

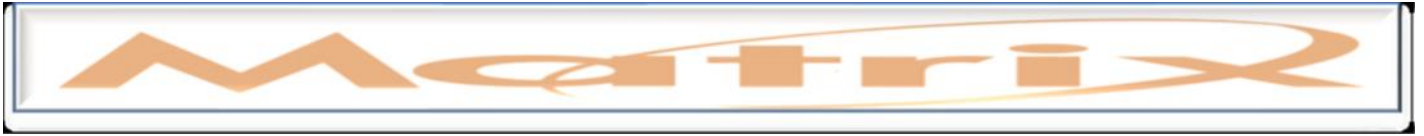
1375 Remington Rd, Suite U, Schaumburg, IL 60173 Phone: 630 444 3456 Fax: 630 444 7414

DRIVER QUALIFICATIONS CHECKLIST

- Application**
- Personal Files**
 - SSC
 - Passport
 - Voided Check
 - W-9
- Driver Records**
 - CDL
 - Twic Card (if applicable)
 - MVR
 - Medical Card
 - Medical Examiner Report
- Drug & Alcohol Test**
- Clearinghouse Registration as a Driver**

TRUCK/TRAILER CHECKLIST

- Truck**
 - Registration
 - Insurance
 - Annual inspection
- Trailer**
 - Registration
 - Insurance
 - Annual inspection
- Independent Contractor Agreement
- IFTA License (if applicable)



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COMMERCIAL VEHICLE DRIVER APPLICATION

This transportation company is in compliance with all Federal and State laws. Consideration of qualified applicants is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job-related disability.

Date: _____

Position applying for: Independent Contractor Contractor's Driver

Applicant's Name: _____
(First) (Middle) (Last)

Have you ever been known by any other name? If yes, what name and when: _____

Date of Birth: _____ Sex: _____ SSN#: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ E-mail: _____

CDL #: _____ State: _____

Referred by: _____

Are you at least eighteen (18) years of age? YES NO

Can you legally work in the United States? YES NO

Are you currently working? YES NO If not, how long since you have last worked? _____

LIST PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (ATTACH ADDITIONAL SHEET IF NECESSARY)

- 1) _____ From / To: _____
(Number / street) (City) (State) (Zip Code)
- 2) _____ From / To: _____
(Number / street) (City) (State) (Zip Code)
- 3) _____ From / To: _____
(Number / street) (City) (State) (Zip Code)

In case of emergency notify: _____
(First Name) (Last Name)

Address: _____
(Number / street) (City) (State) (Zip Code)

Phone #: _____

Relationship to applicant: _____

EDUCATION

Please provide the following information about completed education, starting with the most recent.

School Name	Field of Study	Degree	Years Completed	Address

Have you ever Served in the military? YES NO If Yes, When? Where? _____

TRAINING

Please, list any training/special skills that would help you in performing the position that you are applying for.

DRIVING EXPERIENCE

Do you currently hold any of the following endorsements? If you do, please indicate for how long?

Class of Equipment	Type of Equipment (Van, Tank, Flat etc.)	Date From	Date To	Approx.# of Miles
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	Nature of Accident (Head-on, Rear-end, Upset)	Number Fatalities	Number Injuries	Chemical Spills

TRAFFIC CONVICTIONS AND FORFEITURES

Please list all convictions for the past 3 years (other than parking violations)

Date convicted	Violation	Location	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, explain: _____

Has any license ever been suspended or revoked? YES NO

If yes, explain: _____

Have you ever been convicted of reckless driving, unsafe driving or DUI? YES NO

If yes, explain: _____

Have you ever been convicted of any drug related offenses? YES NO

If yes, explain: _____

Have you ever tested positive for controlled substance in last 3 years? YES NO

If yes, explain: _____

(Any positive indication of drug or alcohol use at the following levels will immediately disqualify the applicant. Alcohol test with a result of 0.04 or higher; Verified positive drug test; Verified adulterated or substituted drug test results; Violations of DOT agency drug and alcohol testing regulations).

