

## CONTRACT DRIVER'S APPLICATION

COMPANY ALL 48 FREIGHT INC. STREET ADDRESS 7413 Brookdale Dr. #108  
 CITY, STATE AND ZIP CODE DARIEN, IL 60561

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)  
 ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

**(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

### DRIVING EXPERIENCE

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

### 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 <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

### 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)**

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

If yes, explain \_\_\_\_\_

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.**

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

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

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."

\_\_\_\_\_  
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.

\_\_\_\_\_  
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.

# EMPLOYMENT VERIFICATION

IN COMPLIANCE WITH FMCSA 391.23(g)(1) AND 290.5  
INFORMATION TO BE RETURNED TO: ALL 48 FREIGHT info@all48freight.com

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**Applicant's Name:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
SSN#: \_\_\_\_\_ Safety Dept. /Human Recourses  
DOB: \_\_\_\_\_ Tel# \_\_\_\_\_  
Email: \_\_\_\_\_

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SS# ON EMPLOYER'S FILE: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
JOB RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WOULD YOU REHIRE HIM/HER? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, REASON WHY? \_\_\_\_\_

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TYPE OF EQUIPMENT DRIVEN: TRACTOR/TRAILER \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ OTHER \_\_\_\_\_  
TRAILER TYPE: DRY VAN \_\_\_\_\_ DOUBLES \_\_\_\_\_ REEFER \_\_\_\_\_ TANKER \_\_\_\_\_ OTHER \_\_\_\_\_  
AREA DRIVEN: OVER THE ROAD \_\_\_\_\_ LOCAL \_\_\_\_\_  
JOB PERFORMANCE: EXELENT \_\_\_\_\_ GOOD \_\_\_\_\_ POOR \_\_\_\_\_

NUMBER OF RECORDABLE ACCIDENTS: \_\_\_\_\_ DATES \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
FATALITIES: YES \_\_\_\_\_ NO \_\_\_\_\_ INJURIES: YES \_\_\_\_\_ NO \_\_\_\_\_  
NUMBER OF NON-DOT RECORD. ACCIDENTS: \_\_\_\_\_ DATES \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
HAS DRIVER EVER GONE OUT OF SERVICE WHILE EMPLOYED BY YOU? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE STATE DATES AND REASON WHY: \_\_\_\_\_

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IS YOUR DRUG/ALCOHOL PROGRAM REQUIRED BY DOT OR THE FEDERAL GOVERNMENT PER 49CFR & SUBPART 40 & 391? YES \_\_\_\_\_ NO \_\_\_\_\_

## **PRIOR DRUG & ALCOHOL TEST RESULT VERIFICATION**

Pursuant to the FMCSA (49CFR 382 & subpart 40 & 391), All 48 Freight is required to obtain the results of all D.O.T required drug and alcohol tests, including refusal to be tested. Applicant signed authorization giving All 48 Freight permission to obtain information included.

- 1) Has this person had any alcohol test with a result of 0.04 or higher alcohol concentration within in last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE LIST THE DATES: \_\_\_\_\_
- 2) Has this person had any verified positive drug tests with in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE LIST THE DATES: \_\_\_\_\_
- 3) Has this person had any refusal to be tested? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE LIST THE DATES: \_\_\_\_\_
- 4) Did this person violate any DOT agency drug and alcohol testing regulations? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE LIST THE DATES: \_\_\_\_\_
- 5) Did a previous employer report a drug or alcohol rule violation to you? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES PLEASE PROVIDE PREVOUS EMPLOYMENT REPORT: \_\_\_\_\_

INFORMATION PROVIDED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICE USE ONLY:** REQUESTED BY: \_\_\_\_\_ ALL 48 FREIGHT DATE: \_\_\_\_\_  
ATTEMPTS: FIRST DATE: \_\_\_\_\_ SECOND DATE: \_\_\_\_\_ THIRD DATE: \_\_\_\_\_

*I hereby authorize requested information to be released to All 48 Freight Inc.*

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

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

## Work Rules, ALL 48 FREIGHT INC

A fair and consistent disciplinary program is necessary to maintain order and uniformity within any business. To this end, the following work rules have been implemented  
ALL 48 FREIGHT INC . maintains an open-door policy and invites all employees who feel an honest basis or disagreement exists to discuss the matter at issue with the company.

