

DRIVER/CONTRACTOR APPLICATION FORM

Hire Date: _____

Driver's ID#: _____

Position for which you are applying: Driver Contractor Sub-Contractor

GENERAL INFORMATION

Today's Date: _____

Name _____
First M Last

Present Address _____ Telephone #1 _____ How Long (Months) _____
Street, City, State, Zip Code Telephone #2

List Addresses for Past 3 _____ How Long (Months) _____
Street, City, State, Zip Code

Years: _____ How Long (Months) _____
Street, City, State, Zip Code

Social Security # _____ Date of Birth _____ Drivers License # _____

Class A B C State _____ Expiration Date _____ Endorsements _____

EDUCATION AND SKILLS

Circle Highest Grade Completed:

First through Ninth Grade
 1 2 3 4 5 6 7 8 9

High School
 10 11 12

College
 1 2 3 4

Graduate School
 1 2 3 4 5 6

| Type of School | Name and City/State | From Month/Year | To Month/Year | Did You Graduate? | Type of School | Name and City/State | From Month/Year | To Month/Year | Did you Graduate? |
|----------------|---------------------|-----------------|---------------|-------------------|----------------------|---------------------|-----------------|---------------|-------------------|
| High School | | | | | College | | | | |
| Other | | | | | Specialized Training | | | | |

DRIVER PAST RECORD

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Describe: _____

Do you have a CDL? Yes No

Do you have driving Experience? Yes No

| Type of Equipment | Dates From/To |
|-------------------|---------------|
| | |
| | |

| Type of Equipment | Dates From/To |
|-------------------|---------------|
| | |
| | |

| Type of Equipment | Dates From/To |
|-------------------|---------------|
| | |
| | |

Please list any other relevant experience: _____

Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years: _____

Please list any safe driving awards you have received: _____

ACCIDENTS AND INCIDENTS

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below.) Yes No

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of Vehicle Operated _____ DOT Regulation Cited _____

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of Vehicle Operated _____ DOT Regulation Cited _____

Have you been involved in forfeiture in the past 3 years? (If yes, please complete the information below.) Yes No

Date of Incident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Incident _____ DOT Regulation Cited _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel) released? Yes No

Date of Incident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Incident _____ DOT Regulation Cited _____

EMPLOYMENT INFORMATION

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years history to be verified and 7 subsequent years to be recorded for a total of **10 years employment history**, or to the extent of which the applicant has worked. (If additional space is needed, please use Employment Information Attachment.)

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Yes No Were you subject to the FMCSR's while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Yes No Were you subject to the FMCSR's while employed? Yes No Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)

CDL Required? Were you subject to the SR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

EMPLOYMENT INFORMATION (CONT.)

| | | |
|--|--|--|
| Employer Name _____ | Telephone # () - _____ | Facsimile # () - _____ |
| Address _____ | Position _____ | |
| (Street, City, State, Zip Code) | | |
| Supervisor's Name _____ | Employed From ____/____ To ____/____ (month/year) (month/year) | Reason for Leaving _____ |
| | | Ending Salary _____ |
| CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

| | | |
|--|--|--|
| Employer Name _____ | Telephone # () - _____ | Facsimile # () - _____ |
| Address _____ | Position _____ | |
| (Street, City, State, Zip Code) | | |
| Supervisor's Name _____ | Employed From ____/____ To ____/____ (month/year) (month/year) | Reason for Leaving _____ |
| | | Ending Salary _____ |
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| | | |
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If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

| | | |
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| Employer Name _____ | Telephone # () - _____ | Facsimile # () - _____ |
| Address _____ | Position _____ | |
| (Street, City, State, Zip Code) | | |
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If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

| | | |
|--|--|--|
| Employer Name _____ | Telephone # () - _____ | Facsimile # () - _____ |
| Address _____ | Position _____ | |
| (Street, City, State, Zip Code) | | |
| Supervisor's Name _____ | Employed From ____/____ To ____/____ (month/year) (month/year) | Reason for Leaving _____ |
| | | Ending Salary _____ |
| CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If gap between employers, indicate reason Unemployed Attending School Self-employed Other _____

Unique Logistics Inc.
12218 Jones Rd Suite D217
Houston, TX 77070
(713) 636-9502

Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, **Unique Logistics Inc.** and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

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:

- a.) Review information provided by previous employers;
- b.) Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- c.) 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.

Applicant's Signature _____ Date _____

Unique Logistics Inc. is an equal opportunity employer. Unique Logistics Inc. does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

For Completion by *Unique Logistics Inc.* Representative

Reviewed by: _____ Date: _____

Comments: _____

SEND TO ALL PREVIOUS EMPLOYERS - WHERE FMCSA GUIDELINES WERE APPLICABLE

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to *Unique Logistics Inc.* as required by § 391.23 and allowed by § 383.35 of the Federal Motor Carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR § 382.413. You are released from any and all liability that may result from furnishing such information.

