NZ TRUCKING INC

PRE-QUALIFICATION CHECK LIST

Driver Name	Phone Number	Date (MM/DD/YYYY)
_____	_____-_____-_____	_____

Category		
☐ Company Driver	☐ Owner Operator	☐ Owner Operator Driver
☐ Long Haul	☐ Single	☐ Team
☐ Short Haul	☐ Local	☐ Switches

Qualification	Yes	No
Are you 23 years of age or older?	☐	☐
Do your valid commercial driver's license with proper endorsements?	☐	☐
Have you been convicted of D.W.I/D.U. I?	☐	☐
Do you have at least 2 years of verifiable experience driving 53ft truck?	☐	☐
Do you have any at fault accident in the past 3 years?	☐	☐
Do you have more than 2 points on your driver's MVR?	☐	☐
Do you have any criminal record with CMV?	☐	☐
Do you have legal rights to work in the United States?	☐	☐
Can you speak fluent English language?	☐	☐
Do you have PSP/CSA points less than 4 points?	☐	☐

Notes _____

_____

_____

DRIVERS APPLICATION

FOR EMPLOYMENT

Applicant Name_____ Date_____

Company **NZ TRUCKING INC**

Address **35698 BUXTON DR**

City, State, Zip **STERLING HEIGHTS, MI 48310**

In compliance with federal and state employment opportunity laws qualified applicants are considered for call 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 an 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 that I am required to abide by all rules & 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 49CFU91.2lt(D) & (E). I understand that I have the right to review information provided by previous employers to have errors in the information corrected by previous employers & those before re-send corrected information to the prospective employer, and, I have a right to I rebuttal statement to the alleged erroneous Information. If previous employer(s) and I cannot agree on the accuracy of the information have rebuttal statement attached to the alleged erroneous Information If the previous employer(s) and I cannot agree on the accuracy of the Information. I will be the subject of a to a Criminal History Check.

Signature_____ Date_____

APPLICANT TO COMPLETE

Position Applying_____ E-mail Address_____

Name_____
Last First Middle

LIST YOUR ADDRESS OF RESIDENCY FOR THE PAST 3 YEARS

Current _____
Street City

_____ _____ _____
State Zip Code Phone How Long

Previous _____
Street City

_____ _____ _____
State Zip Code Phone How Long

Previous _____
Street City

_____ _____ _____
State Zip Code Phone How Long

Do you have the legal rights to work in the United State? _____

Have you worked for our company before? _____ If so, when? _____

Position _____ Reason for leaving _____

Are you employed now_____ If not, how long since last employment_____

How did you hear about us _____ Expected rate of pay _____?

Have you ever been convicted of a felony? _____ If yes, explain fully_____

_____

_____

EMPLOYMENT HISTORY

All CDL drivers' applicants must provide the following information of previous employers.
You must provide the company name, address, and phone number (going back 10 years)

Your last employer is first.

Employer	Date
Name _____	From_____ To_____
Address _____	Position Held_____
_____	Salary/Wage_____
City ST Zip	Reason for leaving _____
	_____
Contact Person _____ Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____	
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____	

Employer	Date
Name _____	From_____ To_____
Address _____	Position Held_____
_____	Salary/Wage_____
City ST Zip	Reason for leaving _____
	_____
Contact Person _____ Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____	
Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____	

Employer	Date
Name _____	From_____ To_____
Address _____	Position Held_____
_____	Salary/Wage_____
City ST Zip	Reason for leaving _____
	_____
Contact Person _____ Phone Number _____	
Were you subject to FMCSA while employed? Yes _____ No _____	

Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____

Employer	Date
Name ______________________________	From_________ To_________
Address ______________________________	Position Held______________
______________________________	Salary/Wage______________
City ST Zip	Reason for leaving __________ ______________________

Contact Person ____________________ Phone Number ________________________

Were you subject to FMCSA while employed? Yes _____ No _____

Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____

Employer	Date
Name ______________________________	From_________ To_________
Address ______________________________	Position Held______________
______________________________	Salary/Wage______________
City ST Zip	Reason for leaving __________ ______________________

Contact Person ____________________ Phone Number ________________________

Were you subject to FMCSA while employed? Yes _____ No _____

Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____

Employer	Date
Name ______________________________	From_________ To_________
Address ______________________________	Position Held______________
______________________________	Salary/Wage______________
City ST Zip	Reason for leaving __________ ______________________

Contact Person ____________________ Phone Number ________________________

Were you subject to FMCSA while employed? Yes _____ No _____

Was your job safety sensitive, were you subject to drug and alcohol testing requirements of 49CFR part 40? Yes _____ No _____

EMERGENCY CONTACTS

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENES REQUIRMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in part383 apply to every driver who operates in interstate, or foreign commerce and operates a vehicle weighing 25,000 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in part 391 apply to ever driver who operates in interstate commerce and operates a vehicle weighing 10,000 pounds or more, can transport more than 15 people or transport hazardous materials that require placarding.

