

ADVERTISING SOURCE _____ DRIVER REFERRAL _____

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

**Driver's Application for Employment
(As required by DOT/FMCSR 391.51 and 391.21)**

Owner Not An Employee of Carrier: It is clearly understood and is the considered intent of the parties to this application that the relationship of the party rendering the services is that of independent contractor and not that of employee. The intent of the parties is that this determined relationship should prevail despite any seemingly contradictory indication which may arise in performance of this application. Subject to proper compliance with the requirements of applicable governmental rules, regulations and laws, DOT/FMCSR 391 Qualifications of drivers and longer combination vehicle (LCV) driver instructors.

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, or the presence of a non-job related medical condition or handicap.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations. I authorize my past employers and any others contacted to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and Elwood Cartage INC. from any liability on account of furnishing such information to Elwood Cartage INC .

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied contract because of such report.

I understand that I must pass a pre-contract drug test. I also understand that, if I am contracted, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

I understand that I must pass a NON-DOT pre-contract hair test.

I understand that my contract, if any, can be cancelled with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of Elwood Cartage INC. has any authority to enter into any agreement for contract for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous companies, have errors corrected by previous company and resubmitted to Elwood Cartage INC. and/or have a rebuttal statement attached to erroneous information if a previous company and I cannot agree on the accuracy of the information. I understand that I must request past company information obtained by Elwood Cartage INC. in writing within 30-days of contract or denial of contract.

I certify that I am providing this information and submitting this application solely to obtain a contractor position with Elwood Cartage INC., I understand that I will be considered only for a contractor position and that Elwood Cartage INC. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for contract.

I authorize my past companies/employers and any other person or entity who I have been contracted or who has drug tested me in the past to release to Elwood Cartage INC. the results and information regarding such testing. I further agree that if I am contracted by Elwood Cartage INC. I will submit to physical examinations, blood and urine tests as requested by the Company.

DATE

X _____
APPLICANT'S SIGNATURE

Elwood Cartage Inc
24441 W. Eames Suite 100
Channahon, IL. 60410

Name _____ Date of Birth _____ Social Security No. _____
First Middle Last

Phone: (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 25 years or older? Yes No

Are you a US Citizen? Yes No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? Yes No If yes, when? _____

Have you previously applied for contract with this firm? Yes No If yes, when? _____

CONTRACTOR SELECTION STANDARDS

Elwood Cartage INC. selection standards and requirements for contracting drivers Include:

1. Must live within the Elwood Cartage INC. hiring area.
2. Must be at least 25 years old
3. Must have at least 1 year verifiable intermodal experience
4. Must have at least 12 month verifiable experience operating the trailer type for which you are applying
5. Must have CDL License issued by the state in which you reside.
6. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Elwood Cartage INC. designated doctor at Contractor's expense.
7. No license suspension for moving violations in the past 5 years.
8. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
9. Must pass pre-employment drug test.
10. Must have and maintain neat, clean appearance.
11. Must be able to meet all legal requirements to drive a commercial truck in USA.
12. No felony convictions in past 10 years. Cannot be on probation for any reason.
13. No misdemeanor convictions in past 5 years.
14. No drug or sexual crime convictions ever
15. With regard to preventable motor vehicle accidents and moving violations, Elwood Cartage INC. reserves the right to judge each applicant on an individual basis.

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.

I have read and agree to the standards presented above.

DATE

x _____
APPLICANT'S SIGNATURE

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or Incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

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EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

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EMPLOYMENT RECORD (cont)

Fifth Last Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Sixth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Seventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Eighth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

EMPLOYMENT RECORD (cont)

Ninth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes___ No___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Tenth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes___ No___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Eleventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes___ No___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Twelfth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes___ No___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

LICENSE

List all drivers licenses held in the past three (3) years.

| STATE | LICENSE NUMBER | CLASS/ENDORSEMENTS | EXPIRATION DATE |
|-------|----------------|--------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
 Truck and Car (other than parking violations)

| DATE | LOCATION (STATE) | CHARGE | PENALTY |
|------|------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)

