



15340 Michigan Ave. Dearborn, MI 48126 Tel (313) 624-9500 Fax (313) 624-9515

EMPLOYMENT APPLICATION - DOT

Applicant: Read and sign the following notification prior to submitting this Application for Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, DRIVERSOURCE, INC., hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (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 DRIVERSOURCE, INC.;
(3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) EQUAL OPPORTUNITY EMPLOYER: 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, disability, and in Michigan, height, weight, and marital status.

(D) I understand that if I have a protected handicap that affects my ability to perform the position, I may ask DRIVERSOURCE, INC. to attempt to make accommodation as required by law. I must make my request in writing to DRIVERSOURCE, INC. as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Date _____

Applicant's Signature _____

Name _____ Home Phone _____
(First) (Middle) (Last)

Current Address _____ Alternate Phone _____

City _____ State _____ Zip _____ E-mail Address _____

How long at this address? _____ (yrs) Date of Birth* _____ Social Security # _____

*Federal regulations require that driver applicants operating in interstate commerce be at least 21 years of age.

Other addresses of residence for the preceding three years from the date of this application (if necessary)

_____ How Long? _____ (yrs)
(Street Address) (City) (State) (Zip)

_____ How Long? _____ (yrs)
(Street Address) (City) (State) (Zip)

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Address _____ Relation _____

Are you: [] a U.S. Citizen, [] a Lawful Permanent Resident, or [] otherwise authorized to work in the United States?

Who referred you to DriverSource Inc.? _____

Position(s) Applied For: CDL (Class A) Driver CDL (Class B) Driver CDL (Class C) Driver
 NON-CDL Driver Warehouse Other _____

DRIVER'S LICENSE INFORMATION

Issuing State _____ License Number _____ Class _____

Endorsements _____ Restrictions _____ CDL Expiration Date _____

Address on Driver's License _____

GENERAL QUESTIONNAIRE

Medical Examiner's Certificate Expiration Date _____

Have you ever applied with this company before? Yes Year _____ No

Do you have any relatives employed by this company? Yes Name _____ No

Do you have a current Driver's FAST card? Yes No If yes, expiration date _____

Do you have a TWIC card? (Transportation Worker Identification Credential) Yes No If yes, expiration date _____

Do you have Smith System Training? Yes No If yes, date of training _____

List special equipment operating experience that may be pertinent to the position for which you are applying: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I have completed this application, personally, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application and interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of DriverSource, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either DriverSource or myself. I understand that no individual or representative of DriverSource has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been informed that an investigation may include an investigative 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 employment file. I also understand that DriverSource is acting as a third party agent for their customers and that this application and all other forms completed during the application process may be forwarded to their customers to whom I may be eventually assigned to facilitate their compliance with the Federal Motor Carrier Safety Regulations (49CFR).

_____ Date

_____ Applicant Signature

License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :

State	License/Permit #	Type	Expiration Date
			__/__/__
			__/__/__
			__/__/__

All Applicants must complete this section
 List **ALL VIOLATIONS** of motor vehicle laws/ordinances (**OTHER THAN PARKING VIOLATIONS**) of which you have been convicted or forfeited bond or collateral during the past 3 years. Unless specified differently on the proceeding page "Conviction" includes a plea of "guilty," "no contest" or "nolo contendere." Your driving record will be checked if you are applying for a driving position. **Any false statement or failure to disclose requested information will result in refusal of employment or, if employed, termination from employment.**

If you have been charged with a **violation** of motor vehicle laws/ordinances **other than parking violations** and you are awaiting a trial or other disposition, indicate the offense charged and the expected date of trial or other disposition, except as noted below. If you are applying for a job in California, Massachusetts or Rhode Island, see section on preceding page under Criminal Records for traffic offenses which you do not need to disclose. You do not have to report any offenses for which you have been arrested or charged, but that did not result in a conviction. List all violations of motor vehicle laws/ordinances for which you have attended Traffic School where the charge has not been removed from your driving record. If you are unsure, you should list the violation.

