

# DRIVER APPLICATION & QUALIFICATION FILE

## Company Information

Company name: M Group Logistics Inc

Address: 700 NICHOLAS BLVD STE 305 ELK GROVE VILLAGE IL 60007

Phone: 847-807-6165 Email: [safety@mgrouplogistics.com](mailto:safety@mgrouplogistics.com)

MC: 1189137

USDOT: 3550854



# DRIVER INFORMATION

## Driver Information

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

## Driver License Information

CDL Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Years Holding DL: \_\_\_\_\_

## 10-YEAR EMPLOYMENT HISTORY (FMCSA REQUIRED)

### Employer #1

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSA Drug & Alcohol Testing? YES / NO

Did this employer operate DOT-regulated vehicles? YES / NO

### Employer #2

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSA Drug & Alcohol Testing? YES / NO

Did this employer operate DOT-regulated vehicles? YES / NO

### Employer #3

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSA Drug & Alcohol Testing? YES / NO

Did this employer operate DOT-regulated vehicles? YES / NO

### Employer #4

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSA Drug & Alcohol Testing? YES / NO

Did this employer operate DOT-regulated vehicles? YES / NO



# SAFETY PERFORMANCE HISTORY REQUEST

The person named herein has applied to **M GROUP LOGISTICS INC.** for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to M GROUP LOGISTICS INC, I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

**Previous Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

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 Drivers do not fill out below this line-For official use only  
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Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Full Time: \_\_\_\_ Part-Time: \_\_\_\_  
 Position(s) Held: \_\_\_\_\_ Local: \_\_\_\_ Regional: \_\_\_\_ Over-the-Road: \_\_\_\_  
 Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? \_\_\_yes \_\_\_no  
 Type of equipment operated: Dry Van \_\_\_ Flatbed \_\_\_ Reefer \_\_\_ Other (please list): \_\_\_\_\_

Reason for leaving: \_\_\_ Voluntary \_\_\_ Lay-Off \_\_\_ Terminated \_\_\_ Retired

If terminated, why? \_\_\_\_\_

Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ No, Company Policy: \_\_\_\_\_

**Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box  none**

| Accident Date  | City, State | Did the Accident Involve?                      | Brief Description |
|----------------|-------------|--|-------------------|
| ____/____/____ | _____       | Tow ___ Injury ___ Fatality ___ HM Release ___ | _____             |
| ____/____/____ | _____       | Tow ___ Injury ___ Fatality ___ HM Release ___ | _____             |
| ____/____/____ | _____       | Tow ___ Injury ___ Fatality ___ HM Release ___ | _____             |

**Alcohol & Controlled Substance Testing Inquiry**

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? \_\_\_yes \_\_\_no  
 Has this driver ever had a positive drug test in the past 3 years? ..... \_\_\_yes \_\_\_no  
 Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ..... \_\_\_yes \_\_\_no  
 Has this driver violated any other DOT drug/alcohol regulation? ..... \_\_\_yes \_\_\_no  
 To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ..... \_\_\_yes \_\_\_no

\*\*If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): \_\_\_\_\_ Result of test(s): \_\_\_\_\_ Date of test(s): \_\_\_\_\_

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? \_\_\_\_\_ YES \_\_\_\_\_ NO

Any other remarks: \_\_\_\_\_

Verification Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Verification Date: \_\_\_\_\_

First Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Second Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Third Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_ Mail \_\_\_ Phone \_\_\_  
 Fax \_\_\_ Mail \_\_\_ Phone \_\_\_ Fax \_\_\_ Mail \_\_\_ Phone \_\_\_  
 Initials \_\_\_\_\_ Initials \_\_\_\_\_ Initials \_\_\_\_\_

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The person named herein has applied to **M GROUP LOGISTICS INC.** for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to M GROUP LOGISTICS INC, I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

**Previous Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

-----  
 Drivers do not fill out below this line-For official use only  
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Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Full Time: \_\_\_\_ Part-Time: \_\_\_\_  
 Position(s) Held: \_\_\_\_\_ Local: \_\_\_\_ Regional: \_\_\_\_ Over-the-Road: \_\_\_\_  
 Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? \_\_\_\_yes \_\_\_\_no  
 Type of equipment operated: Dry Van \_\_\_\_ Flatbed \_\_\_\_ Reefer \_\_\_\_ Other (please list): \_\_\_\_\_

