



# **DRIVER APPLICATION COMPENSATION PACKAGE**

**MJMAINSTREAMLLC@GMAIL.COM**

**"Legacy is not leaving something for people. It's leaving something in people."**



## COMPANY DRIVER FILE CHECKLIST

1. \_\_\_\_\_ DRIVER APPLICATION
2. \_\_\_\_\_ COPY OF DRIVER LICENSE
3. \_\_\_\_\_ COPY OF SOCIAL SECURITY CARD
4. \_\_\_\_\_ COMPENSATION AGREEMENT FORM  
(SIGNED)
5. \_\_\_\_\_ TRUCK POLICY  
(SIGNED)
6. \_\_\_\_\_ MEDICAL EXAMINER'S CERTIFICATE\*
7. \_\_\_\_\_ DIRECT DEPOSIT AUTHORIZATION FORM

EMAIL YOUR INFORMATION TO  
**MJMAINSTREAMLLC@GMAIL.COM**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT MARIO PIERCE 470-525-0797

**\*NOTE:** DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S  
CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.



## Compensation Agreement Form

***MJ Mainstream, LLC. (Company) Driver:*** This means you are contracted to *MJ Mainstream, LLC.* and you operate a company truck. You do not provide your own. Truck drivers are also responsible for inspecting their assigned truck for mechanical items or issues relating to safe operation of each load.

***MJ Mainstream, LLC.,*** covers fuel, tolls, the expenses of the truck, and dispatching.

**Please see below, weekly gross earning-compensation plans, paid to each driver based on the load and/or route(s):**

➤ **Local Route**

Driver(s) working under this Agreement, will be home every night, which can be a real benefit to those with a family. The routes are local, typically within a 200 mile radius. You earn **30%** of each load, per diem. **This is an 70/30 compensation plan.**

➤ **Mileage (Dedicated-Route)**

Driver(s) working under this Agreement, will be assigned their own route. You earn **0.40CPM (cents-per-mile)** for actual miles driven, per route(s) designated by *MJ Mainstream, LLC.*, as calculated from dock to dock.

➤ **OTR (Over-the-road)**

Driver(s) working under this Agreement, specialize in hauling freight long distances, as opposed to local routes. You'll typically be on the road a couple of days at a time. You earn **25%** of the weekly gross amount for the truck. **This is an 75/25 compensation plan.**

➤ **Incentive-based**

**OPTIONAL** - Driver(s) working under this Agreement, run Sunday route(s) designated by ***Amazon Fulfillment Center*** to *MJ Mainstream, LLC.*, at the rate of **0.40 cents per mile**. Driver(s) will receive an additional **\$50.00**, due to the shortage of miles driven locally on Sunday. Ultimately, the goal of incentive-based is to ensure a fair day's pay for a fair day's work for both the driver and the company.

***Compensation will be paid every Friday for the prior week (Sunday to Saturday).***

***By signing below, you state that you agree to these terms:***

Please, print: First & last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:     /     /

Company Signature: Mario D Pierce \_\_\_\_\_ Date:     /     /



## **VEHICLE & DRIVERS SAFETY POLICY**

### ***Policy***

*The purpose of this Policy is to ensure the safety of those individuals who drive company vehicles. Vehicle accidents are costly to MJ Mainstream Auto & Cargo Transport Solutions, LLC., but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate all vehicles in a safe manner and to drive defensively to prevent injuries and property damage. As such the Company endorses all applicable state motor vehicle regulations relating to driver responsibility. MJ Mainstream Auto & Cargo Transport Solutions, LLC. expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely.*

### ***Company vehicle rules.***

- Obey traffic laws in your jurisdiction and be courteous toward other drivers.
- Monitor gas, tire pressure, and all fluid levels.
- Report any damage or problems to your assigned truck immediately.
- Report changes to your driver privileges, such as driver's license suspension, immediately.
- Do not drive while intoxicated, fatigued, or on medication that affects your driving ability.
- Do not smoke in any company truck.
- Do not lease, sell, or lend a truck vehicle.
- Do not use a phone or text while driving.
- Do not allow unauthorized drivers to use a company truck.