Printed Name _____ Date: _____

Signature: _____ SSN: _____

TO BE COMPLETED BY UNIQUE LOGISTICS INC. REPRESENTATIVE

PREVIOUS EMPLOYER INFORMATION:

Company Name: _____ Telephone #: _____

Supervisor Name: _____ Facsimile #: _____

Address: _____
 Street City State Zip

TO BE COMPLETED BY PREVIOUS EMPLOYER – REQUIRED BY FMCSR § 391.23 AND § 40.25

Accident History

The applicant named above was employed by us. Yes No

Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____

Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Trailer Bus

Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving? Resignation Discharge Lay-Off Military Duty Other _____

If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant or check here if there is no accident register data for this person.

| Date | Location | No. of Injuries | No. of Fatalities | HazMat Spill |
|-------|----------|-----------------|-------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

If the driver was **not** subject to Dept of Transportation testing requirements while employed by you, please check here . Driver was subject to DOT testing requirements from _____ to _____.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person violated a drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below:

Company Name/Address _____ Tel. # _____

Completed by : _____ Date: _____

Unique Logistics Inc.
12218 Jones Rd Suite D217
Houston, TX 77070
(713) 636-9502

Request for Check of Driving Record

I hereby authorize *Unique Logistics Inc.* to generate a Motor Vehicle Report for the purpose of investigation as required by § 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Applicant's Signature

Date

Printed Name

Date of Birth

Driver's License Number and State of Issuance

Date of Expiration

Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize *Unique Logistics Inc.* to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Applicant's Signature

Date

Certification of Compliance with Driver's License Requirements

MOTOR CARRIER INSTRUCTIONS:

Part 383 requirements apply to every driver who operates a vehicle weighing 26,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that require placarding in intrastate, interstate, or foreign commerce.

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

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) contain requirements with which you, as a driver, must comply. These requirements went into effect on July 1, 1987 and are as follows:

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

If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. Destroying a license does not close the record in the state that issued it; you must actually notify them via telephone or mail.

If a multiple license has been lost, stolen, or destroyed, you can close your record by notifying the state of issuance via telephone or mail that you no longer want to be licensed by that state.

- 2.) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** § 391.15(b)(2) and 383.33 of the FMCSR's require that you notify your employer/company you contract with no later than the **next business day** of any revocation or suspension of your driver's license.

In addition, § 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing/contracting motor carrier and the state that issued your license (if the violation occurs in a state other than the one which issued your license). Both notifications must be in writing.

The following license is the only one I will possess.

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

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

Pre-Employment/Contract Drug & Alcohol Statement

FMCSR §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 three 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 §40.25(b)(5) and (e).)

Prospective Employee/Contractor Name (please print): _____

Social Security Number: _____ Date of Birth: _____

The prospective employee/contractor is required by §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 three 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?

Prospective
Employee/Contractor: _____ Date: _____
(Signature)

Witnessed By: _____ Date: _____
(Signature)

Driver Statement of On-Duty Hours (For newly hired drivers only)

Federal Motor Carrier Safety Regulation § 395.8(j)(2), requires that prior to using a driver for the first time, motor carriers obtain a signed statement from the driver that provides the total time they spent on-duty during the immediate preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carrier. **Note:** All hours spent working for compensation during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (please print): _____ Social Security #: _____

Driver's License:

State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

| Day | 1 (yesterday) | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|------------------|---|---|---|---|---|---|--------------------|
| Date | | | | | | | | |
| Hours Worked | | | | | | | | Total Hours |

**Fill out the date of Hire – to appropriately reflect the current HOS of Driver*

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 _____ am/pm (circle one) on _____ .
Time Day Month Year

Driver's Signature Date

Driver Certification for Other Compensated Work

When employed by a motor carrier, a driver must report all on-duty time, including time working for other employers, to that carrier. The definition of on-duty time found in FMCSR § 395.2 paragraphs(8) and (9), includes time performing any work in the capacity of, or in the employ/service of a common, contract, or private motor carrier, and compensated work for a 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 Signature _____ Date: _____
 Witness Signature _____ Date: _____

Unique Logistics Inc.
12218 Jones Rd Suite D217
Houston, TX 77070
(713) 636-9502

DRIVER'S ROAD TEST EXAMINATION

Name _____ Phone _____

Address _____

CDL # _____ State _____ Expiration _____

Type of truck or tractor-trailer _____ Type of trailer _____

The road test shall be given by a motor carrier or a person designated by it. However, another person must give a driver who is a motor carrier a test. A person that is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

- _____ The pre-trip inspection.
- _____ Coupling and uncoupling units, if the equipment is a combination unit.
- _____ Placing the equipment in operation.
- _____ Use of the vehicles controls and emergency equipment.
- _____ Operating in traffic, passing and turning,
- _____ Braking and slowing the vehicle by means other than braking,
- _____ Backing and parking the vehicle.
- _____ **EXEMPTION:** Driver's CDL accepted in lieu of road test per 49 CFR391.33(a)(1)(2)(b)

Examiner's Signature _____ Title _____

If the road test is successful, the person who gave it shall complete the certificate of driver's road test

<Attach CDL copy>

<Attach CDL copy>

<Attach CDL copy>

CERTIFICATE OF ROAD TEST