DRIVER REQURIMENTS: Part 383 and 391 of the federal motor carrier safety regulations contain some requirements that you as a driver must comply with. These requirements are in the effect as of July 1, 1987. They are as follows:

1.POSSES ONLY ONE LICENSE: You as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep your license from your state of residents and return the additional license to the state that issued it. Destroying a license does not close the record in the state that issued to you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying your state of issuance that you no longer want to be licensed by that state.

2.NOTIFICATION OF LICENSE OF SPENSION, REVOCATION OR CANCELLATION: Section 391.15(b)2 and 383.33 of the motor carrier safety regulations require that you notify your employer the NEXT BUSNESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking). You must report it within 30 days to yours employing motor carrier, and to the state that issued your license (If the violation occurs in the state other than the one which issued your license). The notification to both the employer and the state must be in writing.

THE FOLLOWING LICENSE IS THE ONLY ONE I WILL POSSES:

License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE REQUREMENTS.

Name _____
Print

Signature _____ Date _____

PREVIOUS PRE-EMPLOYMENT, EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25 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.

Prospective Employee Name _____
Print

The prospective employee is required by section 40.25 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 have 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.

_____ _____
Employee Signature Date

All DRIVERS ARE SUBJECTED TO DRUG TESTING

COMPANY DRUG TESTING POLICY

Company policy requires testing in the following circumstances:

Pre-Employment: All applications for employment, after receiving an offer of employment, will be required to undergo drug testing as part of the pre-employment process or after being out of the drug pool for 30 days or more. All applicants must have a negative result to be eligible for employment.

Contractual Testing: Employees will be subjected to substance abuse testing as required by the company's legal and contractual obligation with legal authorities, its customers and vendors.

Reasonable Suspicion: Drug and Alcohol Testing is required when a supervision observe a conduct, behavior, or appearance evidencing violation of the companies prohibited conduct rules.

Post-Accident: Tests are required by the Company for several different reasons, these reasons include:

1. DOT Regulated: This is an accident where there is a ticket issued, someone is towed, or injured.
2. NON-DOT: This will be used for an accident or incident other than above. This is company policy and will be adhered to with no exceptions.
3. Return-to-duty and following up: Drug and /or alcohol testing is required when an employee returns to work after returning from a positive test.
4. Random: All drivers will be put in a pool and picked at random.

Sign: _____ Date: _____

VIOLATION CHARGES

RZS Express LLC. Violation charge is $300 no matter the reason for the violation and will be written up, driver will be terminated from employment after three write ups. There will be a charge of $500 for every shutdown violation, no matter the reason of the violation.

I, _____ acknowledge that by signing this form, I am agreeing that if I receive a violation while employed with RZS Express LLC I will pay $300 fee and will be written up and I also acknowledge that I will pay $500 for any shutdown violation no matter the reasoning of the violation.

Name: _____

Signature: _____

Date: _____

COMPANY NAME **NZ TRUCKING INC**

FAIR CREDIT REPORTINGACT DISCLOSURE STATEMENT

In accordance with e provisions of Section 604(b)(2)(A) of the fair credit reporting act, public law 91-508 as amended by the consumer credit reporting act of 1956 (Title II Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by sections 382.413, 319.23 and 391.25 if the Federal Motor Carrier Safety Regulations.

Print Name

Social Security Number

Applicant Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICES

In connection with your application for employment with **NZ TRUCKING INC** ("Prospective Employer"), Prospective Employer, its employees, agent or contractor 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 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 adverse action is taken against you based upon your driving history or safety reports, the Prospective Employer will notify you that the action has taken and that the action was based in part or in whole on this report.

When the applicate 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 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 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 three 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 you PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where 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 PSP report. State citations associated with Federal Motor Carrier Safety Regulation (FMCSR) violations that have been adjustments 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 __NZ 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 years and inspection history from the previous three years. I understand and acknowledge that this release of information may assist the Prospective Employer to decide 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 http://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. Similarity, I understand all inspection, with or without violations, will appear on my PSP report, and State citations associated with FMCSA violations that have been adjudicated be a court of law 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 id 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.

_____ _____

Name Date

_____

Signature

NOTICE: THIS FORM IS MADE AVAILABLE TO MONTHLY ACCOUNT HOLDERS BY NIC ON BEHALF OFF THE U.S. DEPARTMENT OF TRANSPORTATIONS, FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA). ACCOUNT HOLDERS ARE REQUIRED BY FEDERAL LAW TO OBTAIN AN APPLICANTS WRITTEN OR ELECTRONIC CONCENT PRIOR ACCESSING THE APPLICANTS PSP REPORT. FURTHER, ACCOUNT HOLDERS ARE REQUIREDBY FMCSA TO USE THE LANGUAGE CONTAINED IN THIS DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN AN APPLICANTS CONCENT. THE LANGUAGE MUST BR 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 OHERCONCENT 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.