List all involvement with truck and car Including property damage, regardless of fault.

| DATE | TYPE VEHICLE | NATURE OF ACCIDENT | WHO WAS AT FAULT | FATALITIES | INJURIES |
|------|--------------|--------------------|------------------|------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- | | | |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. 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 employment during the past two years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E, or F please state the circumstances and date

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.) | DATES | | APPROX. NO. OF MILES (Total) |
|--------------------------|--|-------|------|---------------------------------|
| | | From | / To | |
| Straight Truck | | | | |
| Tractor and Semi-Trailer | | | | |
| Tractor Two-Trailers | | | | |
| Other / Intermodal | | | | |

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Unload insulation?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMODATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____



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MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No
How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Elwood Cartage INC. the results and information regarding such testing. I further agree that if I am contracted by Elwood Cartage INC. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am contracted by Elwood Cartage INC., I will be a contractor at will. Under this arrangement, my contract can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with handbooks, and other written materials intended to help contractors follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, Increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If contracted, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of **(Illinois)**.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

x _____
APPLICANT'S SIGNATURE

Applicant: _____ **SS#** _____ **DOB** _____

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be leased on, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23.

In order to enable Elwood Cartage, Inc. to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Elwood Cartage, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Elwood Cartage, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Elwood Cartage, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____

APPLICANTS- DO NOT WRITE BELOW THIS LINE

Company: _____ **Phone #:** _____

Driver was qualified under Federal Department of Transportation as:

| Type of work | Team Driver | Equipment Operated | Areas Driven | Commodities |
|---|-----------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Company Driver | <input type="checkbox"/> 1st seat | <input type="checkbox"/> Tractor Trailer | <input type="checkbox"/> Local | <input type="checkbox"/> General |
| <input type="checkbox"/> Driver for O/O | <input type="checkbox"/> 2nd seat | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> OTR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Owner Operator | | <input type="checkbox"/> Dry Van () 48' () 53' | <input type="checkbox"/> Regional | |
| | | <input type="checkbox"/> Flat Bed () Other | # of states ____ | |

Full Time Part Time

Dates of Employment: _____ To _____
 Additional dates: _____ To _____

During the employment period indicated above, company records indicate that this individual was involved in _____ accidents, of which _____ were found to be preventable, per FMCSR 390.5

- P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y\N
 P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y\N
 P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y\N

Was any hazardous material released on the above accidents? Y\N

- Did the above individual have any late pick-ups\deliveries? () YES () NO How many? _____
 Did the above individual have any log Problems? () YES () NO What type: _____
 Did the above individual have any Customer Complaints? _____
 Did the individual leave? () Voluntary () Involuntary If so, why? _____
 Eligible for rehire? () YES () upon review () NO If so, why? _____
 Workman's Comp Claims? () YES () NO If yes, what type?: _____

In compliance with Federal DOT Regulations 49 C.F.R. Sections 40.25,382.405, & 382.413:

____The above individual was NOT in your employee during the past 3 years as prescribed by Federal DOT Regulations.

____As per Federal DOT Regulations, the above individual tested as follows during the previous three years:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? () YES () NO
 b. Has this individual had a controlled substance test with a positive result in the past 3 years? () YES () NO
 c. Has this individual refused a controlled substance test and/or alcohol within the past 3 years? () YES () NO
 d. Has this individual ever had an adulterated or substituted drug test verified? () YES () NO
 e. Has this individual ever violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulations? () YES () NO
 f. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? () YES () NO

Verified by: _____ **Title:** _____ **Date:** _____

Authorization Section

TO BE READ AND SIGNED BY APPLICANT

I certify that I have read and understand all of the application. It is agreed and understood that the employer or his agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned to the results of a physical examination and drug/alcohol tests.

It is also agreed and understood that under Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I acknowledge that Elwood Cartage, Inc. can request additional MVR and criminal background checks throughout my employment.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file. I also understand that misrepresentation or omission of information or facts may result in the rejection of my application for employment. If hired, I agree to abide by all the rules and policies of the employer.