List all including pending Violations here (If you have no violations, state "none" in box 1)

1.	mm/yyyy	4.	mm/yyyy
2.	mm/yyyy	5.	mm/yyyy
3.	mm/yyyy	6.	mm/yyyy

<ul style="list-style-type: none"> • Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? • Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? • Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? • Has any license, permit, or privilege to operate a motor vehicle issued to you ever been <u>Denied?</u> <u>Revoked?</u> <u>or Suspended?</u> 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES" to any of the above, list dates and circumstances:	

Driving experience:

Truck Driving School:	Graduation Date __/__/__
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Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers)	Dates: From To	Approx Total Experience	Approx Total # Miles Driven
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	#Fatalities	# Injuries
Last Accident: __/__/__			
Next previous: __/__/__			
Next previous: __/__/__			

Education/Military Status

U.S. Military (Branch): _____ Rank: _____ Presently in Guard/Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____ City _____ State _____
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INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
3. California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
4. Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
5. District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
6. Hawaii and Massachusetts applicants: Do not answer the following two questions.
7. Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.
8. Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
9. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that result in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within (30) days of the applicant's request for such information.
10. North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.
11. Utah applicants: Limit any response to felony convictions only. Do not respond to the second question regarding arrests.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? Yes No

Have you ever been arrested for any matters for which you are currently are out on bail or on your own recognizance pending trial? Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of **ALL** applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of DRIVERSOURCE, INC. as part of its application process.

Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

2nd last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

3rd Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

4th Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of **ALL** applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of DRIVERSOURCE, INC. as part of its application process.

5th Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

6th Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

7th Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		

8th Last Employer: Company Name:		Dates of Employment ___/___/___ ___/___/___ Hired Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of vehicles driven:		
Reason for leaving:		Salary:
In what states did you drive a CMV?		



Notification and Release to Conduct Background Checks

In connection with my application for employment (including contract for services) with DriverSource, I understand that a consumer report that may contain public record information is being requested from DAC Services or another credit or consumer reporting agency. This report may include the following types of information: names and dates of previous employers, work experience, accidents, etc. I further understand that such a report may contain public record information concerning my driving record, criminal history, validation of social security, drug and alcohol test results, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC or another credit or consumer reporting agency concerning: 1) previous driving record requests made by others from such state agencies; 2) state provided driving record; 3) claims involving me in the files of insurance companies; 4) drug and alcohol test results. This information may be shared with DriverSource customers as DriverSource feels relevant. I also understand that my employment history with DriverSource, if hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize, without reservation, any party or agency contracted by DAC or any other credit or consumer reporting agency used by DriverSource to furnish all requested information.

_____	_____	_____
(Print Name)	(Social Security Number)	(Date of Birth)
_____		_____
(Signature)		(Date)

I have the right to make a request to DAC, upon proper identification, the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me that DAC has previously furnished within the two (2) year period preceding my request.



Authorization to Release Employment Information and Drug and Alcohol Testing Information

In conformity with 49 CFR part 40 of Federal Regulations, I hereby authorize the companies listed below to furnish DriverSource, Inc. the following information concerning my employment records and drug & alcohol testing, including pre-employment tests, conducted during the past three years;

- The dates on which I tested positive for drugs, and the drug(s) involved;
- The dates on which I tested .04 or greater for alcohol and test result levels;
- The dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol;
- Whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP);
- Subsequent to successful completion of a SAP's rehabilitation referral if there were any violations pursuant to 49CFR part 40;
- Any other violation of DOT drug & alcohol testing regulations and;
- Any information the carriers have received regarding violations of drug or alcohol testing regulations from my previous employers covered by DOT.

I understand that this authorization includes receiving the results to tests which were required by the Department of Transportation (DOT) and any test voluntarily conducted by the carriers listed below unless I instructed, in writing, not to release information on NON-DOT test results. I also authorize:

- The release of any negative results in that same timeframe and;
- The name and phone number of any SAP that evaluated me during the past three years.

