

APPLICATION FOR QUALIFICATION

COMPANY: DIRECT TRANSPORT LTD. & BRAND TRUCKING LTD.

ADDRESS: 460 7th AVE. N.E.

CITY: WEST FARGO, N.D. 58078

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Date: _____

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None" in the space.

Position applying for: DRIVER SHOP WAREHOUSE

Name _____

First

Middle

Last

Phone Number (_____) _____ Emergency Phone (_____) _____

Name of Emergency Contact: _____

Age _____ Date of Birth _____ Social Security Number _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 yet no less than 70 years of age.

D.O.T. Physical Exam Expiration Date: _____

Current & Previous Three years addresses:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Have you worked for this company before? Yes No

If Yes, give dates from and to also reason for leaving:

Education History:

Please circle the highest grade completed: Grade School 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Grad: 1 2 3 4

List any Special Courses / Training or Safe Driving Awards you hold and from whom:

Employment History

Give a complete record of all employment for the past 10-years...include all unemployment & self employment. We must be able to verify the last 3-years of work history BEFORE offer of employment

CURRENT OR LAST EMPLOYER

1. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

2. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

Employment History

3. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

4. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

Employment History

5. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

6. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)
Position Held _____ Address _____
Reason for Leaving _____ Supervisor _____
Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments _____

Employment History

7. Company Name _____ Start Date _____ End Date _____
(month & year) (month & year)

Position Held _____ Address _____

Reason for Leaving _____ Supervisor _____

Phone # _____ Fax # _____ D.O.T. / MC# _____

*WERE YOU SUBJECT TO FMCSRS ? YES NO
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE
 DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49-CFR PART 40? YES NO

Investigation Results of Drivers Safety Performance History

Date	Person Contacted	Method – (Fax, Phone, Mail)	Results / Received

Comments _____

HAVE YOU EVER TESTED POSITIVE FOR A “DRUG OR ALCOHOL” TEST UNDER ANY CIRCUMSTANCES *{Examples: Pre-Employ, Random, Post-Accident, Follow-up or Reasonable Suspicion}*? YES NO

**The Federal Motor Carrier Safety Regulations {FMCSRs} apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: {1} Has a GVWR or weighs 10,001 pounds or more, {2} Is designed or used to transport nine or more passengers, or {3} Is of any size, used to transport hazardous materials in a quantity requiring placarding*

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	FROM	TO	APPROX MILES DRIVEN
STRAIGHT TRUCK			
TRACTOR & TRAILER			
DOUBLES / TRIPLES			
OTHER			

LIST STATES OPERATED IN FOR THE LAST 5-YEARS: _____

ACCIDENT RECORD FOR THE PAST THREE YEARS

(USE BACK SIDE OF SHEET IF MORE SPACE IS NEEDED)

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	LOCATION (TOWN & STATE)	#OF FATALITIES	# OF PEOPLE INJURED

TRAFFIC CONVICTIONS & FORFEITURES - PAST THREE YEARS

(Other than parking violations)

DATE	LOCATION	CHARGE	PENALTY

DRIVERS LICENSE (List each License held in the last three years)

STATE	DATE ISSUED	LICENSE #	TYPE	ENDORSEMENTS	EXPIRATION DATE

- 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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No
- D. Have you ever been convicted of a felony?..... Yes No

If the answers to A, B, C or D is "YES", give details: _____

****Personal References: ****

List 3-persons other than family members who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

***** To Be Read and Signed By Applicant *****

It is agreed and understood that any misrepresentation given on this applications shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

Company Name: **DIRECT TRANSPORT LTD & BRAND TRUCKING LTD**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature

Date

Print Name

Social Security Number

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Direct Transport LTD ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Direct Transport LTD ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

Direct Transport LTD
460 7th Ave NE
West Fargo, ND 58078

Contact: Russ Conrad 58rac078@directtrans.com
Phone #: 701-282-7066

Confidential Fax #: 701-282-7344

1st Attempt _____
2nd Attempt _____
3rd Attempt _____

DRIVER - SIGNATURE ONLY

As a commercial motor vehicle (CMV) driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391, the following information will be requested from all previous employers for which I operated a CMV subject to FMCSR Parts 390 and/or 40, 382, 383, and 391 Subpart G, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent required, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

I _____, hereby authorize this company to release all records of employment, including
Print name

assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under direction of SAP/MRO to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any time as a result of providing information to the above-mentioned person and/or company.

Previous employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Driver signature

SSN or ID Number

Date of Birth

Today's Date

Section I – Past Employer to complete – DRUG AND ALCOHOL INFORMATION

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25.

If no drug and alcohol information is available on above-named applicant, please check here.

	<u>Yes</u>	<u>No</u>
1. Within the previous three (3) years, has the driver violated any for the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the answer to number one is "yes", did the driver undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 4, Subpart O?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the answer to number two is "yes", did the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Any refusals to be tested (including verified adulterate or substituted drug test results?)	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remain in your employ. *		

*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver.

Driver Name

Section II – Past employer to complete – ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your accident register as required by FMCSR 391.15, which the above-named driver/applicant was involved within the past three (3) years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion

If there is no accident information for this driver, please check here.

Section III – Past Employer to Complete – WORK HISTORY INFORMATION

Please provide the following information on the above-named drivers/applicant:

He/She was employed for you as a: _____ from ____/____/____ to ____/____/____

➤ If employed as a driver, what type of equipment did he/she operate?

Straight trucks Tractor Trailer Doubles Triples Other

What length of trailer did the driver operate? _____

Was he/she a: Company driver Contractor Contractor's Driver Other _____

General areas traveled: _____ Commodities transported: _____

➤ While under your employ he/she:

a) Bonded: Yes No

b) Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c) License(s) suspended, revoked, or denied: Yes No

If yes, please explain: _____

➤ Reason for Leaving: _____

➤ Would you re-employ this person: Yes No Upon Review

➤ Please explain: _____

Additional Comments: _____

Previous employer representative Supplying information

Print Name

Title

Date

Signature

Please remember to retain a copy for your records; your timely response is appreciated.

DIRECT TRANSPORT LTD / BRAND TRUCK LTD DRIVER REFERRAL PROGRAM

Did a current driver of Direct Transport or Brand Trucking refer you for a driving position?

Name of current driver

Truck #

Applicant Print Name

Applicant Signature

Date

Hire Date: _____

Program: _____

Safety

Date

General Manager

Date

Accounting

Date

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. 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 the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____