I understand that I must pass a pre-contract drug test. I also understand that, if I am contracted, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

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OWNER OPERATOR/APPLICANT: _____ DATE: _____

I understand that the Company may provide me with handbooks, and other written materials intended to help contractors follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If contracted, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of (Illinois).

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

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3. Must have at least 1year verifiable Intermodal experience.
4. Must have at least 12 month verifiable experience operating the trailer type for which you are applying
5. Must have CDL License issued by the state in which you reside.
6. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Elwood Cartage, Inc. designated doctor at Contractor's. expense.
7. No license suspension for moving violations in the past 5 years.
8. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
9. Must pass pre-employment drug test.
10. Must have and maintain neat, clean appearance.
11. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
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13. No misdemeanor convictions in past 5 years.
14. No drug or sexual crime convictions ever.
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To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)

If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

Driver Safety Performance History Investigations and Collections: The rule sets forth the minimum information requirements for driver safety performance history that a prospective company must obtain and a previous employer must provide before a new driver is permitted to operate a motor vehicle (CMV) Driver safety performance records must be collected from all previous employers for the preceding three years from the date of the employment application. The investigations must be made effective October 29, 2004 for all drivers applying for employment as a CDL driver.

Your Rights Regarding Safety Performance History Information: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employers.

The Right to Review Safety Performance Records: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective company no later than thirty (30) days after leasing on to Elwood Cartage, Inc. You will be provided with the records within five (5) business days of the receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick-up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

The Right to Have Erroneous Information Corrected: If you believe there is an error in the records, you have the rights to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requested for this information are received.

The Right to Rebut Disputed Information: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request correction.

The Right to Report Failures To Correct Erroneous Information: You may report failures to a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

All of the information I have supplied or will supply in this application and associated documents to Elwood Cartage, Inc. is a full and complete statement of facts, and it is understood that if any falsification is discovered, it will constitute grounds for dismissal from employment upon discovery thereof. I also understand that this application is not contract of employment. I understand that if employed, I will be considered an at-will employee and I may voluntarily leave my employment at any time, or my employment may me terminated at any time for any reason. I acknowledge that no written or oral statements have been made to/or relied upon by me regarding the length of my employment or the reasons for which my employment can be terminated.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In consideration of this application to lease with Elwood Cartage, Inc. and during any future lease agreement with this company, I hereby authorize any physician, dentist, hospital, clinic, pharmacy, medical provider, insurance company, or other entity to provide to this company or any representative or agent thereof any and all information which may be requested regarding my physical and/or mental condition. If requested, I authorize same to provide this company or its representative or agent with a photocopy of any and all medical records, bills and other documentation or materials in their possession pertaining to examination, evaluation, treatment, therapy or rehabilitation rendered by them and to allow this company or any representative or agent thereof or any physician appointed by them to examine any and all records, reports, slides, radiographs, test results or other materials in their possession. I agree that a photocopy of this authorization is as valid as the original.

I certify that is application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

Consent to Consumer Background Investigation

CONSUMER REPORT DISCLOSURE AND RELEASE

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23. In order to enable Elwood Cartage, Inc. to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Elwood Cartage, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Elwood Cartage, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Elwood Cartage, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with Elwood Cartage, Inc. ("Prospective Employer"), it may obtain one or more reports regarding you credit, driving and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Elwood Cartage, Inc. ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organization or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

I hereby authorize Prospective Employer and its employees, agents and affiliates to obtain the information authorized above.

OWNER OPERATOR/APPLICANT: _____ DATE: _____

Drug and Alcohol Release Authorization

DOT DRUG AND ALCOHOL RELEASE

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23. In order to enable Elwood Cartage, Inc. (5110) to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Elwood Cartage, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Elwood Cartage, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Elwood Cartage, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

OWNER OPERATOR/APPLICANT: _____ DATE: _____