

PRE-CONTRACT QUESTIONNAIRE

NAME _____

DATE _____

Instructions: Answer all questions.

DRIVING RECORD

1. Have you ever been cited for driving while intoxicated or impaired? Yes ___ No ___
2. Have you ever been cited for careless, reckless driving or habitual offender? Yes ___ No ___
3. Have you ever been cited for driving under the influence of marijuana or other drugs? Yes ___ No ___
4. Has your license ever been suspended or revoked for any reason?
If yes please explain: _____ Yes ___ No ___
5. Have you had more than 3 moving violations in the last 3 years? Yes ___ No ___
6. Have you had more than 2 chargeable accidents in the last 3 years? Yes ___ No ___
7. Are you at least 23 years of age, and can you pass a DOT physical? Yes ___ No ___
8. Have you ever been convicted of a felony? Yes ___ No ___

THE JOB

1. On this job you will be an independent contractor/driver and responsible for your own food and lodging on the road. Do you understand this? Yes ___ No ___
2. As an independent contractor/driver you could be subjected to a Pre-employment, Random, Post accident, and/or a reasonable cause drug test. Do you understand this? Yes ___ No ___
3. Mapletree pays independent contractors when contracts and support paperwork are complete and turned in on time. You will receive your settlement at the time you turn in your paperwork. All settlements and advances are on the Com-Data system. Do you understand this? Yes ___ No ___
4. As an independent contractor you will receive a 1099 form at the end of the year and not a W-2 form. You will be responsible for your own taxes. This means that Mapletree will not hold out any taxes or Social Security from your settlement and you will receive your full settlement. Do you understand this? Yes ___ No ___
5. In this industry we base our charges to customers on a current mileage software program (PCMiler). Because our customers pay us this way, we pay contractor/drivers the same way, and not actual odometer miles. Do you understand this? Yes ___ No ___
6. You will receive advances on appropriate runs deemed necessary. It is our policy not to advance personal money for food, lodging, etc. We also do not advance our **Pick-Up driver**, due to the fact that we do not maintain a bond account on those drivers. Do you understand this? Yes ___ No ___
7. As an independent contractor/driver for Mapletree you will **not** be provided workers compensation benefits. Do you understand this? Yes ___ No ___
8. On this job you are required to keep a DOT Log Book. Do you know how to keep a log book or can someone teach you before you become an independent contractor? Yes ___ No ___

Driver Signature

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

Company MAPLETREE TRANSPORTATION

Address 2103 W MISHAWAKA ROAD

City ELKHART State IN Zip 46517

Answer all questions – please print

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long

Previous Address _____
Street City State & Zip Code How Long

Street City State & Zip Code How Long

Street City State & Zip Code How Long

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason For Leaving _____

Are you Employed? _____ If Not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

EMPLOYER		DATE			
Name		FROM MO	YR	TO MO	YR.
Address		POSITION HELD			
City	State	Zip			
Contact Person		Phone Number			
		REASON FOR LEAVING			

EMPLOYER		DATE			
Name		FROM MO	YR	TO MO	YR.
Address		POSITION HELD			
City	State	Zip			
Contact Person		Phone Number			
		REASON FOR LEAVING			

EMPLOYER		DATE			
Name		FROM MO	YR	TO MO	YR.
Address		POSITION HELD			
City	State	Zip			
Contact Person		Phone Number			
		REASON FOR LEAVING			

EMPLOYER		DATE			
Name		FROM MO	YR	TO MO	YR.
Address		POSITION HELD			
City	State	Zip			
Contact Person		Phone Number			
		REASON FOR LEAVING			

* Includes vehicles having a GVRW of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity placarding.

