APPLICATION FOR EMPLOYMENT

COMPANY FATMA LLC STREET ADDRESS 3104 E. CAMELBACK RD. PMB 7750

CITY, STATE AND ZIP CODE PHOENIX, AZ 85016

X NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

X ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

X DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

X TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
X				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
X TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

X **ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐

X **TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If yes, explain _____

X B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

X LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

X SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

X THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 a conditional 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, also, that I am required to abide by all rules and 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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

X _____ _____
DATE APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

X _____ _____
DATE APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

X I, (Print Name) _____ _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from X _____.
(employment application date)

To: Prospective Employer: FATMA LLC

Attention: MURAT KUCUKCAPRAZ Telephone: 847-744-2285

Street: 3104 E. CAMELBACK RD. UNIT 7550

City, State, Zip: PHOENIX, AZ, 85016

In compliance with §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.

Prospective employer's fax number: _____

Prospective employer's email address: FATMALLCHR@GMAIL.COM

X _____ _____
Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. 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) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

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

	Date	Location	# Injuries	# 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: _____

_____

_____

Any other remarks:

_____

_____

_____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER COMPLETE PA E 2 PART

PART :	TO BE COMPLETED BY PREVIOUS EMPLOYER

DR G AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the 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 a 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 of Part 3 2, or Part 40?
   YES ☐ NO ☐

. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
YES ☐ NO ☐

. For a driver who successfully completed a 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 ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, ip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART a:	**TO BE COMPLETED BY PROSPECTI E EMPLOYER**

This form was (check one) ☐ Fa ed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

PART b:	**TO BE COMPLETED BY PROSPECTI E EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fa ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

INSTR CTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS RE EST

PAGE PART : Prospective Employee
- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE PART a: Prospective Employer
- Complete the information
- Send to Previous Employer

PAGE PART : Previous Employer
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE PART : Previous Employer
- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE PART b: Prospective Employer
- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR
DRIVER APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

1 2 2 Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER APPLICANT

TO:

Prospective Employer: FATMA LLC

Street/P.O. Box: 3104 E. CAMBELBACK RD. PMB 7750

City, State, Zip: PHOENIX, AZ, 85016 Telephone # 847-744-2285

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

X Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

I :

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

B :

_____ _____ Release Date: _____/_____/_____
Signature/person providing information Telephone # M D Y

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

1 2 Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

1 2 After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1:	COMPLETED BY THE DRIVER APPLICANT

TO:

Previous Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

FROM:

Driver/Applicant: _____ _____
Social Security #

Street: _____

City, State, Zip: _____ Telephone No.: _____

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I request that this rebuttal be sent to the attached list of motor carriers.

X Driver/Applicant Signature: _____ Date: _____/_____/_____
M D Y

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER

R :

Signature: _____ Date: _____/_____/_____
M D Y

COPY 1 PREVIOUS EMPLOYER

CORRECTION REQUEST OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

1 2 1 Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

1 2 2 After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1: COMPLETED BY THE DRIVER APPLICANT

TO: Prospective Employer: FATMA LLC

Street/P.O. Box: 3104 E. CAMELBACK RD. PMB 7750

City, State, Zip: PHOENIX, AZ, 85016 Telephone # 847-744-2285

FROM: Driver/Applicant: _____

Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: FATMA LLC

Attention: MURAT KUCUKCAPRAZ

Street: 3104 E. CAMELBACK RD. PMB 7750

City, State, Zip: PHOENIX, AZ, 85016

Explanation of desired correction (attach documents as necessary)_____

_____

_____

X Driver/Applicant Signature: _____ Date: _____/_____/_____

M D Y

Driver: Retain COPY DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer.

PART 2: COMPLETED BY THE PREVIOUS EMPLOYER

D :

☐ Information was corrected and forwarded to the prospective motor carrier employer.

☐ The driver was notified on _____/_____/_____ that the previous employer does not agree to correct the data.

R

I : Company Name: _____

Attention: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

B : _____ _____ Release Date: _____/_____/_____

Signature/person providing information Telephone # M D Y

PART : COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER

The corrected information was received on _____/_____/_____

Prospective Employer: _____ Location: _____

Received by: _____ _____

Signature Title

COPY 1 PROSPECTIVE EMPLOYER

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23

x _____
(Driver's Name)

x _____
(Driver's Operator's Lic. No.)

x _____
(Driver's Social Sec. No.)

Dear _____,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

_____
Signature of individual making inquiry

_____
(printed) Name of person making inquiry

_____
Title of person making inquiry

_____
Motor Carrier Name

_____
Street Address City State Zip

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUA REVIE OF DRIVING RECORD
391.2

x _____ x _____

Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

[ ] the driver meets the minimum requirements for safe driving, or

[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15

_____ _____

Date of Review Motor Carrier's Name

_____

Reviewed by: Signature and title

_____ _____

Date of Review Motor Carrier's Name

_____

Reviewed by: Signature and title

_____ _____

Date of Review Motor Carrier's Name

_____

Reviewed by: Signature and title

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATORS 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

x _____ x _____

(Date of Certification) (Driver's Signature)

_____ _____

(Motor Carrier's Name) (Motor Carrier's ddress)

_____ _____

(Reviewed by: Signature) (Title)

cer tificA te of Driver's roAD test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.
(49 CFR 391.31(e)(f)(g))

cer tificA tion of roAD test

x Driver's Name_____

x Social Security Number _____

x Operator's or Chauffeur's License Number _____

x State_____

Type of Power Unit_____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20_____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

_____

(Signature of Examiner)

_____

(Title)

_____

(Organization and Address of Examiner)

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

x I, _____, hereby provide consent to FATMA LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This release will remain in effect for the entire term of my driving engagement with FATMA LLC and I authorize FATMA LLC or its designated Third Party Administrator "TPA", WIX Consulting Ltd**.** to conduct an unlimited number of Clearinghouse limited queries during the entire term of my driving engagement with FATMA LLC or until I am no longer subject to the drug and alcohol testing rules in 49CFR Part 382.

I understand that if the limited query conducted by FATMA LLC or its designated TPA indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to FATMA LLC or its designated TPA without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for FATMA LLC to conduct a limited query of the Clearinghouse, FATMA LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

x_____ x_____

Driver Signature Date