### Accidents

- |  |   |
|--|---|
| A. Major preventable accident after full investigation.                                | Discharge   |
| B. Minor preventable accident after full investigation.<br>(See note #1)               | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence-\$300 penalty<br>3 <sup>rd</sup> occurrence-1 week layoff<br>4 <sup>th</sup> occurrence- Subject to<br>Discharge |
| C. Failure to report any/all accidents, personal injury,<br>Spillage or contamination. | Discharge   |

### Equipment

- |  |   |
|--|---|
| A. Failure to report mechanically defective<br>Condition of equipment on a daily vehicle<br>Inspection report. | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence- -\$150penalty   |
| B. Unauthorized use of a motor vehicle.  | Subject to discharge.   |
| C. Failure to report breakdowns promptly.  | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150 penalty<br>3 <sup>rd</sup> occurrence--\$150 penalty<br>4 <sup>th</sup> occurrence- Subject to<br>Discharge |
| D. Deliberate or willful damage to freight.  | Discharge and<br>Reimbursement.   |
| E. Failure to keep Periodic (annual) inspection current.   | Unit is parked (No dispatch)  |

# Work Rules

## Conduct

- |   |   |
|---|---|
| A. Use or possession of drugs or alcohol Beverage while on duty or on company property.   | Discharge   |
| B. Evidence of drinking prior to reporting for duty, Within the limits set by the FMCSR   | 1 <sup>st</sup> occurrence-Subject to discharge   |
| C. Discourtesy to customers.  | Discharge   |
| D. Theft.   | Discharge and Reimbursement   |
| E. Failure to follow order of dispatch or supervisor.   | 1 <sup>st</sup> occurrence- Subject to Discharge  |
| F. Conviction of reckless driving, excessive speeding (15 mph Above the posted speed limit), making improper or erratic                 | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$300 penalty<br>3 <sup>rd</sup> occurrence- Discharge    |
| G. Violating an out-of-service order.   | Discharge   |
| H. Filing of a false employment application.  | Subject to discharge  |
| I. Leaving equipment unattended when loading Or unloading   | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |
| J. Failure to complete all reports, trip sheets and Daily vehicle inspection reports. Failure to Forward logs as mandated by the FMCSR. | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |
| K. Violating the 11-hour driving rule in excess of 5% of the Logs audited for a given month.  | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |

## Work Rules

### Conduct (Continued)

- |    |   |   |
|----|---|---|
| L. | Violating the 14-hour shift rule in excess of 5% of the Logs audited for a given month.   | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |
| M. | Violating the 70-hour on duty rule in excess of 5% of the Logs audited for a given month. | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |
| N. | Falsification of logs in excess of 5% of the logs audited For a given month.              | 1 <sup>st</sup> occurrence-Reprimand<br>2 <sup>nd</sup> occurrence--\$150<br>3 <sup>rd</sup> occurrence- Subject to Discharge |
| O. | Unauthorized passenger(s).  | Subject to discharge  |

### DOT roadside inspections

Each DOT inspection with one or more violation/s will be penalized based on the severity weight\* of the violation:

Every occurrence:  
severity weight x \$50= total

\*Violations and their severity weight as per the CSA SMS methodology

Each DOT inspection with no violations will be rewarded \$100

### Notes

1. A Minor preventable accident is an accident with a cumulative damage of \$ 2000 Or less of all the vehicles involved in the accident.
2. An occurrence, for the sake of progressive disciplinary action, will end 180 days From the date of the last occurrence.

### NEW DRIVER POLICY

All new drivers for first month are employed on probation job until their work Conducts are evaluated and is satisfactory with ALL 48 FREIGHT INC Therefore ALL 48 FREIGHT has the right to terminate the job For any reason if not satisfied with work qualities of the driver with no further obligations and compensation toward him/her.