REFERENCES

Please list three professional references not related to you. If you don't have three professional references, then list personal, unrelated references.

Name	Years Known	Phone Number	Relationship

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

***Any gaps in employment in excess of one (1) month and/or unemployment must be explained.**

From: _____ To: _____

Employer / Lessee Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____

Position: _____ Rate of Pay: _____ Supervisor: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Were you subject to Drug and Alcohol testing? YES NO

REASON FOR LEAVING: _____

From: _____ To: _____

Employer / Lessee Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____

Position: _____ Rate of Pay: _____ Supervisor: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Were you subject to Drug and Alcohol testing? YES NO

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (continued)

From: _____ To: _____

Employer / Lessee Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____

Position: _____ Rate of Pay: _____ Supervisor: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Were you subject to Drug and Alcohol testing? YES NO

REASON FOR LEAVING: _____

From: _____ To: _____

Employer / Lessee Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____

Position: _____ Rate of Pay: _____ Supervisor: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Were you subject to Drug and Alcohol testing? YES NO

REASON FOR LEAVING: _____

From: _____ To: _____

Employer / Lessee Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____

Position: _____ Rate of Pay: _____ Supervisor: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Were you subject to Drug and Alcohol testing? YES NO

REASON FOR LEAVING: _____

DRIVER'S STATEMENT OF ON-DUTY HOURS AND LOG USAGE

The federal Motor Carrier Safety Regulations decide that when using a driver the first time, or occasionally, the Motor Carrier must obtain, from said driver, an account of his/her total time on duty for the seven days preceding his beginning work for the carrier as well as the date and time at which he was last relieved from duty and his/her account must be signed by the driver.

Driver's Name: _____

Address: _____

CDL#: _____ State: _____ Exp. Date: _____

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Day	1 (yesterday)	2	3	4	5	6	7
Date							
Hours							

Were you required to use a record of duty status (driver's log) on 8 or more days within the past 30 consecutive days? Yes No

Total hours worked past seven days: _____

By signing below, I certify that the above information is correct to the best of my knowledge, and that I was last relieved from duty on: ____/____/____ at: ____/____ AM/PM

Driver's Signature: _____

Date: _____

RECEIPT FOR COMPLETED APPLICATION

By signing this statement, I certify that this application has been completed by me, and all the entries provided are true, and accurate, to the best of my knowledge. I agree and understand that any misrepresentations of any information, and/or any false statements herein submitted shall constitute an act of dishonesty which shall constitute sufficient grounds for rejection or termination of the lease, without regard to time lapsed before discovery of such act of dishonesty.

I understand the information in this application will be used, and previous employers/carrier-lessees will be contacted for the purpose of investigating my safety and employment/contract performance history, and that my driving records will be checked with each State where I have held a license or permit as required by 49 C.F.R. § 391.23 of the Federal Motor Carrier Safety Regulations. I understand my right to review the information provided by previous employers/lessees by supplying a written request to Company within 30 days of my start date. I understand my right to contact any previous employer/lessee to have errors corrected or to attach a rebuttal statement to any erroneous information if the previous employer and I cannot agree on the accuracy of this information. I further understand that, if I become a driver under an independent contractor operating agreement ("ICOA") with Company, I must hold a valid commercial driver's license in my resident State with all required endorsements. I must report to Company and to the State in which my license is issued all moving violation convictions. I also must immediately notify Company of any license suspension, restriction, revocation, cancellation, DUI, or any disqualification to drive. If I cease being a driver under an ICOA with Company, I understand and consent to Company's communicating to other motor carriers or other employers (or to a consumer reporting agency that will communicate to other motor carriers or other employers), upon their request, information both from Company's own experience and from public and private sources regarding my character, work habits, performance, and experience, along with reasons for termination of past employment/contract, professional license, or credentials, and criminal/civil driving history.

I acknowledge that a telephone facsimile (FAX) or a photographic copy of this release shall be as valid as the original.

I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am leased to the Company.