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD ON,REAR-END,UPSET,ECT)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

TRAFFIC CONVICTIONS FOR THE PAST 3 YEAR(OTHER THEN PARKING VIOLATIONS)IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE	STATE	LICENSE NO	TYPE	EXPERATION 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ECT)	TO		FROM		APPROX.NO.OF MILES (TOTAL)
STRAIGHT TRUCK _____						
TRACTOR & SEMI-TRL. _____						
TRACTOR 2 TRAILERS _____						
MOTORCOACH _____						
OTHER _____						

LIST ANY STATES OPERATED IN FOR LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THEN SHOWN ELSEWHERE IN THS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THEN THOES ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of 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.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

- 1.APPLICATION
- 2.INTERVIEW
- 3.PAST EMPLOYMENT
- 4.WRITTEN EXAM
- 5.ROAD TEST
- 6.CRIMINAL TRAFFIC CONVICTIONS

GOOD	FAIR	POOR	WRITTEN WRECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____
DATE: _____ DATE: _____
REASON FOR TRANSFER: _____ REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

MAPLETREE TRANSPORTATION, INC

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 Section 382.413,391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release information to **MAPLETREE TRANSPORTATION, INC** for purposes of investigation As required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and All liability, which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
In accordance with the provisions of Section 604 and 607 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 1 of Public Law 104-208), I hereby certify the Following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any Federal or State equal opportunity Laws or Regulations; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible users" of state motor Vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requestor)

(Date)

TO: _____ DAC Services _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____ Commercial Driver _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Mapletree Transportation _____
(Name of Company)

Sue Hughes _____
(Typed Name)

2103 W. Mishawaka Road _____
(Address)

Safety Director _____
(Title)

Elkhart, In 46517 _____
(City) (State)

(Signature)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Mapletree Transportation, Inc. for the purpose of investigation
As required by section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier
Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date _____ Applicant's Signature _____

MAIL TO:

PROSPECTIVE EMPLOYER:
Return via Fax;
Mapletree Transportation
2103 W. Mishawaka Road
Elkhart In 46517
Ph# 574-294-5616
Fx# 574-294-3973

Dear Sir/Madam:

The below named individual has made application to this company for a position as Driver and states that he/she was employed by you as Driver from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,

Sue Hughes

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as _____ at wage salary of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____ Tractor -Semitrailer? _____, Bus? _____. Other (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharge _____; Resignation _____; Lay Off _____; Military Duty _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years. _____
7. Please advise history of accidents and incidents both, chargeable, non-chargeable and reportable. Dates and locations.

8. Recordable Accidents / Cargo Claim

Date	City	State	Fatality	Injury	Tow	Fault

8. Issues with Hours of Service? YES NO
9. Can Applicant be trusted with company funds? YES NO
10. Is Applicant eligible for re-hire? YES NO UPON REVIEW

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get Along with other				
Initiative, resourcefulness				
Safe Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____

TITLE _____

DATE _____

YOUR COMPANY DOT# OR MC# _____

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENS REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more then 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more then 15 people, or transport hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You as a commercial driver, may not possess more than one motor vehicle operator's license.

If you have more then one license, keep the license from your state of residence and Return the additional license to the state that issued them. DESTROYING a license Does not close the record in the state that issued it; you must notify the state . If a Multiple license has been lost, stolen or destroyed, close your record by notifying the State of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSIONS, REVOCATION OR CANCELLATION:**

Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations requires That you notify your employer the NEXT BUSINESS DAY of any revocation or Suspension of your driver's license. In addition, Section 383.31 requires that any

time

You violate a state or local law (other then parking); you must report it within 30 Days to: 1) your employing motor carrier, and 2) the state that issued your license (if The violation occurs in a state other than the one which issued your license). The Notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed) _____

Driver's Signature: _____ Date _____

DRIVERS STATEMENT OF ON - DUTY HOURS

INSTRUCTIONS: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement given the driver's total time on-duty during the immediately preceding 7 day's and time at which such driver was last relieved from duty prior to Beginning work for such carrier (see Section 395.8(j)(2) Federal Motor Carrier Safety Regulations). **NOTE:** Hours for any **compensated** work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HRS.