## RECEIPT FOR WORK RULES

I acknowledge that I have been issued these WORK RULES of ALL 48 FREIGHT I agree to read it fully, to be responsible for the information it contains and to abide by all policies and instruction herein.

All drivers are required to give ALL 48 FREIGHT at least 2(two) week written notice of their intention to stop working for this company, so ALL 48 FREIGHT will have time to arrange for their replacement.

Drivers who will not give two-week notice will be fined with a fine of \$2000.00 for no notice/no time to replace the driver and of equipment being parked not operated.

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



## SAFETY RULES

### DRIVING POLICY

We are committed to safety, service, and quality for both our employees and customers. Drivers are to operate company-owned, leased, or rented vehicles in accordance with the Driving Policy.

This company requires all drivers to operate company-owned, leased, or rented vehicles in a safe and economical manner following the policy outlined below:

- Company-owned, leased or rented vehicles are to be used solely for official company business. **Unauthorized use is grounds for immediate termination.**
- Vehicles are not to be operated unless they are in a safe operating condition.
- Drivers must be physically and mentally able to drive safely.
- Drivers must be licensed, qualified, and approved to operate specific types of equipment.
- Drivers must conform to all traffic laws and must maintain a safe speed and following distance, with allowances made for adverse weather and traffic conditions.
- Drivers must respect the rights of other drivers and pedestrians.
- Drivers may not use drugs or alcohol prior to, or while operating a company-owned, leased or rented vehicle.

### DISTRACTED DRIVING

Accident reports conclude that on average, 80% of all collisions and 68% of all rear-end collisions are caused by distracted driving.

Below is a list of the Top 10 Driving Distractions. While driving, avoid:

1. Using your cell phone to talk or text
2. Programming your GPS
3. Eating
4. Adjusting the radio
5. Retrieving items from the floor or back seat
6. Lighting/smoking cigarettes while driving
7. Engaging in a conversation with passengers
8. Reading billboards or outdoor signs
9. Gawking at accidents
10. Communicating/waving to known pedestrians

## SAFE DRIVING TECHNIQUES

- Drivers/employees must operate company vehicles safely, observing regulatory signs and traffic safety controls.
- Stay on your approved and authorized route. Route deviations are costly and expose you to known and unknown hazards.
- Drive with both hands firmly gripping the steering wheel (generally in the 10 and 2 o'clock positions). This will help to maintain control of the vehicle if you should incur a front axle tire blowout.
- Aim high. Look ahead 12-15 seconds or approximately quarter of a mile on the open road. In urban areas, look ahead two blocks. Being alert and looking ahead in the distance allows you to see everything in front of your vehicle, and to plan and react accordingly.
- Keep your eyes moving. Scan your mirrors every three to five seconds and never focus or stare at a single object for more than two seconds. Your vehicle is capable of traveling great distances while you are distracted.
- If sunlight glare or other intense light is limiting your vision, clean your windshield, use your sun visor, and consider wearing sunglasses. Avoid looking directly at the light source and try to focus temporarily on the lane lines/markers.
- All posted speed limits must be obeyed. Deliberately operating your vehicle in excess of this limit, tampering with the governor and/or facilitating adjustment of the governor will result in disciplinary action, up to and including termination.
- Operating speeds should always be adjusted and consistent with existing conditions, such as lighting, traffic, road and weather conditions. Never overdrive your personal line of sight. Drive at speeds that will allow you to come to a controlled stop within the area you can see.
- Posted speed limits are for optimum conditions, such as daylight, clear field of vision, clear weather, straight road, no construction, and/or light traffic. Incrementally decrease your speed as conditions deteriorate.
- Never over drive your headlights. Over driving your headlights means driving at speeds where you can't see upcoming road hazards because your stopping distance is greater than the effective illumination of your headlights.
- Engage turn signals for a minimum of three flashes and re-scan your mirrors a final time to ensure clearance prior to changing lanes, merging, or turning.
- If faced with lane encroachment where there is potential impact from opposing traffic, always first look to go right in a "controlled and slowing maneuver." Use caution to remain on the roadway. Be aware that going to the left may expose you to opposing head-on impact and the lane that the opposing vehicle would be trying to return to.
- Approach intersections prepared to stop within the available sight distance, allow cross traffic to clear no matter if you have the right of way or not. Be established in the proper lane and do not change lanes while crossing intersections. Look left, right, left, and then right again before entering the intersection.