I acknowledge that the control that is taken from Matrix Logistics, Inc. over my driving is only for the purpose of complying with the F.M.C.A. regulations.

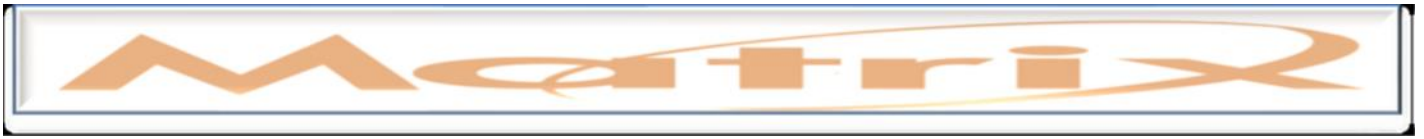
I understand that all rules, regulations and all of the application material is strictly for the use of The Federal Motor Carrier Safety Administration & U. S. Department of Transportation (DOT).

Applicant's Signature: _____

Date: _____

Applicant's Name: _____

Date: _____



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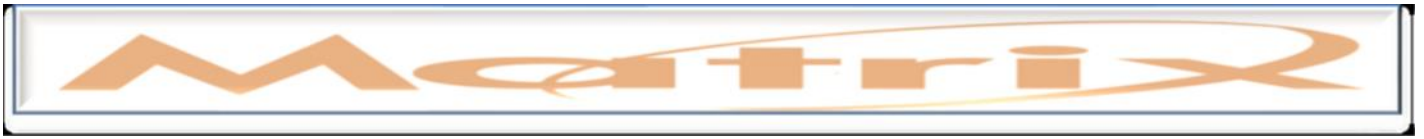
FAIR CREDIT REPORTING ACT DISCLOSURE

The Federal Motor Carrier Safety Regulations (FMCSR) require motor carriers to investigate the employment background, drug and alcohol testing history, and motor vehicle driving record of all commercial motor vehicle driver applicants. The purpose of this disclosure, in accordance with Section 604(b) of the Fair Credit Reporting Act (15 U.S.C. 1681-1681u), is to inform you that consumer reports may be used for employment /contract purposes to complete these and other background investigations.

I hereby authorize Matrix Logistics, Inc. to obtain consumer reports for the purpose of conducting background investigations for employment/contract purposes.

Driver's Name: _____ Date: _____

Driver's Signature: _____



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APPLICANT’S NOTIFICATION AND RELEASE

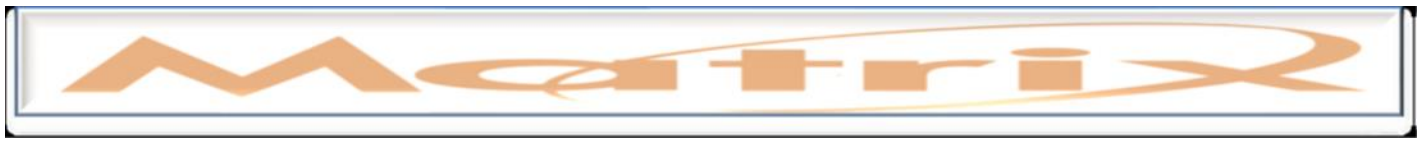
In connection with my application with MATRIX LOGISTICS, INC., I understand that a consumer report, which may contain public record information, is being requested from DOT Service, Chicago Illinois. This report may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker’s compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DOT concerning (1) previous driving record requests may be others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY MATRIX LOGISTICS, INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DOT, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the source of information; and the recipients of any reports on me which DOT has previously furnished within the two-year period preceding by request. I hereby consent to your obtaining the above information from DOT, and I agree that such information which DOT has or obtains, and my employment history with you if I am hired, will be supplied by DOT to other companies, which subscribe to DOT Service.

I hereby authorize procurement of consumer report(s). If contracted, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my contract period.

