



January 24, 2023

Subject: Hiring Packet/New Hire

To: Contractors/ Drivers

The following information listed below is required to be completed and turned into Transportation before anyone can drive for a Contractor. You need to complete all the attached forms before submitting your hiring packet. It is important to follow instructions carefully and leave no questions unanswered.

- A. Original PS Form 2025 Contract Personnel Questionnaire (2 original copies)
- B. Signed PS Form 2181-C Authorization and Release Background Investigation
- C. Signed PS Form HC 170 Confidentiality and Non-Disclosure Agreement
- D. 2 Passport photos
- E. 10 year Driver Motor Vehicle Record (must be 10 years)
- F. 2 Fingerprints cards
- G. Signed 5139 & 5140 (ID BADGE cards) Sign only please!

Incomplete packets will be returned, and processing may be delayed. A badge may not be issued to the driver until completed packets are received. Any badges issued are the property of the United States Postal Service and must be surrendered upon termination. If you have any questions, please feel free to contact JEREMY HOLTON @ (702) 506-4977.

HOLTON TRUCK LINES, INC.
DRIVER INFORMATION SHEET

Drivers Name _____

Current Address _____

Cell Phone #: _____

Email Address: _____

Driver License #: _____

Driver License State: _____

Social Security Number: _____

Medical Expiration Date: _____

W-4 Deductions for Payroll: _____

Years of Experience: _____

Years Driving Postal Contracts _____

Driving Violations _____

Office Use:

Date of Hire: _____

Date of Termination: _____



Contract Personnel Questionnaire

Type or print all responses. Mark boxes as appropriate. If more space is needed, attach additional sheets.

Privacy Act Statement: Your information will be used to conduct a background investigation and to determine your fitness and suitability for contractual services with the U.S. Postal Service® (USPS®). Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061. Supplying the information is voluntary, but if not provided you may not be able to meet the requirements to participate in a USPS contract. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to the Equal Employment Opportunity Commission (EEOC) when requested in connection with the investigation of a formal complaint; and to the Merit Systems Protection Board or Office of Special Counsel for the purpose of litigation. For more information on our privacy policies visit www.usps.com/privacypolicy

1. Full Name (Last, First, Middle)		4a. Email Address	
2. Mailing Address (Include Apartment/Suite Number; PO Box TM Not Allowed)		4b. Phone Numbers (With Area Code)	
3. City, State and ZIP+4 [®]		<input type="checkbox"/> Home _____	
		<input type="checkbox"/> Work _____	
		<input type="checkbox"/> Cell _____	
5. List Other Names Used and Dates Used (i.e., maiden name, names by former marriages, names changed legally or otherwise, aliases, nicknames)			
6. Social Security Number (SSN)	7. Date of Birth (MM/DD/YYYY)	8. Place of Birth (City and U.S. State or Foreign Country)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Type of Screening (Check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Employee <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> ADP <input type="checkbox"/> Other		11. Are You Presently a Highway Contract Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Contractor's Mailing Address and City, State and ZIP+4		13. If "Yes" in 11, Include Contract Number and Termini.	
		14a. Have You Had a Security Screening by USPS or Other Federal Agencies Within the Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14b. If "Yes" in 14a, list the Agencies.	

15. Dates and Places of Residence for the Past 3 Years. (Leave no gaps—if actual places of residence differ from the mailing addresses, furnish and identify both. Begin with your present residence—the address noted in Item 2—and go back for 3 Years.)

From (MM/YYYY)	To (MM/YYYY)	Number and Street (Include Apartment/Suite Number; PO Box Not Allowed)	City, State, and ZIP+4

16. Employment for the Past 3 Years. (Leave no gaps—list ALL periods of employment. Begin with your present employment and go back for 3 years. Include dates when unemployed. Give the name under which you were employed if different from your name now used.)

From (MM/YYYY)	To (MM/YYYY)	Number and Street (Include Apartment/Suite Number; PO Box Not Allowed)	City, State, and ZIP+4

17a. Are You a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Are You a Citizen of American Samoa or Any Other Territory Owing Allegiance to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	17c. If not a United States Citizen, Provide Alien Registration Number.
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18a. Do You Have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	18b. If "Yes" in 18a, Note Type of License. <input type="checkbox"/> Driver <input type="checkbox"/> Chauffeur <input type="checkbox"/> Commercial Driver's License (CDL)	18c. If "Yes" in 18a, Include License Number, State, and Expiration Date.
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19a. Are you a male born after December 31, 1959? If "Yes," go to 19b. If "No," go to 20a. <input type="checkbox"/> Yes <input type="checkbox"/> No	19b. Have you registered with the Selective Service System? <input type="checkbox"/> Yes (Provide your registration number.) Registration Number: _____ <input type="checkbox"/> No (Provide the reason for your legal exemption in 19c.)
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19c. Legal Exemption Information (If you were exempted by age — i.e., if you were over 26 years old when you entered the U.S. — just list your age when you entered the U.S. If you received an exemption for another reason, provide a copy of the Selective Service exemption letter.)