- When making right and left turns, signal your intentions early and position yourself in the most right-hand turn lane available. If going right, control traffic access to your right between you and the curb. When going left, stay in your lane and closely monitor traffic from your left.
- Be aware of low overhead clearances such as overpasses, awnings, canopies, low hanging utility wires, or tree limbs. Know the height of your vehicle.
- You are required to fully utilize all safety-related, collision prevention equipment as trained and directed by the company. Notify your supervisor immediately of any operating deficiencies.
- Do not jump from the truck cab, the back of a van or trailer, the “catwalk” area behind the cab, or from any other part of a vehicle. When entering or exiting a vehicle, always use the “three points of contact” method.

### **TRANSPORTATION OF HAZARDOUS MATERIALS**

Drivers are responsible for understanding and complying with the Department of Transportation (DOT) regulations governing the transportation of hazardous materials.

Regulations require that drivers are able to:

- Recognize hazardous materials and the hazards associated with the material or its packaging.
- Check the accuracy of labels and markings on hazardous material items and bills of lading.
- Identify the correct placard required for the load.
- Understand and use emergency response information.
- Determine if the load is properly secured and ready for transportation.
- Explain the method of securement that is appropriate for the particular material being transported.
- Protect themselves and others in the event of an emergency.

***Federal law requires that employees involved in the transportation of hazardous material receive the required training prior to their initial assignment and every three years thereafter.***

### **FATIGUE MANAGEMENT**

No driver shall operate a vehicle on company business, and management shall not knowingly require or allow an employee to operate a motor vehicle if the driver's ability or alertness is impaired from fatigue, and potentially unsafe to operate a motor vehicle. The company's “Captain of the Ship” philosophy applies to fatigue management.

***Note: Failure to comply with this policy will result in disciplinary action up to and***

## HOURS OF SERVICE (HOS)

- Drivers are required to document their hours of service (HOS) activities “accurately,” and as legally required by Federal Motor Carrier Safety Regulations [FMCSR].
- The company will never ask a driver to violate HOS regulations under any circumstances.
- Intentional “fraudulent” HOS documentation will result in disciplinary action, up to and including termination.
- HOS violations within a rolling 36-month period will be considered Risk Associated Behavior (RAB) and will result in disciplinary action up to and including termination. Furthermore, this involves the strict 11-hour driving rule, 14-hour on-duty rule, and the 60/70-hour rules.
- Driving safely is primarily a driver's responsibility. If you are running late, stay late. Do not hurry to make-up time and take unnecessary risks.
- Drivers are required to allow and document a minimum of 15 minutes each for the completion of a pre-and post-trip vehicle inspection. Specialized equipment may take longer.
- Drivers must submit manual duty logs and download on-board computer data on a daily basis or before their next departure.

## DRIVER REQUIRED REPORTING

In addition to prompt reporting of all accidents, collisions, work-related injuries or unsafe conditions, drivers are required to report the following occurrences to their supervisor/manager within 24 hours:

- Receipt of any traffic citation (personal and/or company vehicle)
- Conviction of any traffic violation
- Suspension, revocation, or cancellation of a driver's license or loss of the right/disqualification to operate a commercial motor vehicle
- Receipt of any roadside inspection, regardless of the outcome

If receipt is not provided at the scene, request the inspector's business card and/or inspection case number in the event your supervisor decides to make an official follow-up inquiry.

***Note: Failure to promptly report these to your supervisor will result in disciplinary***

## COLLISIONS

A collision is defined as any occurrence involving a motor vehicle driven by an employee on company business, which results in death, injury, or property damage, unless the vehicle is properly parked.