Applicant’s Name: _____ Social Security Number: _____
Applicant’s Signature: _____ Date: _____

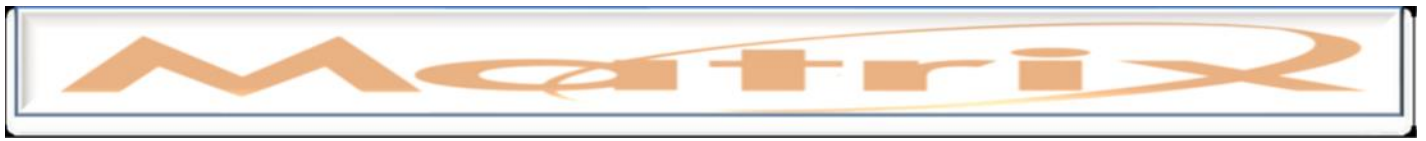


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EQUIVALENT OF ROAD TEST

In place of, and as equivalent to, the road test required by §391.31, a person seeks to drive a commercial motor vehicle may present, and a motor carrier may accept a valid Commercial Driver's License as defined in §391.33.

Important: A copy of CDL needs to be attached bellow



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CERTIFICATION OF COMPLIANCE WITH COMERCIAL DRIVERS LICENSE REQUIREMENTS

The Compliance Regulations below “apply to every person who operates a motor vehicle (CMV) in interstate commerce, to all employers of such persons, and to all States “as set forth in Part 392 of the Federal Motor Carrier Safety Regulations”

In compliance with the Federal Motor Carrier Safety Regulations, Part 383, 392 and 383, it is required that all drivers abide by the requirements of Licensing as described below:

1. Possession of single license:

A driver of Commercial Motor Vehicle may not possess more than one operator’s license. If a driver possesses more than one license than he/she must keep the license issued from their state of residence and return the additional license to the issuing state. NOTE: All additional licenses must be returned or if lost, the issuing state must be notified. Destroying a license does not end or invalidate one’s status as a driver in a given time.

2. Notification of Cancellation, Revocation, or Suspension of License:

In compliance with the Federal Motor Carrier Safety Regulations Part 392 and 383, a driver is required to notify his/her employer of any suspension or revocation of their operator’s license. Part 383 further requires that the driver must report any violations of a State or local traffic law in writing to: A: The driver’s employer or contracted company and B: The State that issued the driver’s operator’s license (except when the violation occurred in the issuing state), within thirty days of the violation.

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.

CERTIFICATE OF SINGLE LICENSE

By signing below, I certify that the described license is the only one in my possession.

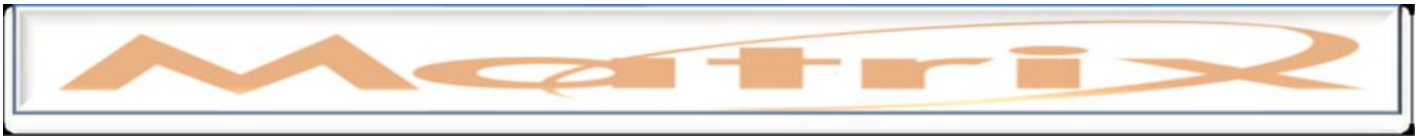
STATE	LICENSE NUMBER	TYPE/CLASS	ENDORESMENT	EXPIRATION DATE

I certify that I have read and understood the above requirements.

Applicant’s Name: _____

Date: _____

Applicant’s Signature: _____



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MEDICAL EXAMINER’S NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner’s National Registry listing in the driver’s qualification files was published in the Federal Register April 20, 2012. Beginning May 21, 2014, motor carriers must certify 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 an 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 (§391.23(m)(l)).