Reason for leaving: \_\_\_\_ Voluntary \_\_\_\_ Lay-Off \_\_\_\_ Terminated \_\_\_\_ Retired

If terminated, why? \_\_\_\_\_

Eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Upon Review \_\_\_\_ No, Company Policy: \_\_\_\_\_

**Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box  none**

| Accident Date  | City, State | Did the Accident Involve?                          | Brief Description |
|----------------|-------------|--|-------------------|
| ____/____/____ | _____       | Tow ____ Injury ____ Fatality ____ HM Release ____ | _____             |
| ____/____/____ | _____       | Tow ____ Injury ____ Fatality ____ HM Release ____ | _____             |
| ____/____/____ | _____       | Tow ____ Injury ____ Fatality ____ HM Release ____ | _____             |

**Alcohol & Controlled Substance Testing Inquiry**

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? \_\_\_\_yes \_\_\_\_no  
 Has this driver ever had a positive drug test in the past 3 years? ..... \_\_\_\_yes \_\_\_\_no  
 Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ..... \_\_\_\_yes \_\_\_\_no  
 Has this driver violated any other DOT drug/alcohol regulation? ..... \_\_\_\_yes \_\_\_\_no  
 To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ..... \_\_\_\_yes \_\_\_\_no

**\*\*If the answer to any of the above questions is "Yes", please provide details below:**  
 Reason for test(s): \_\_\_\_\_ Result of test(s): \_\_\_\_\_ Date of test(s): \_\_\_\_\_

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? \_\_\_\_\_ YES \_\_\_\_\_ NO

Any other remarks: \_\_\_\_\_

Verification Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Verification Date: \_\_\_\_\_

First Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Second Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Third Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax \_\_\_\_ Mail \_\_\_\_ Phone \_\_\_\_  
 Fax \_\_\_\_ Mail \_\_\_\_ Phone \_\_\_\_ Fax \_\_\_\_ Mail \_\_\_\_ Phone \_\_\_\_  
 Initials \_\_\_\_\_ Initials \_\_\_\_\_ Initials \_\_\_\_\_



## DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulation in Part 391.23. These rights are:

◆ **391.23(i)(1)**

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

◆ **391.23(i)(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 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 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 request record 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 record.

◆ **391.23(j)(1)**

Drivers wishing to request correction of erroneous information in record received pursuant to paragraph ( i ) of this section must send the request for the correction to the previous employer that provide the records to the prospective employer.

◆ **391.23(j)(2)**

After October 29, 2004 the previous employer must correct and forward the information to the prospective motor carrier employer, on 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.

◆ **391.23(j)(3)**

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

◆ **391.23(j)(4)**

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 requirement.

◆ **391.23(j)(5)**

The driver may submit a rebuttal initially without a request for correction, or subsequent to request for correction.

◆ **391.23(j)(6)**

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

◆ **391.23(k)(1)**

The prospective motor carrier employer must use the information described in paragraphs ( d ) and ( e ) of this section only as part of deciding whether to hire the driver.

◆ **391.23(k)(2)**

The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the record from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

◆ **391.23(l)(1)**

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use information in accordance with this section may be brought against--

- (i) A motor carrier investigation the information, described in paragraphs ( d ) and ( e ) of this section, of an individual under consideration for employment as a commercial motor vehicle driver;
- (ii) A person who has provide such information; or
- (iii) The agents or insurers of a person described in paragraph (1)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

◆ **391.23(l)(2)**

The protections in paragraph (1)(1) of this section do not apply to person who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read and understand the above-mentioned rights

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DRIVER'S LICENSE INFORMATION

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
(A, B OR C)

ENDORSEMENT (Check all that apply):  DOUBLE/TRIPLE TRAILERS     TANK VEHICLES  
 PASSENGER VEHICLES     HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN PAST 3 YEARS:

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR PERMIT, DRIVER LICENSE, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  
 NO     YES    IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

## COLLISIONS FOR THE PAST 3 YEARS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**.

| <u>DATE</u> | <u>DESCRIPTION</u> | <u>STATE</u> | <u>#OF INJURIES</u> | <u>#OF FATALITIES</u> | <u>HAZ. MAT. SPILL</u>                                   |
|-------------|--------------------|--------------|---------------------|-----------------------|--|
| _____       | _____              | _____        | _____               | _____                 | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| _____       | _____              | _____        | _____               | _____                 | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| _____       | _____              | _____        | _____               | _____                 | <input type="checkbox"/> NO <input type="checkbox"/> YES |

## TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

| <u>DATE</u> | <u>DESCRIPTION</u> | <u>LOCATION</u> | <u>PENALTY</u> |
|-------------|--------------------|-----------------|----------------|
| _____       | _____              | _____           | _____          |
| _____       | _____              | _____           | _____          |
| _____       | _____              | _____           | _____          |
| _____       | _____              | _____           | _____          |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTO CARRIER SAFETY REGULATIONS? \_\_\_ YES \_\_\_ NO

## GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? \_\_\_ YES \_\_\_ NO

IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PREFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?

\_\_\_ YES \_\_\_ NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? \_\_\_ YES \_\_\_ NO

IN CASE OF EMERGENCY, CONTACT:

\_\_\_\_\_  
NAME TELEPHONE RELATIONSHIP

### MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 employer, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharge without recourse.

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CERTIFICATE OF COMPLIANCE WITH DRIVERS LICENSE REQUIREMENTS

## NOTICE TO DRIVERS:

The Motor Carrier Safety Regulations Part 383, applies to every person who operates a commercial motor vehicle in interstate, foreign or intrastate commerce, who operates a vehicle with a gross weight rating of 26,001 pounds or more, can transport 16 or more passengers including the driver, or transports hazardous materials that require pleading.

If above applies you must comply with the following:

1. **A driver may not possess more than one license.** A motor carrier may not use a driver with more than one license. The driver's license must be from the driver's state of domicile.
2. A driver who violates state and/or local traffic laws (other than parking) must notify the motor carrier and the state that issued the license, within thirty days after the violation occurred.
3. A driver who receives either a revocation or suspension of their license must notify the motor carrier the next business day after receiving the notice. Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.
4. A driver must provide previous work history when applying to operate a commercial motor vehicle.

### DRIVER CERTIFICATION

I hereby agree that I have read and understand the above requirements issued in the Federal Motor Carrier Safety Regulations. The following license is the only one I possess.

Driver's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's Signature X \_\_\_\_\_ Date \_\_\_\_\_

## PRE EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carriers Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-employment testing requirement, apply to drivers-applicants of this company:

382.301 Pre-employment testing requirements:

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or us 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 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand 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 have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Month / Day / Year

Witnessed by:

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Month / Day / Year



**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL  
CONTROLLED SUBSTANCES STATEMENT**

**Section 40.25(j)** of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire to prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, tested positive, or refused to test, to **Pre-employment** or **Random** 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 two years?

Check one:

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In addition, if the answer to the above question is YES, please list the name and contact information for the **Substance Abuse Professional (SAP)** who completes you evaluation:

Name of SAP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test. Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand and agree to abide by the condition of this consent and release form. The information provided on this document is true and correct. By signing below I certify that I have received a copy of the Training manual *What Employees Need to Know About DOT & Alcohol Testing* issued by The Office of Drug & Alcohol Policy & Compliance (USDOT) [www.dot.gov/odapc](http://www.dot.gov/odapc). For further information contact the Safety manager at 219-301-1177 ext 2

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **UNAUTHORIZED PASSENGERS**

### **FMCSA §392.60**

(a) Unless specifically authorized in writing to do so by the motor carrier under whose authority the commercial motor vehicle is being operated, no driver shall transport any person or permit any person to be transported on any commercial motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which such authority expires.

The movement of unauthorized passengers is expressly forbidden by the Department of Transportation’s Federal Motor Carrier Safety Administration regulation listed above, as well as a breach of agreement, which M GROUP LOGISTICS INC has with its insurance carrier.

