



Phone: (616) 735-1500 • Toll Free: (888) 269-4743 • Fax: (616) 735-3950
1950 Waldorf NW, Ste C • Walker, MI 49544

Driver Qualification Files

When sending completed driver qualification files, please include copies of the following items:

- Current CDL (Clear Copy Please – color and both sides is best)
- Social Security Card (not required as long as number is completed & legible on application)
- Medical Examiner's Certificate (long form is best)
- Proof of Pre-Employment Drug Test
- Certificate of receipt of company drug & alcohol policy

Thank you,

A handwritten signature in black ink that reads 'Martha Conrad'.

Martha Conrad
martha@wtfleet.com

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 DD Wind Trucking Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize DD Wind Trucking Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may 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: _____

Name (Please Print) _____ Signature _____

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.



Phone: (616) 735-1500 • Toll Free: (888) 269-4743 • Fax: (616) 735-3950
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I _____ Give permission to WT Fleet
DRIVER NAME PRINTED

Services Inc. to run my Motor Vehicle Records for the purpose of employment
In Transportation and to maintain DOT compliance.

Driver Signature _____

Driver email _____

The following information is needed to run an MVR:

- Full Name _____
- Address _____
- City _____ State _____ Zip _____
- Birthdate _____
- Driver's License Number _____
- Driver's License State _____

"Small enough to know you, Big enough to Serve you"

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of 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 the Prospective Employer named in this application 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"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|--|
| 2 nd Last Employer Company Name: | | Dates of Employment ___/___/___ ___/___/___ Hired Left |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|--|
| 3 rd Last Employer Company Name: | | Dates of Employment ___/___/___ ___/___/___ Hired Left |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|--|
| 4 th Last Employer Company Name: | | Dates of Employment ___/___/___ ___/___/___ Hired Left |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

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 |
|-------|------------------|------|-----------------|
| | | | __/__/__ |
| | | | __/__/__ |
| | | | __/__/__ |

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

| Dates | Location | Charge | Penalty |
|----------|----------|--------|---------|
| __/__/__ | | | |
| __/__/__ | | | |
| __/__/__ | | | |

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? YES NO
 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? YES NO
 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? YES NO
 Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied? YES NO
 Revoked? YES NO
 or Suspended? YES NO

If "YES" to any of the above, list dates and circumstances:

Driving experience:

Truck Driving School: _____ Graduation Date __/__/__

| Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers) | Dates: | | Approx Total Experience | Approx Total # Miles Driven |
|---|----------|-------------|-------------------------|-----------------------------|
| | From | To | | |
| | __/__/__ | 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: __/__/__ | | | |

Driver Certification Includes all additional sheets. Were any additional sheets used for this application? YES NO
If "Yes" list here:

I understand that all employees of the Prospective Employer named in this application (Company) are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

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.

X

(Date)

(Applicant's signature)



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Background Verification for Self-Employed Or Unemployed Individuals

Note: This must be completed if you have been self-employed or unemployed for more than 30 days during any of the 10 years of employment history required on your application.

In accordance to regulatory compliance I have stated that I was unemployed during the following dates:

From: _____ to _____ on my application for employment.

In accordance to regulatory compliance I have stated that I was self-employed during the following dates:

From: _____ to _____ on my application for employment.

To verify these dates are true and correct I can provide documentation to confirm (if requested).

(examples: Tax ID #, or unemployment compensation documentation)

Driver Signature _____ Date _____

Driver email _____

"Small enough to know you, Big enough to Serve you"

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 material 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 some requirements that you as a driver must comply with. They are as follows:

- 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 anytime you are convicted of violation 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: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 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 Number: _____

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

| DAY | 1 (yesterday) | 2 | 3 | 4 | 5 | 6 | 7 | |
|-----------------|------------------|---|---|---|---|---|---|-------------|
| DATE | | | | | | | | |
| HOURS WORKED | | | | | | | | TOTAL HOURS |

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

Date: _____ Time: _____

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Instructions: 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 of 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 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? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

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: _____

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
CONFIDENTIAL**

Prospective Employer:
DD Wind Trucking Inc
11026 Dakota Dr
West Olive, MI 49460

Information Requested by:
WT Fleet Services Inc.
1950 Waldorf NW Suite C
Walker, MI 49544

Phone: 616-735-1500
Fax: 616-735-3950
Attn: Martha Conrad
martha@wtfleet.com

Previous Employer:

Supervisor Name
Company Name:
Address:
City, State Zip:

Please sign & date this only

Applicant Name:
SSN:
D.O.B.:
Dates Employed:

The above listed individual has made application to this company for a position as driver, and states that he/she was employed by you during the above mentioned time. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

I hereby authorize you to release the following information to my Prospective Employer listed above, including my Department of Transportation regulated drug and alcohol testing records {in accordance with 49 CFR 40.25} and other information {in accordance with 391.23(d)(e) including but not limited to accident information specified in 390.15(b)(1)(2)}, for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____ Applicants Signature: **X** _____

1. Is the employment record correct as stated above? ___Yes ___No If no, please correct_____
2. Did the applicant drive motor vehicles for you? ___Yes ___No
3. What Kind(s) of work did the applicant do? ___Fleet Driver ___Owner/Op ___Other (list)_____
4. Was applicant subject to FMCSR's while employed by above employer? ___Yes ___No
5. Reason for leaving your employ: Discharged___ Laid off___ Resigned___
6. Was job designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40? ___Yes ___No
7. Was applicant ever in violation of any (alcohol/drug) regulations in 49 CFR part 40 or 382? ___Yes ___No
8. Did applicant fail to undergo or complete a rehab program prescribed by an SAP? ___Yes ___No
9. If driver successfully completed an SAP's referral and remained in the employ of the referring employer, did the driver have any: (a) Positive alcohol test (b) Verified positive drug test (c) Refusal to be tested (including verified adulterated or substituted drug test results)? ___Yes ___No
10. Was the applicant a safe and efficient driver? ___Yes ___No
11. Was the applicant's conduct satisfactory? ___Yes ___No
12. Is the applicant competent for the position sought? ___Yes ___No

| | Excellent | Good | Fair | Poor | Very Poor |
|-------------------------|-----------|-------|-------|-------|-----------|
| Quality of work | _____ | _____ | _____ | _____ | _____ |
| Cooperation with others | _____ | _____ | _____ | _____ | _____ |
| Safety habits | _____ | _____ | _____ | _____ | _____ |
| Personal habits | _____ | _____ | _____ | _____ | _____ |
| Driving skill | _____ | _____ | _____ | _____ | _____ |
| Attitude | _____ | _____ | _____ | _____ | _____ |

Remarks: _____

Signature: _____ Date: _____

Print Name & Title: _____ Phone: _____

Please return this form via fax to (616)735-3950, email to martha@wtfleet.com or pre-paid envelope.

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: _____

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: _____