§391.51 General requirements for driver qualification files. (b)(9). A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

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

Driver’s Name: _____

Medical Examiner’ Name: _____

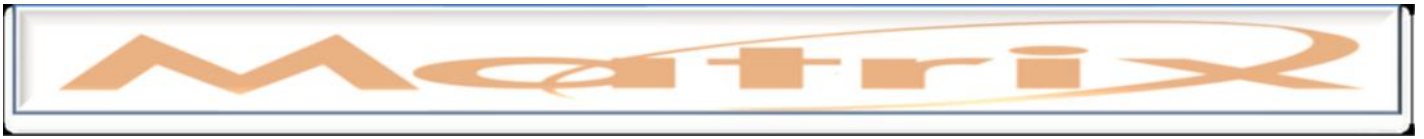
National Registry Number: _____ Identification Number: _____

Address: _____

Verified By: _____

Date: _____

(Motor Carrier Representative’s Signature)



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MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Matrix Logistics, Inc.,

I, _____ consent to the release of my Motor Vehicle Records (MVR) to the company.

I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

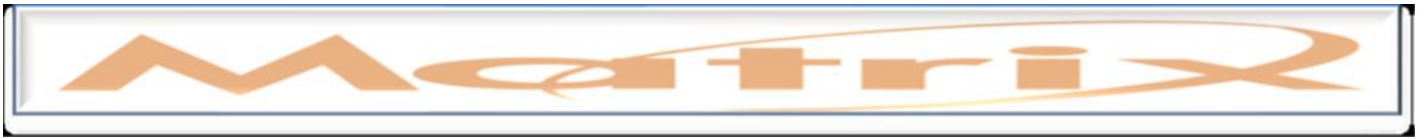
I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am leased to the Company.

Applicant's Signature: _____

Date: _____

Drivers' License Number: _____

State: _____



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ALCOHOL AND/OR DRUG TEST NOTIFICATION

As required under Part 382 of FMCSR for CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING, Part 382.113 Requirement for Notice: Before performing each alcohol or controlled substance test under this part, each employer shall notify a driver that the alcohol or controlled substance test is required by this part. No employer shall falsely represent that a test is administered under this part.

Notice is hereby given for the following tests in compliance to part 382.113 of the Federal Motor Carrier Safety Regulations.

Company Name: Matrix Logistics, Inc.

Driver/Applicant's Name: _____

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

Test Date: _____ Time of Appointment: _____

Test Location: _____

Test Reason:

- Random Pre-Employment Post-Accident Reasonable Suspicion
- Return-To-Duty (After previous violation - Direct Observation Required)
- Follow-Up (After previous violation - Direct Observation Required)
- Negative Dilute Retest - Direct Observation as directed by MRO §§ 40.155 and 40.197 (b)(1)

Be sure to also check the primary test reason the same as the initial test reason

Testing Category Type:

- Alcohol
- Controlled Substance

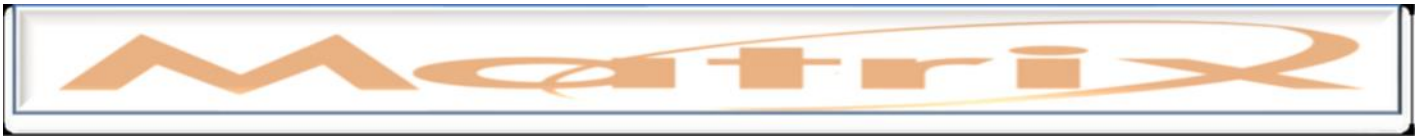
I understand as a condition of my employment with this company, the above identified test is mandatory to remain in compliance with FMCSR's.

Driver/Applicant's Name: _____

Date: _____

Witnessed by: _____

Date: _____



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URINALYSIS NOTIFICATION

Part 382.301 of the Federal Motor Carrier Safety Regulations, regarding pre-employment testing for controlled substances applies to all applicants seeking employment with Matrix Logistics, Inc.