M GROUP LOGISTICS INC has no desire to lose good contractors or drivers. M GROUP LOGISTICS INC has a Guest Passenger Authorization Program for just this purpose and you must contact Safety Department in order to be issued such an authorization.

M GROUP LOGISTICS INC cannot permit movement of unauthorized passengers in any of its controlled motor vehicles. Violations of this nature will be grounds for immediate termination of employment or cancellation of contract.

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|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

## **RADAR DETECTOR POLICY**

### **Part – 392 Driving of Commercial Motor Vehicle**

- (a) No driver shall use a radar detector in a commercial motor vehicle, or operate a commercial motor vehicle that is equipped with a radar detector.
- (b) No motor carrier shall require or permit a driver to violate paragraph (a) of this section.

It is illegal to use a Radar Detector in a commercial motor vehicle. Effective immediately any driver that is caught using a Radar Detector in their vehicle will be terminated on the spot, no exceptions.

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|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

## COMPANY RULES AND REGULATIONS

I agree to the following:

- to drive safely and be in compliance with FMCSR at all time
- perform truck inspection daily and notify company if any defects are detected
- perform trailer inspection, check tires, tires pressure, brakes
- keep log books current at all time
- furnish copies of bills of lading, lumber receipts, roadside inspections, fuel receipts, maintenance receipts and all other records to the company by Monday every week.
- notify company of a DOT roadside inspection immediately and furnish the inspection report to the company
- immediately notify dispatch of a lumber charge
- Call company to obtain a trip permit whenever traveling through the state of Oregon, from-to-out-in, or in any other combination that includes the Oregon state. Any citation you receive for not having a permit is solely driver's responsibility to pay.
- report all accidents/incidents immediately. Termination will occur if not reported to the company.
- keep good care of truck and trailer and provide copies of the maintenance receipt for the company's record

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Print Name

Signature

Date

## GROUNDS FOR TERMINATION, DISCIPLINARY ACTIONS AND/OR FINES

- Incompetence, including lack of productivity or poor quality of work
- Insubordination and related issues such as dishonesty and breaking company rules
- Attendance issues, such as frequent absences or chronic tardiness
- Theft or other criminal behavior
- Sexual harassment and other discriminatory behavior in the workplace
- Physical violence or threats against other employees

I, \_\_\_\_\_ hereby acknowledge and agree that above mentioned reasons are grounds for immediate disciplinary actions and/or termination of my employment with M GROUP LOGISTICS INC.

## CARGO CLAIMS LIABILITY

As a professional driver, you know the importance of delivering the right quantity of the right product(s) to the right customer safely, damage-free and on time!

Each year, cargo claims from damaged and lost freight costs the motor carrier industry over \$200 million. What makes this lost revenue even harder to take is the fact that the vast majority of cargo claims are **preventable!**

Cargo claims cost your company real bottom line dollars that could be better spent on newer equipment, improved facilities and increases in pay and benefits. But more importantly, unsecured, falling and shifting cargo can cause incidents, injury and even death!

It is responsibility of EVERY driver to report any shortage/overage/damage of any load that can lead to potential claim. Please follow all the instructions that were provided to you during orientation, additional instructions written on the load confirmation and/or provided by your dispatcher. If you fail to properly secure the load and if you fail to abide by the rules found in 392.9 and Part 393 of the FMCSA you will be solely responsible for costs of cargo claim that is a result of your negligence.

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Print Name

Signature

Date

## Cell Phones, Texting and Driving Policy

Distractions significantly affect the focus needed to safely operate a motor vehicle. As professional drivers we need to ensure that we are focused on safely operating our vehicles and maintaining full concentration to our driving task.

By limiting the use of cell phones (including texting and hands –free devices to times we are not operating a motor vehicle), we will reduce our exposure to accidents and or injury.

Cell phone use is only allowed in conjunction with hands- free device and only in the following circumstances. Should the driver receive an incoming call while operating under M Group Logistics authority he/she

may briefly acknowledge the incoming call and inform the caller that he/she will call once they have pulled over, (when safe to do so), or once they have reached an authorized layover location and the vehicle is safely parked.