I hereby authorize the following companies to release this information and any other information requested by DriverSource, Inc. as related and required for prospective employment.

Company	Phone Number	Dates of any violations of 391.23 of 49 CFR part 40
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby acknowledge that I have listed any and every company for which I have driven a commercial motor vehicle in the previous three years and any and every company for which I applied for a CDL position and completed pre-employment testing as required for potential employment.

Signature: _____ Date: _____

Applicant Name: _____ SSN: _____

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 _____ (“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.

AUTHORIZATION

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

I authorize _____ (“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 assist the Prospective Employer to make a determination regarding my suitability as an employee.

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 cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 appear

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 obtain the information authorized above.

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

PRE EMPLOYMENT EMPLOYEE DRUG AND ALCOHOL TEST CERTIFICATION

Name of Driver: _____

Driver Identification Number: _____

Date of Certification: _____

The prospective driver is required by Sec. 40.25 (j) to answer the following questions and provide any and all additional documentation when required. For each question listed below please check the appropriate box: Yes, No or Not Applicable (N/A)

1) Have you ever refused to be tested, or tested positive for drugs or alcohol on any DOT mandated drug or alcohol test, regardless of the type of test (pre-employment, random, reasonable suspicion, return to duty, follow up, etc) administered by an employer within the last three years? Yes No

2) If you answered yes to question one can you provide documentation that you have successfully completed the DOT return to duty program? Yes No N/A

3) If you answered yes to question one are you still required by the FMCSR's to be participating in any type or training, rehabilitation, or follow up testing programs?
 Yes No N/A

4) If you are enrolled in a follow up testing program do you have the documentation giving the specific treatment plan for you testing protocols? Yes No N/A

If you answered yes to questions two, three or four you must provide all required documentation before the hiring process may continue. I hereby certify that the information on this form is true and correct. I also understand that any providers of evaluation, rehabilitation, and treatment for a positive drug or alcohol test will be contacted to certify the information provided by the prospective driver is accurate.

The prospective driver is mandated by Company Policy and the Federal Motor Carrier Safety Regulations to answer each question, you cannot leave any question blank.

Date of Certification: _____

Prospective Driver Signature: _____

Witnessed By: _____ Date: _____

Thank you for your interest in DriverSource, Inc., the leader in specialized transportation staffing. Please be sure to fill out the application completely and accurately, especially the past employment page(s). All time in the previous ten years must be accounted for, including any time you may have been unemployed and seeking employment. Please ensure all information regarding past employment is complete with addresses and phone numbers. We must be able to verify the previous ten years of employment. If the information is not complete, it will delay the processing of your application. You may submit your application to the appropriate office location in person, by mailing or faxing to the fax numbers listed below. We look forward to hearing from you!

CENTRAL REGION OPERATIONS

15340 Michigan Avenue, Dearborn, MI 48126

Toll free: 800.887.9095 Phone: 313.624.9500 Fax: 313.624.9515

WESTERN MICHIGAN OPERATIONS – Chicago, Ft. Wayne & Indianapolis

600 3 Mile Rd. NW, Suite 202, Grand Rapids, MI 49544

Toll free: 844.346.5630 Phone: 616.272.7054 Fax: 616.419.3834

NORTH EAST REGION OPERATIONS- Maryland, Pennsylvania, New Jersey

1414 Crain Hwy N, Suite 3B Glen Burnie, MD 21061

Toll free: 877.257.0313 Phone: 301.490.9099 Fax: 410.590.5642

SOUTH EAST REGION OPERATIONS- Virginia, South Carolina, Texas

461 Southlake Blvd., Southport Corporate Center, N. Chesterfield, VA 23236

Toll Free: 888.766.9814 Phone: 804.276.9813 Fax: 804.464.2475