20a. Have you served in the U.S. Military (Past or Present)? <input type="checkbox"/> Yes. (Complete Items 20b, 20c, 20d, 20e, and 20f.) <input type="checkbox"/> No. (Go to 21a.)	
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20b. Dates of Service (MM/YYYY) To _____ From _____	20c. Branch of Service (Army, Navy, Air Force, Marines, etc.)	20d. Serial Number (If none, provide Grade or Rating at time of separation.)
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20e. Were You Discharged from the Military Service Under Honorable Conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "Yes." If you received a clemency discharge, answer "No.") If "No," enter the date and type of discharge you received in the blocks below. ☐ Yes ☐ No

Discharge Date (MM/YYYY)	Type of Discharge

20f. While in Military Service, Were You Ever Convicted by Court Martial? ☐ Yes ☐ No

Court Martial Date (MM/DD/YYYY)	Place (City and State/Country)	Charge	Disposition

21a. Have You **Ever** Been Convicted of, or Forfeited Collateral for, **Any Felony/Misdemeanor Violation** (Except Traffic Violations)? (Generally, a felony is defined as any violation of law punishable by imprisonment of one year or longer.) ☐ Yes ☐ No

21b. Have You Ever Been Convicted of, or Forfeited Collateral for, **Any Assaults, Firearms, or Explosives Violations**? ☐ Yes ☐ No

21c. Are You **Now** Under Charges for Any Violation of Law? ☐ Yes ☐ No

If any answers to 21a - 21c are "Yes," attach a sheet noting the date, place, court location, charge, and disposition.

21d. Are You **Delinquent** on any Federal Debt? (Include delinquencies arising from Federal taxes, overpayment of benefits, or other debts to the U.S. Government **plus defaults** on federally guaranteed or insured loans such as student and home mortgage loans.) ☐ Yes ☐ No

Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken

22. In the Past 3 years, Have You Been Convicted of any Traffic Violations (Other Than Parking) or Currently Have Charges Pending? If "Yes," Complete the Information Below — If Necessary, Attach Additional Sheets. Check the Following Box If You Have Attached Your Driver's Abstract from the Department of Motor Vehicles. ☐ Yes

Date (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken

Warning

Review this form carefully to ensure you have answered all questions fully and correctly. Failure to answer all questions may result in your being denied access to mail and/or Postal Service premises. A fine not to exceed \$250,000 or imprisonment of not more than five years or both is provided by law (18 U.S.C. 1001) for **making a false statement or concealing any material fact on this Questionnaire.**

Certification

I certify that the statements made by me on this questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature (The Postal Service accepts an electronic signature with a digital ID and a date stamp.)	Date Signed (MM/DD/YYYY)

I attest I have advised the Applicant to truthfully complete this Questionnaire, and the Applicant has passed the Drug Screening Test (If applicable, provide documentation).

I certify that the applicant's **Proof of Citizenship or legal work status** authorizing the individual to work in the United States disclosed no disqualifying information in accordance with the Personnel Security requirements of the U.S. Postal Service as set forth in the current contract/transportation initiative, statement of work, or management instructions. The documentation is retained at the following location and may be reviewed by the Postal Inspection Service or the Contracting Officer or designee upon request.

Physical Street Address	Phone Number (With Area Code)	Date Signed (MM/DD/YYYY)

Contractor's Signature (Sign and print name)	City	State	ZIP+4

For Use of Postal Service Official Responsible for Reviewing for Completeness and Legibility. For complete instructions, see Administrative Support Manual 272.4, "Individuals Under Service Contracts: Clearances, Roles, Background Investigations, and Denial."

USPS Official Signature (Sign and print name)	Phone Number (With Area Code)	Date Signed (MM/DD/YYYY)

Organization, City, State, and ZIP+4



**Authorization and Release —
Background Investigation**
(USPS Contractors and Employees of Contractors)

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Act Statement: Your information will be used as a basis for an investigation to determine your fitness and suitability for contractual service to the U.S. Postal Service (USPS). Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061. Providing the information is voluntary, but if not provided, it may have an adverse effect on your opportunities to perform services under contract with the USPS. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel. For additional information regarding our privacy policies, visit www.usps.com/privacypolicy.