Texting while operating a company owned vehicle is **NEVER** allowed. The

Violation of this policy will result in disciplinary actions, up to and including termination.

**1<sup>st</sup> offense-\$1000 charge and warning letter**

**2<sup>nd</sup> offense–Termination**

I, \_\_\_\_\_ have read and understand the M GROUP LOGISTICS INC. policy regarding Cell Phones and agree to follow this policy.

Driver signature: \_\_\_\_\_

Date: \_\_\_\_\_

Effective 12/21/2011 it is against the law to use a cell phone in the truck without a hands–free device. Every driver must have a hand–free device.

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## Seat Belt Policy

We value the lives and safety of our employees and contractors. Seatbelts are proven to greatly reduce the risk of dying or being seriously injured in a motor vehicle crash. Of course seat belt usage is also a federal requirement for commercial drivers under the FMCSR 392.6. Because of our commitment to employee safety and compliance with the law, our company has adopted the following policy regarding seat belt usage.

All employees, contractors and their passengers are required to use a seat belt while traveling in any vehicle while in the course of conducting company business. This policy applies to all employees, independent contractor truck drivers and those who operate other company vehicles. **Any violation for not wearing a seatbelt will result in \$1000 fine by the company.**

Failure to abide by this stated policy will be considered a violation of our company policy and will subject the person who is in violation to disciplinary action, which could include suspension and possible termination of employment or termination of lease.

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Drivers name

Signature

Date

## Driving Speed Management Policy

M GROUP LOGISTICS INC. believes in the lives and safety of our associates and contractors are of the utmost importance. Safe and legal operation of our vehicles is required to reduce the risk of dying or being seriously injured in a motor vehicle crash. M GROUP LOGISTICS INC. also has an obligation to the general public to insure it maintains certain standards concerning speeding and violations. Because of our commitment to employee safety, public safety and compliance with the law, M GROUP LOGISTICS INC. has adopted the following policy regarding speed management.

All employed operating company vehicles are expected to operate at or under the posted speed limit at all times. When road conditions warrant, a slower speed shall apply, (driver determines prudent and safe speed for adverse conditions). No driver will be asked, required or implications made for a driver to speed in order to make a pick up or delivery. Such actions are unacceptable and all parties involved will be disciplined.

Failure to abide by this direction will be considered a violation of M GROUP LOGISTICS INC. policy and will subject the person who is in violation to disciplinary action, up to and including termination of employment or termination of lease.

**1<sup>st</sup> offense - \$300 charge and warning letter**

**2<sup>nd</sup> offense – \$600 charge and suspension up to 30 business days**

**3<sup>rd</sup> offense - \$900 charge and termination**

Drivers Signature: \_\_\_\_\_

Date \_\_\_\_\_

# INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

## INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law,

\_\_\_\_\_, (“Subcontractor”),  
Print name

agrees at its own cost to defend, indemnify and hold harmless M GROUP LOGISTICS INC., (“Contractor”), its officers, directors, shareholders, agents, representatives, managers, employees and affiliates from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable attorney fees and legal expenses and costs arising in whole or in part and in any manner from the acts, omissions, breach or default of Subcontractor, in connection with the performance of any work by Subcontractor, its officers, directors, agents, employees and subcontractors. This agreement is continuous until terminated by either party with written notice.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**DRIVING EXPERIENCE**

Equipment Operated (Van/Reefer/Flatbed/Tanker): \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Accidents (last 3 years): \_\_\_\_\_

Violations (last 3 years): \_\_\_\_\_

## FMCSA REQUIRED DISCLOSURES

Have you ever tested positive for drugs or alcohol? YES / NO

Have you ever refused a drug/alcohol test? YES / NO

Have you ever been disqualified under FMCSA 391? YES / NO

Do you have any pending citations or suspensions? YES / NO

## APPLICANT CERTIFICATION

I certify that the information provided is true and complete. I understand that providing false information may result in disqualification or termination.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_