- 382.301 Pre-employment testing requirements.
- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
 - b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
 - c) Prior to collection of a urine sample under § 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

By signing below, as a condition of my employment, I agree to the urine sample collection and controlled substance testing. I have been informed and understand that a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

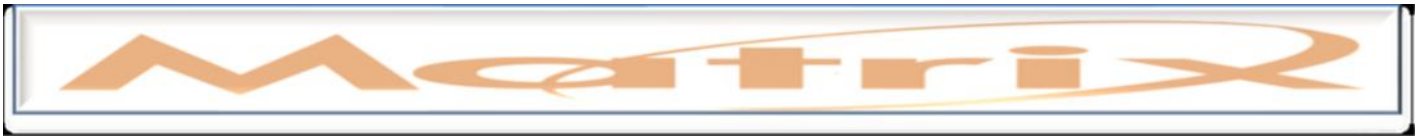
I hereby certify that I have received a copy of the Pre-Employment Urinalysis and that I have read and understand all the information contained therein.

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 three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Applicant's Name: _____ Witnessed By: _____

Applicant's Signature: _____ Date: _____

Date: _____



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AUTHORIZATION TO RELEASE DRUG AND ALCOHOL TESTING INFORMATION

In conformity with 49 C. F. R. Part 40 of Federal Regulations, I hereby authorize the carriers listed below to furnish Matrix Logistics Inc, or a designated vendor, the following information concerning drug and alcohol test, including pre-employment tests, conducted during the past three years: (i) the dates on which I tested positive for drugs, and the drug(s) involved; (ii) the dates on which I tested .04 or greater for alcohol and test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result to be tested for drugs and/or alcohol); (iv) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP); (v) subsequent to successful completion of a substance abuse professional's rehabilitation referral if there were any violations pursuant to 49 C. F. R. Part 40; (vi) other violation of D.O.T. drug and alcohol testing regulations; and (vii) any information the carriers have received regarding violations of drug or alcohol testing regulations from my previous employers covered by D.O.T.

I understand that this authorization includes receiving the results to tests which were required by the Department of Transportation (D.O.T.) and any test voluntarily conducted by the carriers listed below unless I instructed, in writing, not to release information on non-D.O.T test results. If any company releases the above information, I authorize: (viii) the release of any negative results released in that same time frame; and (ix) the name and phone number of any substance abuse professional who evaluated me during the past three years.

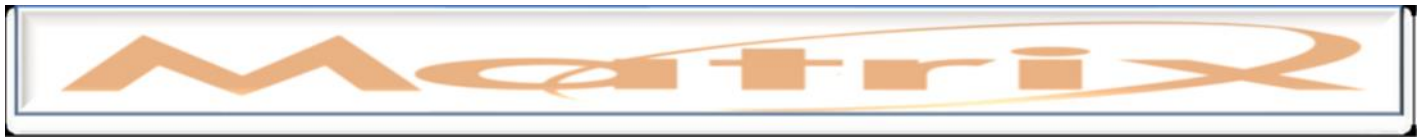
I authorize the following companies to release information to Matrix Logistics Inc or a designated vendor.

Company	Phone Number	Dates of any violations of 391.23 of 49 C.F.R part 40

With my signature, I acknowledge I have listed above any company for which I have driven a commercial motor vehicle in the previous three years, as well as any company that I applied with for a CDL position and who conducted pre-employment testing.

Applicant's Name: _____ SS#: _____

Applicant's Signature: _____ Date: _____



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***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 MATRIX LOGISTICS, INC. ("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).

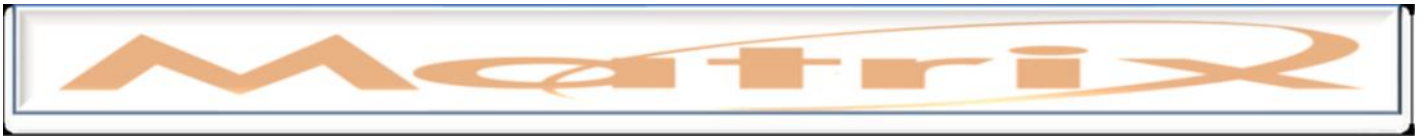
When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which 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.



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AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize MATRIX LOGISTICS, INC. ("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.

