company for several different reasons, these reasons include:

1. **DOT Regulated:** This is an accident where there is a ticket issued, someone is towed, or injured.
2. **NON-DOT:** This will be used for an accident or incident other than above. This is company policy and will be adhered to with no exceptions.
3. **Return-to-duty and following up:** Drug and /or alcohol testing is required when an employee returns to work after returning from a positive test.
4. **Random:** All drivers will be put in a pool and picked at random.

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

## VIOLATION CHARGES

RZS Express LLC. Violation charge is \$300 no matter the reason for the violation and will be written up, driver will be terminated from employment after three write ups. There will be a charge of \$500 for every shutdown violation, no matter the reason of the violation.

I, \_\_\_\_\_ acknowledge that by signing this form, I am agreeing that if I receive a violation while employed with RZS Express LLC I will pay \$300 fee and will be written up and I also acknowledge that I will pay \$500 for any shutdown violation no matter the reasoning of the violation.

Name: \_\_\_\_\_

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

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

COMPANY NAME RZS EXPRESS LLC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the fair credit reporting act, public law 91-508 as amended by the consumer credit reporting act of 1956 (Title II Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by sections 382.413, 319.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICES

In connection with your application for employment with RZS EXPRESS LLC ("Prospective Employer"), Prospective Employer, its employees, agent or contractor 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 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 adverse action is taken against you based upon your driving history or safety reports, the Prospective Employer will notify you that the action has taken and that the action was based in part or in whole on this report.

When the appicate 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 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 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 three 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 you PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where 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 PSP report. State citations associated with Federal Motor Carrier Safety Regulation (FMCSR) violations that have been adjustments 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 RZS EXPRESS LLC ("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 years and inspection history from the previous three years.

I understand and acknowledge that this release of information may assist the Prospective Employer to decide 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 <http://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 inspection, with or without violations, will appear on my PSP report, and State citations associated with FMCSA violations that have been adjudicated by a court of law 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.

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Name

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Date

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Signature

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 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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



**Employer Completes Next Page**





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
<b>C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.</b>			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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