Applicant's Name (Last, First, Middle)		Mailing Address
Date of Birth (Month, Day, Year)	Home Phone Number ()	Email Address

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official of the USPS by any person, corporation, agency, or association concerning my character, personal history, credit standing, educational claims, current or prior employment, military service, and other information which may be relevant and necessary to determine my fitness and suitability to perform services under contract with the USPS.

This authorization is executed with full knowledge and understanding that the USPS will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned persons, corporators, agencies, associations and their employees, agents and representatives from any and all liability for damages resulting from a decision by the USPS not to contract for my services on account of compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid from the date it is signed until any contract employment with the USPS is completed or terminated.

Date Signed	Signature
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CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I agree to hold in confidence any and all address information (i.e., addresses and return addresses) disclosed by the Postal Service or otherwise obtained or developed in the course of performance under Postal Service Contract No. _____. I understand that no address information may be disclosed to any third party without prior written consent of the United States Postal Service.

Signature

Date

Note: This form HC 170, must accompany all applications, Form 20251 Contract Personnel Questionnaire, from Suppliers/Contractors and their employees.

Compliance required under Part II, Section H. 24 of Contract

HC170 February 1996

DRUG TESTING

We belong to a consortium with SAFETRAC SOLUTIONS. All drivers must submit to a pre-employment drug test. Random testing is required on a quarterly basis. Any driver who refuses a drug test will be terminated immediately. Any driver with a positive test must be relieved of all driving responsibilities and must submit to Substance Abuse Professional (SAP) for an evaluation and treatment. After this process is completed, the driver may return to work with a schedule of follow-up testing.

Each driver needs to give Holton Truck Lines, Inc., consent before we can view a driver's clearinghouse record.

I _____ hereby give consent to Holton Truck Lines Inc. to view my record in the Drug and Alcohol Clearinghouse, Federal Motor Carriers Safety Administration.

Drivers Signature _____

Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of <u>any</u> other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

**ELECTION FOR NEVADA WORKERS' COMPENSATION COVERAGE
FOR OUT-OF-STATE INJURY**

WHEREAS, _____, (SSN _____ - _____) hereinafter referred to as
EMPLOYEE, sustained and suffered an injury in the State of _____, arising out
of and in the course of his employment on the _____ day of _____, 20 _____,
while in the employ of _____; and
(Business Name)

WHEREAS, as a result of the above out-of-state industrial injury, the undersigned (EMPLOYEE or his dependents in case of his death) claims compensation and benefits under the Nevada Industrial Insurance Act (Nevada Revised Statutes (NRS), Chapter 616, A to D inclusive) on account of the above-described injury, and the employer has industrial insurance coverage under such Act, and

WHEREAS, NRS 616C.195 requires that no compensation or benefits be paid to any employee of an employer covered under Chapter 616A to D inclusive of NRS, where such employee receives an injury arising out of and in the course of such employment outside of this state, until such employee, his personal or legal representative, dependents or next-of-kin execute and deliver to the employer a full and complete release of such injury or death, and that the acceptance of compensation under Chapter 616A to D inclusive of NRS constitute a waiver by such employee or his dependents of all rights and remedies against the employer at common law or given under the laws of any other state; and

WHEREAS, NRS 616C.215 allows employee, his personal or legal representative, dependent or next-of-kin to proceed against any third party who may have caused the industrial accident and that there are certain rights and obligations under Nevada law pertaining thereto.

NOW, THEREFORE, as required by NRS 616C.195, and in consideration for such payment of compensation and benefits under Chapter 616A to D inclusive of NRS to which the EMPLOYEE, his personal or legal representatives, dependents or next-of-kin, whose signature or signatures appear hereon, do hereby fully and completely release the above-named employer from any and all liability arising from or growing out of the above described out-of-state injury, and do further waive any and all rights and remedies against the above named employer at common law or given under the laws of any other state.

IT IS FURTHER AGREED, that in the event EMPLOYEE, his personal or legal representative, dependent or next-of-kin proceeds in a third party action, whether in Nevada or any other state, against any third party who may have caused the industrial accident, EMPLOYEE agrees to be bound by NRS 616C.215, concerning said third party action and in the event an issue concerning choice of laws should arise in any third party action commenced outside the state of Nevada, that as to workers' compensation benefits and obligations, the undersigned specifically agrees that Nevada law under NRS 616C.215 should be applicable.

DATE: _____

BY: _____
Signature

(TITLE-Employee, Personal or Legal Representative,
Dependent or Next-of-Kin of Employee)