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was relieved From work at

_____ AM
 (Time) _____ PM On _____ Day _____ Month _____ Year

 Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition for on duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of or service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? _____

At this time do you intend to work for another employer while still employed by this company? _____

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

Witness: _____ Sue Hughes _____ Date: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety –sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b) (5) and (e))

Company Name: Mapletree Transportation

Street: 2103 W. Mishawaka Road

City: Elkhart, IN

State, Zip: 46517

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec.40.25 (j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by and 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 ___

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes ___ No ___

Prospective Employee: _____ Date: _____

Witnessed By: Sue Hughes Date: _____

**FOR
ALCOHOL AND CONTROLLED SUBSTANCE
TESTING PROCEDURES**

SECTION A; TO BE COMPLETED BY PROSPECTIVE EMPLOYEE/LESSOR

DATE	PRINT NAME (FIRST, M.I. LAST)
SS#	SIGNATURE

SECTION B; TO BE COMPLETED BY MAPLE TREE TRANSPORTATION INC..

I, THE ABOVE MENTIONED SIGNED, HEREBY AUTHORIZE THAT MY PREVIOUS EMPLOYER/LESSEE: _____ RELEASE AND FORWARD ALL INFORMATION ON MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING/ TRAINING RECORDS PURSUANT TO *PART 382.405 & 382.413*. TO MAPLE TREE TRANSPORTATION INC., 2103 W. MISHAWAKA ROAD ELKHART, IN 46517 (574) 294-5616.

SECTION C; TO BE COMPLETED BY PREVIOUS EMPLOYER/LESSEE **YES** **NO**

- | | | |
|--|-------|-------|
| 1. HAS THIS PERSON EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE? | _____ | _____ |
| 2. HAS THIS PERSON EVER HAD AN ALCOHOL TEST WITH A BREATHE ALCOHOL CONCENTRATION OF 0.04 OR GREATER IN THE LAST THREE YEARS? | _____ | _____ |
| 3. HAS THIS PERSON EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE PAST THREE YEARS? | _____ | _____ |

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE THE SAP'S (SUBSTANCE ABUSE PROFESSIONAL) NAME, AND ADDRESS, AND PHONE NUMBER FOR FURTHER REFERENCE.

SAP'S NAME _____ PHONE NUMBER _____

ADRESS _____

SIGNATURE OF PREVIOUS EMPLOYER/LESSEE _____

THIS REQUEST MUST BE RETURNED WITHIN 14 DAYS

SECTION D; TO BE COMPLETED BY MAPLE TREE TRANSPORTATION PERSONNEL

RELEASE OF INFORMATION

PERSON INTERVIEWED FROM PREVIOUS EMPLOYER/LESSEE _____

INTERVIEWED BY _____

DATE _____

DATE RECEIVED BACK _____

INTERVIEW METHOD

PERSONAL _____

MAIL _____

PHONE _____

FAX _____

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	M	Maiden Name
Address	Apt#		Date of Birth
City	State	Zip	SS#
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am _____ A Citizen or national of the United State _____ A Lawful Permanent Resident Alien #A _____ _____ An alien authorized to work until ___/___/___ (Alien # or Admission # _____)	
Employee's Signature		Date	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address	Date

Section 2. Employer Review and Verification. To be completed and signed by the employer. **Examine one item from list A or one document from list B and one from list C** as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

<u>List A</u>	OR	<u>List B</u>	AND	<u>List C</u>
Document title: _____		<u>Driver's license</u>		<u>Social Security Card</u>
Issuing Authority _____		ST _____		# _____
Document # _____		# _____		_____
Expiration Date _____		_____		_____

CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer: *Sue Hughes* Print Name: Sue Hughes Title: Safety Director Business: Mapletree Transportation
Date: ___/___/___ Address: 2103 W. Mishawaka Road Elkhart, IN 46517

Section 3. Updating and Re-verification. To be completed and signed by employer.

New Name:	Date of rehire:
If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document # _____ Expiration Date: ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s) the document(s) I have examined appear to be genuine and to relate to the employee named.

Signature of Employer: _____ Date: _____

Please List three (3) personal references below

1. Name _____
Relationship _____
Address _____
City _____ State _____
Zip Code _____ Phone _____

2. Name _____
Relationship _____
Address _____
City _____ State _____
Zip Code _____ Phone _____

3. Name _____
Relationship _____
Address _____
City _____ State _____
Zip Code _____ Phone _____