

PO Box 4140 • Rome, NY 13440

800.756.1331 • 315.339.0978 (Fax)

Dear Sir /Madam,

Thank you for contacting M&L Transport of PA LLC in reference to our job listing. Please find the enclosed packet of information which explains the Drive-Away requirements. Included are the following:

1. M&L Transport Overview
2. M&L Drive Away Information Sheet
3. Fuel Surcharge Information
4. Driver's Application for Employment (4 pgs.)
5. Driver's Certification of Violations/Annual Review of Driving Record
6. Previous Employment and Drug & Alcohol Inquiry (2 pgs.)
7. Certification of Driver's License Requirements
8. Fair Credit Reporting Act Disclosure Statement
9. Previous Pre-Employment Employee Alcohol and Drug Test Statement
10. Accident Reporting Acknowledgement
11. Cell Phone Regulation Acknowledgement
12. FMCSA Pre-Employment Screening Program (2 pgs., CDL holders only)
13. Vehicle Information
14. Payroll Direct Deposit Information
15. Driver Paperwork Acknowledgement

Please review the information contained within at your convenience and **fill out and return all completed forms** if you would like to be considered for employment as a driver. Someone will contact you throughout the process. Thank you again for your interest.

Forms can be FAXED to **315-240-2028** or EMAILED to theck@mltrucking.com.

Please send the following documents with your application for faster processing:

- **Copy of Driver's license**
- **Copy of 10 year driving record**
- **Current DOT Medical Card**

Sincerely,

Fran Caiola

Operations Manager



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Drive – Away Overview

Drive-Away is the movement of vehicles throughout the country, giving you an exciting and rewarding position in the transportation business. Drive-Away allows you to drive without loading or unloading.

As an independent contractor you have the freedom to choose where and when you want to run. Only six months experience can get you started in most of our drive away areas. We have the opportunities for Class D,C,B, and A license holders.

Drive Away Requirements:

- Must be 23 years of age
- Able to pass Federal DOT Physical and drug screen
- Must meet the FHWA guidelines on safety clearance application
- No more than 6 points on your licenses in the past 3 years
- No Felonies
- No DUI in the past 7 years
- Must comply with Driver's daily log requirements as prescribed in FWWA 395

Compensation Schedule:

\$0.65 pm - non CDL Trip	\$0.70 pm - CDL Trip
1-125 miles = \$100	1-125 miles = \$100
126-215 miles = \$140	126-200 miles = \$140

Up to 50% advance on pay; remaining 50% is weekly pay or direct deposit

M&L will advance you up to 50% of a trip on your fuel card, issued to you upon request. Once you have turned in your paperwork for that trip (by mail, email, or fax) you will receive all your remaining compensation on that trip on the next payday (Friday).

As an independent contractor you will be responsible for getting the vehicle from the pickup point to delivery point. This includes the purchase of fuel if needed which is reimbursable per the attached fuel surcharge schedule. You will be responsible for your expenses on the road, such as meals and motels (if needed). The advance on your trip will be more than enough to cover this expense on the road. You are also responsible for taxes and will be issued a 1099 form at the end of the year.

Please note that once the delivery of the unit has been completed you are responsible for your own transportation and expenses for the return trip. This can be accomplished in one of two ways:

1. Public Transportation
2. Towing a vehicle behind you - M&L will work with you to outfit your vehicle for towing. You will be required to reimburse M&L for the equipment that will be needed on your vehicle. This can be done through weekly payroll deduction if preferred.



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Dear Drive-Away Contractor:

Due to the escalating costs of fuel, a per mile fuel surcharge will be paid for all Drive -away activity.

The fuel surcharge amount is based on the U.S. Dept. of Energy Diesel Fuel Index as reported on Monday of each week at:

http://tonto.eia.doe.gov/oog/info/wohdp/diesel_detail_report.asp

Fuel Surcharges are adjusted weekly and are in effect beginning each Tuesday through the following Monday. Our surcharge is based upon the U.S. Average of Highway Diesel Prices.

Listed below is the diesel fuel index and surcharge table:

Price per Gallon	Surcharge	Price per Gallon	Surcharge	Price per Gallon	Surcharge
3.80 to 3.849	\$0.40	4.05 to 4.099	\$0.45	4.30 to 4.349	\$0.50
3.85 to 3.899	\$0.41	4.10 to 4.149	\$0.46	4.35 to 4.399	\$0.51
3.90 to 3.949	\$0.42	4.15 to 4.199	\$0.47	4.40 to 4.449	\$0.52
3.95 to 3.999	\$0.43	4.20 to 4.249	\$0.48	4.45 to 4.499	\$0.53
4.00 to 4.049	\$0.44	4.25 to 4.299	\$0.49	4.50 to 4.549	\$0.54

Fuel prices above \$4.549 per gallon will continue at +.01/mile for each \$.05 range increment.

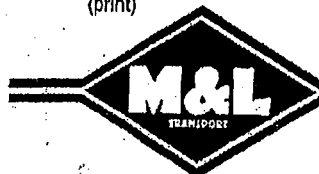
We thank you for your continued cooperation and support.

M&L Transport
P.O. Box 4140
Rome NY 13440
Tel: 1-800-756-1331
Fax: 315-339-0978

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____
(print)

Date of Application _____



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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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

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 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.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Last _____ First _____ Middle _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street _____ City _____

State _____ Zip Code _____ Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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

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

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 16 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE 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 THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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, STATE) _____

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.