If a collision occurs:

- Get safely off the road, turn your vehicle ignition off, give or receive emergency medical care (if qualified), secure the scene, notify local authorities, and display your reflective triangles in accordance with Federal Motor Carrier Safety Regulations (FMCSR).
- Complete the accident procedures. If equipped with Teletrac or onboard computer unit, capture the "final minute data" prior to moving the vehicle.
- Report the collision to your supervisor immediately. Failure to provide timely supervisory notification may result in disciplinary action, up to and including termination. The supervisor may direct you to make other notification/ support phone calls as necessary.
- Photos of the scene should be taken as soon as possible. Include all of the vehicles involved (damage details, four sides, license tag, and vehicle number), property damages, the roadway and any skid marks, spills or debris, traffic controls, and the roadway approaching the point of impact.
- Obtain witness names, addresses, and phone numbers. Make note of any bystanders, stopped vehicles, and tag numbers.
- Obtain and provide a valid driver's license, vehicle registration, and insurance documents.
- Drivers, employees, and supervisors should exercise professional restraint following a collision. Never admit guilt, negligence, or speculate on the causes. Discuss the details only with the investigating authorities, managers, or other verified representatives approved by the company.
- Do not talk to the media – if you are approached for comment, refer them to the company's Corporate Communications department, or your supervisor.
- Regulatory required post-collision alcohol and drug testing will be performed as soon as possible if the collision results in a fatality, or if our driver receives a citation coupled with either emergency medical treatment away from scene or a vehicle being towed.
- It will be investigated and reviewed thoroughly to determine the root cause, preventability, and to ensure that appropriate preventive follow-up actions are taken.
- It will be considered preventable when the results show that the driver failed to prevent the collision by anticipating hazards, the unsafe actions of others, or not applying appropriate defensive driving methods.
- If the collision is determined to be preventable, it will also be considered Risk Associated Behavior (RAB). RAB is defined as sub-standard safety performance by an employee resulting in injuries and collisions.

**Note: Working safely is a condition of**

### **MINOR COLLISIONS**

“Minor” preventable collisions occurring within a rolling 36-month period will result in the following corrective disciplinary actions against the responsible employee:

- **1st Offense** – Counsel, written reprimand, perform remedial training, and satisfactory check ride required
- **2nd Offense** – 3-day suspension, written reprimand, remedial training, satisfactory check ride, and employee action plan
- **3rd Offense** – Termination

### **MAJOR COLLISIONS**

“Major” collisions involve any of the following:

- Fatality
- Emergency medical treatment away from the scene
- Damages exceeding \$30,000

Major collisions determined to be “preventable” will result in employee termination. The involved driver has the right to request a formal collision review board within three days of receiving the preventability decision. If drivers have questions, they should review the details with their supervisor.

Collisions will be considered “non-preventable” if the driver applied appropriate defensive driving techniques, controlled the vehicle by making allowances for road, traffic and weather conditions, and took the necessary precautions and actions to avoid the collision.

### **ACKNOWLEDGEMENT RECEIPT**

I, \_\_\_\_\_ acknowledge receipt of the Driver Safety Manual.

Furthermore, I agree to familiarize myself with these work rules and work within their guidelines.

I understand that these safety, health, security, and environmental rules are not all-inclusive but serve to complement the established work rules of my work place.

Employee signature: \_\_\_\_\_

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

# UPDATED POLICY OF ALL 48 FREIGHT INC

## Final Rule That Bans Use by Drivers Of Buses and Large Trucks

FMCSA and PHMSA are amending the Federal Motor Carrier Safety Regulations (FMCSRs) and the Hazardous Materials Regulations (HMR) to restrict the use of hand-held mobile telephones by drivers of commercial motor vehicles (CMVs). This rulemaking will improve safety on the Nation's highways by reducing the prevalence of distracted driving-related crashes, fatalities, and injuries involving drivers of CMVs. The Agencies also amend their regulations to implement new driver disqualification sanctions for drivers of CMVs who fail to comply with this Federal restriction and new driver disqualification sanctions for commercial driver's license (CDL) holders who have multiple convictions for violating a State or local law or ordinance on motor vehicle traffic control that restricts the use of hand-held mobile telephones. Additionally, motor carriers are prohibited from requiring or allowing drivers of CMVs to use hand-held mobile telephones.

