

DRIVER'S APPLICATION

**A 1 ELITE LOGISTICS, INC
3808 MONROE ST
Dearborn, MI 48124**

(Sign and Date Below)

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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. I understand that false or misleading information given in my application or interview(s) may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of A 1 EXPEDITED LOGISTICS, LLC. 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 resend 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** _____

Please Print CLEARLY. *Please list all addresses for past 3 years.*

_____ LAST NAME		_____ FIRST NAME		_____ MI
_____ STREET ADDRESS		_____ NO.	_____ CITY	_____ STATE
_____ STREET ADDRESS		_____ NO.	_____ CITY	_____ STATE
_____ HOME PHONE		_____ ALT. PHONE		_____ ZIP
_____ SOCIAL SECURITY		_____ DATE OF BIRTH		_____ ZIP
_____ LICENSE NUMBER	_____ STATE	_____ CLASS	_____ EXPIRATION DATE	<input type="checkbox"/> CDL

Type of Equipment	Years of Experience	Years/Miles Driven
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(Previous Three Years) *ACCIDENTES*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(Previous Three Years) *CITACIONES*

(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

YES NO

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

YES NO

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

Have you ever been arrested and/or convicted of a misdemeanor or felony?

YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____

PHONE: () _____ **RELATIONSHIP:** _____

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer:

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [] Yes [] No

Employer:

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [] Yes [] No

Employer:

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [] Yes [] No

Employer:

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? [] Yes [] No

Stand-Down means the practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

Violation Rate for Random Alcohol Testing means the number of 0.04% and above random alcohol confirmation test results conducted under *Part 382* plus the number of refusals of random alcohol test required by *Part 382* , divided by the total number of random alcohol screening tests(including refusals) conducted under *Part 382* .

I have received a copy of _____ controlled substances and alcohol policies and procedures. (Carrier name above)

(Date)

(Driver's Signature)

(Driver's Name Printed)

(Driver's Identification)

CONTROLLED SUBSTANCES AND ALCOHOL POLICY

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(NAME OF THE MOTOR CARRIER)

(USDOT NUMBER)

A1 ELITE LOGISTICS, INC

3808 MONROE ST

Dearborn

MI 48124



Company policy amendment.:

1. All penalties and fines obtained by driver are **paid** by driver or **deducted** from drivers pay
2. In case of an accident driver is responsible for deductible of **1000** on trailer and their own deductible of truck insurance as well as the (1000) deductible of cargo insurance.
3. Cancellation of loads will result in a **100\$** fine.
4. Late pick up or delivery will be assessed a **50\$** fine besides broker fine which will be deducted out of load pay.
5. **Inspections will be fined 250\$ per violation and will be rewarded 100\$ for no violation on lvl 1 and 50\$ for lvl3.**
6. The use of **personal** email for rate confirmation will not be accepted. Therefore load payment **will not be honored**.

COMPANY REPRESENTATIVE

NAME : Mark Hakim

POSITION: CEO

MARK HAKIM

DRIVER

NAME:

SIGNATURE:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	2 Business name/disregarded entity name, if different from above				
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		Exempt payee code (if any) _____		
	<input type="checkbox"/> Other (see instructions) ▶ _____		Exemption from FATCA reporting code (if any) _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)		
6 City, state, and ZIP code					
7 List account number(s) here (optional)					

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-							
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.