Signature: _____ Date: _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



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SECTION 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)

To:

Prospective Employer:

M+L Transport of PA

Attention:

Timothy J. Beck

Telephone: 315-240-2017

Street:

PO Box 4140

City, State, Zip:

ROME, NY 13442

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

315-240-2028

Prospective employer's confidential email address:

tbeck@MLTRANSPORT.COM

Applicant's Signature

Date

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) from (m/y) to (m/y)

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (Specify)

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

If there is no safety performance history to report, check here ☐ and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

SIDE 2

Employee Name: _____

Date: _____

SECTION 3**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here ☐ and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: YES NO

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.

☐ ☐

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐.

☐ ☐ ☐ **N/A**

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

☐ ☐ ☐**SECTION 5a****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE 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 than 15 people, or transports 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 than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require 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 are convicted of violating a state or local traffic law (other than 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.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I 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: _____

Notes: _____

(This form is not required for DOT compliance.)



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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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

ID number

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))

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 an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 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

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)



ACCIDENT REPORTING

I understand that prompt and proper reporting of accidents is my responsibility. I further understand and agree that failure to comply in either area is grounds for automatic termination.

It has been explained to me that I am to notify M&L Transport as soon as possible but in no case later than the next business day.

- Any time the vehicle comes in contact with any other vehicle, object, person, animal or property, regardless of damage or injury.
- Any time there is damage to a customer's vehicle such as, bent wind deflector, mud flap torn off, broken mirror, etc.
- Any time there is an accusation that damage or injury has been caused by M&L contract driver.
- Any time I witness any accident or am in the close proximity of any accident and could be alleged to be involved, and/or stop to give assistance (talking to police, assisting the injured, etc.) at the scene of any accident.

It has been explained to me that I am to call IMMEDIATELY. If there is no phone readily available, or if unable to leave the scene of the accident to get to a phone, I will ask someone to call for me. I then will call as soon as I can get to a phone.

It has been explained to me that I am never to admit fault, or offer to pay for damages, but to recount only the facts as to what happened. This information is to be given only to the law enforcement officer actually doing the investigation.

It is my responsibility to obtain information about witnesses, possible witnesses, and all emergency personnel on the scene, as well as the other parties involved. I realize that descriptions of vehicles and persons, tag numbers (license plate numbers) truck numbers are available to me even if someone refuses to give me his or her name and address. Information such as name tags uniforms, badge numbers, and the like are also readily available to me at the scene. I will obtain this information.

I HAVE READ AND UNDERSTAND THE ABOVE STATED COMPANY POLICIES AND AGREE TO ABIDE BY THEM. I HAVE ALSO RECEIVED AN ACCIDENT REPORTING KIT THAT IS TO BE USED BY ME AT THE SCENE. IN THIS KIT IS A CAMERA I AM TO TAKE PICTURES AND TURN THEM IN AS INSTRUCTED.

DRIVER'S SIGNATURE

PRINT NAME

DATE



PO Box 4140 • Rome, NY 13440

800.756.1331 • 315.339.0978 (Fax)

Dear Valued Driver –

I wanted to touch base with all drivers in regards to the regulation on using handheld mobile call phones while driver. It is prohibited to use, reach for, hold, or dial a handheld cell phone while operating a commercial motor vehicle. If caught, drivers will face penalties up to \$2,750 and the company up to \$11,000 for violating this incredibly important and necessary regulation.

M&L Transport fully supports this law and does not allow any of the prohibited practices by any driver.

Please sign the letter below to acknowledge that you have read and understand the above regulation, and return to our office.

Sincerely,

Fran Caiola

Operations Manager

Driver Name

Driver Signature

Date

**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 M+L TRANSPORT ("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 M+L TRANSPORT ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

This form for
CDL HOLDERS ONLY



PO Box 4140 · Rome, NY 13440

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VEHICLE INFORMATION

In order for us to determine whether your vehicle can be towed and to order the parts needed for your vehicle, please include the following information for that vehicle. This will speed up the set-up process.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>ENGINE TYPE</u>
_____	_____	_____	_____

TRANSMISSION

Automatic	_____	Front, Rear, or All Wheel Drive	_____
Standard	_____	3,4,5,6, Speed	_____ Neutral <u>Dash or Floor?</u>
2 or 4 Wheel Drive	_____		

Comments

DO NOT WRITE BELOW – For M&L Transport Internal Use Only

<u>Part</u>	<u>Cost</u>
Bracket	_____
Adapter	_____
Cables	_____

Additional Costs

Drive Shaft Disconnect	
Lube Pump	_____
Other	_____
Total	_____



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PAYROLL DIRECT DEPOSIT AUTHORIZATION

DATE: _____

TYPE: CHECKING / SAVINGS

NAME OF BANK: _____

BANK ADDRESS: _____

ROUTING #: _____

ACCOUNT #: _____

I AUTHORIZE M&L TRANSPORT TO DEPOSIT MY COMPENSATION AS SPECIFIED ABOVE.

I HAVE CONTACTED MY BANKING INSTITUTION TO VERIFY THE ACCOUNT NUMBERS AND I UNDERSTAND THE BANKING PROCEDURES REGARDING DIRECT DEPOSIT OF MY WAGES.

A VOIDED CHECK OR DEPOSIT SLIP HAS BEEN ATTACHED TO THIS FORM.

DIRECT DEPOSITS WILL NORMALLY BE AVAILABLE ON YOUR PAY DATE; HOWEVER, WE ARE NOT RESPONSIBLE FOR DELAYS CAUSED BY BANKING INSTITUTIONS OR CLEARING HOUSES.
(SYSTEM PROBLEMS / HOLIDAYS)

DRIVER NAME: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____



PO Box 4140 · Rome, NY 13440

800.756.1331 · 315.339.0978 (Fax)

Driver Paperwork Acknowledgement

By signing this acknowledgement, I _____,
acknowledge that I have received and read M&L Transport of PA LLC's Paperwork
Processing instructions.

Date

Driver Signature

Driver Name (Printed)