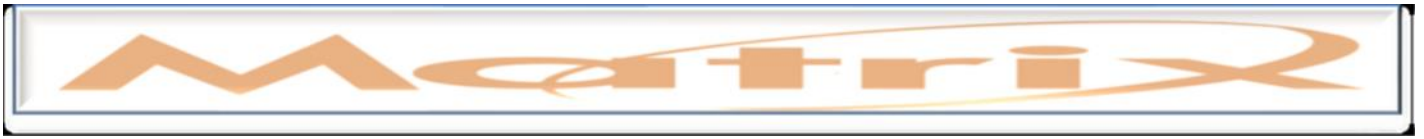
Date: _____

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.

LAST UPDATED 12/22/2015



1375 Remington Rd, Suite U, Schaumburg, IL 60173 Phone: 630 444 3456 Fax: 630 444 7414

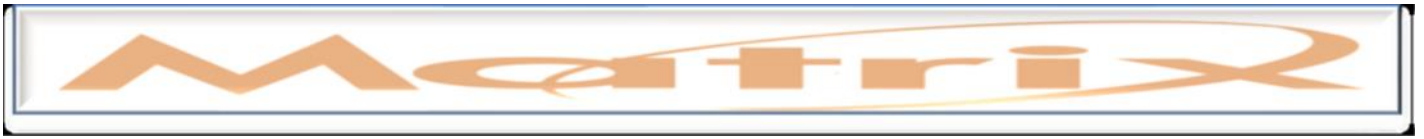
AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Matrix Logistics, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying.

I understand that Matrix Logistics, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____



1375 Remington Rd, Suite U, Schaumburg, IL 60173 Phone: 630 444 3456 Fax: 630 444 7414

PREVIOUS EMPLOYMENT VERIFICATION REQUEST

SECTION 1 (TO BE COMPLETED BY PROSPECTIVE EMPLOYEE) AUTHORIZATION

Sent to: _____
Previous Employer

Fax Number: _____

Requested by: Matrix Logistics, Inc.
1375 Remington Rd., Ste U
Schaumburg, IL 60173

Phone Number: (630) 444 - 3456
Fax Number: (630) 444 - 7414
E-mail: safety@matrixlogistics.net

Name of Applicant

Social Security #:

I hereby authorize the above-mentioned previous employer to release and forward all requested information concerning my work performance, experience, Drug and Alcohol Testing, together with reasons for termination concerning my employment to Matrix Logistics, Inc., within the previous 3 years from _____ Date of Employment Application

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Applicant's Signature

Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23

SECTION 2 (TO BE COMPLETED BY PREVIOUS EMPLOYER) ACCIDENT HISTORY

Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months.)

The applicant named above was employed by us. Yes [] No []

Employed as: _____ From: _____ To: _____
Job Title Hire Date Termination Date

Resigned: Yes [] No [] Discharged: Yes [] No [] If discharged, why? _____

Eligible for Rehire? Yes [] No [] Upon Review: _____ If No, please explain: _____

Did he/she drive motor vehicle for you? Yes [] No [] If yes, what type?

Straight Truck [] Tractor/Semitrailer [] Bus [] Cargo Tank [] Doubles/Triples []
Other [] Specify _____

Commodities Hauled: _____
 Areas of Operation: _____
 Overall Performance: Poor _____ Fair _____ Good _____ Excellent _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above or check here 0 if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 3 (TO BE COMPLETED BY PREVIOUS EMPLOYER)	DRUG AND ALCOHOL HISTORY
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Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B or Part 382 or Part 40? Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. Yes No
6. For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

Person Providing Information: _____
Name Title Date

SECTION 4 (TO BE COMPLETED BY PROSPECTIVE EMPLOYER)	MODE OF COMUNICATION
--	-----------------------------

This form was sent to previous employer via (check one) Fax Mail Email Other
 By: _____ Date: _____

This form was sent to previous employer via (check one) Fax Mail Email Other
 By: _____ Date: _____

This form was sent to previous employer via (check one) Fax Mail Email Other
 By: _____ Date: _____