**The final rule prohibits commercial drivers from using a hand-held mobile telephone while operating a commercial truck or bus. Drivers who violate the restriction will face federal civil penalties of up to \$2,750 for each offense and disqualification from operating a commercial motor vehicle for multiple offenses. Additionally, states will suspend a driver's commercial driver's license (CDL) after two or more serious traffic violations. Commercial truck and bus companies that allow their drivers to use hand-held cell phones while driving will face a maximum penalty of \$11,000. This ruling is in an effect as of 1/3/2012.**

I, \_\_\_\_\_, have read and understood the Final Rule above and agree that while operating a vehicle under ALL 48 FREIGHT authority I won't be using hand-held cell phone. I understand that if I use a hand-held cell phone while operating a vehicle under ALL 48 FREIGHT authority it would result in a fine of \$2000.00 and termination of my employment at ALL 48 FREIGHT and I only would be responsible for the fines that would result of that occurrence.

Employee Name

Employee Signature

Date

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SIGN HERE</div> Date ▶ _____
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with ALL 48 FREIGHT INC (“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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your

**AUTHORIZATION**

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

I authorize ALL 48 FREIGHT INC (“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 authorizing 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

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 challenge crash or inspection information reported by a State, FMCSA

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

# UNDERSTANDING YOUR 1099-MISC FORM

1. The recipient of your services will make no tax or benefit deductions from your paycheck. Payments will be made based upon a schedule established between you and your client ("The Employer"), which may or may not follow its regular payment plan to its employees.
2. Instead of receiving a form W-2 for your earnings, you will instead be issued a Form 1099. Your employer has no responsibility for making any tax deductions.
3. You are not entitled to any benefits offered by The EMPLOYER to its employees. You are operating your own business, and as such are responsible for all expenses which you incur during the course of executing this work.
4. Specifically, you should be aware that The Employer has no liability for Workmen's Compensation or any disability you may suffer as a result of performance of work for the company.
5. While you will be receiving a larger take-home check, since no deductions are being taken by the employer, you should be aware that your tax obligations as an Independent Contractor will be greater than they would be as a regular employee.

I understand the wording and meaning of the text above, I understand the meaning of the 1099-MISC form and what it covers. By signing this form I confirm that I do understand that I am paid on 1099-MISC Form and I understand the coverage and benefits that it does offer and the coverage and benefits it doesn't offer.

NAME OF INDEPENDENT CONTRACTOR:

SIGNATURE OF INDEPENDENT CONTRACTOR:

DATE SIGNED: \_\_\_\_\_



## Employer's Information

Date \*

 

The Employer, \*

ALL 48 FREIGHT INC

Company Contact Name \*

ALEX MILOSOSKI

Company Phone Number

1.833.833.4848



Company E-Mail

info@all48freight.com

## Applicant's Information

First Name \*

Last Name \*

Street Address \*

City \*

State \*

 

Zip Code \*

Phone Number \*

SSN (For CDLIS Reports ONLY)

Email Address \*

 

Driving License Number \*

State of Issue \*

 ▼

Date of Birth (mm/dd/yyyy) \*

 

▲ 1 / 2 ▼

## DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE BACKGROUND REPORTS

All 48 Frieght may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" These reports may contain information regarding your motor vehicle records ("driving records"). and/or CDLIS

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report will be your employment history. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

The consumer and/or investigative consumer report(s) will be obtained from: TR Communications Inc D/B/A TR Information Services., P.O. Box 780254, Orlando, FL 32878 (800) 894-9141 TR Information Services privacy policy can be found at [www.fullsearch.com](http://www.fullsearch.com) and [www.drivingrecord.net](http://www.drivingrecord.net)

Applicant's Signature \*

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I, \_\_\_\_\_ acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **[A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT](#)** and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, or status as an Advisor, if applicable.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by TR Information Services P.O. Box 780254, Orlando, FL 32878; 800-894-9141; [www.fullsearch.com](http://www.fullsearch.com) , [www.drivingrecord.net](http://www.drivingrecord.net) and/or from Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original

Applicant's Signature \*

\_\_\_\_\_