The undersigned hereby acknowledges the duties of operating a company owned and/or leased vehicle. Further, it is agreed this vehicle will be operated in a safe manner. I agree to wear my seat belt whenever the vehicle is in motion and will require other occupants to do so. I agree to be responsible for all traffic and parking violations that occur while the vehicle is assigned to me.

I agree to promptly report all accidents or incidents resulting in injury or damage to the vehicle or other property, no matter how slight.

I understand I am required to maintain a valid driver's license and a clean driving record for a least 3 years. All CDL drivers must comply with all applicable D.O.T. regulations, including successful completion of medical, drug, and alcohol evaluations. Further, I herewith grant ***MJ Mainstream Auto & Cargo Transport Solutions, LLC.*** the right to investigate my motor vehicle driving record at any time.

In the event of an accident, which has been determined to have been my fault by citation, traffic court conviction, by my own admission, or determination by ***Mario D. Pierce***, I agree to reimburse ***MJ Mainstream Auto & Cargo Transport Solutions, LLC.*** the deductible of \$1,000 (one-thousand dollars) for damages done to this vehicle because of my negligence.

I understand the operation of this vehicle in a safe operating condition is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify my ***Mario D. Pierce*** immediately.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an driver or driver candidate and may only be rescinded in writing.

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**PRINT – DRIVERS NAME**

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**DRIVER'S LICENSE NUMBER**

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**SIGNATURE**

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**DATE**

*Mario D Pierce*

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**SIGNATURE – OWNER**

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**DATE**



## DRIVER EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

### ACCIDENT RECORD FOR THE PAST 3 YEARS

*Attach additional sheet if more space is needed. Check this box if none ☐*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

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

*Attach additional sheet if more space is needed. Check this box if none ☐*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

☐ YES ☐ NO

If yes, explain

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

☐ YES ☐ NO

If yes, explain

### 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.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y    N	DETAILS
High School				<input type="checkbox"/> <input type="checkbox"/>	
College				<input type="checkbox"/> <input type="checkbox"/>	
Other				<input type="checkbox"/> <input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.



**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior 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.

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

Applicant Signature		Date	
Applicant Name (printed)			



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with *(please check only one)*:

☐ the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

☐ the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses    ☐ Accompanied by a \_\_\_\_\_ waiver/exemption    ☐ Driving within an exempt intracity zone ([49 CFR 391.62](#)) *(Federal)*

☐ Wearing hearing aid    ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate    ☐ Qualified by operation of [49 CFR 391.64](#) *(Federal)*

☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
_____	_____	_____
Medical Examiner's Name <i>(please print or type)</i>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
_____	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner <i>(specify)</i> _____	
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
_____	_____	_____

Driver's Signature	Driver's License Number	Issuing State/Province
_____	_____	_____
Driver's Address	CLP/CDL Applicant/Holder	
Street Address: _____	City: _____	State/Province: _____ Zip Code: _____ <input type="radio"/> Yes <input type="radio"/> No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

# Direct Deposit Authorization Form

*MJ Mainstream Auto & Cargo Transport Solutions LLC*

(470) 525-0797

mjmainstreamllc@gmail.com

**Name on Account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:** \$\_\_\_\_\_ or \_\_\_\_\_%

**Type of Account:** \_\_\_\_\_ (Checking or Savings)

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(if more than 1 account fill-in below)

**Name on Account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:** \$\_\_\_\_\_ or \_\_\_\_\_%

**Type of Account:** \_\_\_\_\_ (Checking or Savings)

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*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

*MJ Mainstream Auto & Cargo Transport Solutions LLC* is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

**Driver's Signature and Date:** \_\_\_\_\_