



20601 Trolley Industrial Drive Taylor, MI 48180
www.atlastrucking.com
(313) 429-2118

Driver Employment Application

Welcome to Atlas Trucking & Logistics

We haul freight across the United States and Ontario, Canada. Working with a well-qualified team of employee drivers and owner operators under contract. We support our road force with a team of managers who work one-on-one with every driver to make sure every load we carry arrives safely and on time.

In this application package you will find everything you need to know to join our enthusiastic and dedicated driver workforce.

Driver Requirements:

- Must be at least 21 years of age and have a valid class "A" CDL from state of residence.
- Age 23 and older with commercial driving experience, must have two-year verifiable experience in the last 5 years, on the equipment you will operate and an acceptable work history for the past 10 years.
- All gaps in employment must be accounted for (acceptable driver training program can substitute for sixth month experience.)
- No more than three moving violations in any type of motor vehicle in the last three years.
- No license suspension/disqualification for traffic convictions/incidents within the last three years.
- A copy of a valid long form physical and medical card performed in the last six months.
- A DOT drug test with a negative result.
- No drug / alcohol related convictions or incidents (DUI/DWI) within the last five years. Incidents older than five years will be reviewed.
- No felonies in the past five years. Felonies over five years will be reviewed.
- No more than two preventable accidents in the last three years.
- No more than three driving jobs in the last 15 months or no more than six driving jobs in the last 36 months.

Thank you for your interest in joining the Atlas Trucking Co., LLC driver team!

www.Atlastrucking.com
(313) 429-2118



Driver Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone/Cell: _____ Email _____

Date of Birth _____ SSN Last Four: XXX-XX () _____ Desired Salary:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Do you have any travel restrictions? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Driving Experience

Date Available: ____/____/____

Have you ever taken a truck driving class? YES NO
 Date: ____/____/____
 Name & Location: _____

Have you ever hauled steel before? YES NO
 If yes, how long and what type of steel _____

Have any of your licenses been revoked, suspended, or restricted? YES NO
 If yes, explain why _____

| Class of Equipment | Material Hauled | Over the Road? | Years | Miles |
|--------------------|-----------------|----------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

| Driver's licenses held in the past three years: | | | | |
|---|-------------|-------|--------------|-----------|
| State | License No. | Class | Endorsements | Exp. Date |
| | | | | |
| | | | | |
| | | | | |

| Accident Review for the past 3 years | | | | | |
|--------------------------------------|----------|--------------------|----------------|----------------------|----------|
| Dates | Location | Injuries or Deaths | Vehicle Driven | Were you Responsible | Describe |
| | | | | | |
| | | | | | |
| | | | | | |

| Traffic convictions of any type in the last years | | | | |
|---|----------|------------------|-------------|--------|
| Date | Location | Moving Violation | Disposition | Points |
| | | | | |
| | | | | |
| | | | | |

Employment including the past ten years starting with the most recent

Account for every month including months you were not employed:

Company: _____ Phone: _____
Address: _____ Supervisor _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes ___ No ___
If no explain why: _____

Company: _____ Phone: _____
Address: _____ Supervisor _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes ___ No ___
If no explain why: _____

Company: _____ Phone: _____
Address: _____ Supervisor _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes ___ No ___
If no explain why: _____

Company: _____ Phone: _____
Address: _____ Supervisor _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes ___ No ___
If no explain why: _____

Company: _____ Phone: _____
Address: _____ Supervisor _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes ___ No ___

If no explain why: _____

Company: _____

Phone: _____

Address: _____

Supervisor _____

Job Title: _____

Starting Salary: _____

Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes ___ No ___

If no explain why: _____

Company: _____

Phone: _____

Address: _____

Supervisor _____

Job Title: _____

Starting Salary: _____

Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes ___ No ___

If no explain why: _____

Company: _____

Phone: _____

Address: _____

Supervisor _____

Job Title: _____

Starting Salary: _____

Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes ___ No ___

If no explain why: _____

Company: _____

Phone: _____

Address: _____

Supervisor _____

Job Title: _____

Starting Salary: _____

Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes ___ No ___

If no explain why: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

In case of emergency, contact: _____ Phone#: _____

Waiver- This is to inform you that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family, friends, neighbors or others whom are acquainted. This inquiry includes information as to your character general reputation, personal characteristics and mode of living, whichever maybe applicable.

You have my permission to perform these checks. I hereby authorize company individuals to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit, arrest record, driving record, etc. I hereby release Atlas nature, which may result from this investigation of me.

I hereby authorize the present and past employers to furnish my previous employment record with them, with reason for separation, and any and all information which said company may have concerning me to the company's investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results as required by section 382.405(f), 382.413(b) of the Federal Motor Carrier Safety Regulations. I also release present and past employers and their authorized individuals from any and all liability for damages whatsoever as a result for furnishing my past employment records.

I hereby authorize any local, county, state or federal law enforcement agency to furnish all information regarding my arrest, convictions or information listed to the Atlas Trucking investigative agency including my Motor Vehicle Report and Pre-Employment Screening for roadside inspections in the past 36 months. I hereby release said law enforcement agencies from any and all liability for damages, whatsoever which may result from furnishing any information concerning me.

Disclaimer and Signature

I certify 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. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: ___/___/_____ SSN: XXX-XX () _____

| | |
|--|--|
| Alas Trucking and Logistics Management Only: | |
| Position Title Interviewed For: | |
| Supervisor Over Position: | |
| Location: | |
| Pre-Employment Physical Schedule: | |
| If Hired Any Additional Dates Needed Off after Hire? | |
| Established Start Date: | |
| Rate of Pay Established: | |
| Approved By: | |
| Physical Results: | |



Carrier Safety Regulations. I also release present and past employers and their authorized individuals from any and all liability for damages whatsoever as a result for furnishing my past employment records.

I hereby authorized any local, county, state or federal law enforcement agency to furnish all information regarding my arrest, convictions or information listed to the Atlas Trucking investigative agency including my Motor Vehicle Report and Pre-Employment Screening for roadside inspections in the past 36 months. I hereby release said law enforcement agencies from any and all liability for damages, whatsoever which may result from furnishing any information concerning me.

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Signed: _____ Date: _____ SSN Last Four: _XXX-XX_(_____)__



Consent to employee drug and/or alcohol testing

I understand that submission to a drug and/or alcohol screen is a condition of employment with Atlas Trucking Company, LLC. I understand that, should my testing results be confirmed positive or I refuse to test, I will be subject to the company's disciplinary action, including possible discharge. I understand that a tampered with or an adulterated specimen will be considered refusal to test, resulting in possible discharge.

I hereby give my consent to release the results of my blood and/or urinalysis to Atlas Trucking Company, LLC, including their Workers Compensation Insurance Company, for determining the presence of alcohol and/or other drugs in my body for the duration of my employment.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility of medical indemnity benefits and immediate action, including possible discharge.

By signing this form, I hereby release to Atlas Trucking Company, LLC and the Medical Review Officer the results of the test(s) to which I have consented. I further authorize Atlas Trucking Company, LLC to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the result thereof and any of them herein. I also authorize Atlas Trucking Company, LLC to discuss the results with its legal advisors and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to Atlas Trucking Company, LLC, and Medical Review Officer.

Employee or Applicant Signature: _____ Date: _____

Print Name: _____ Last 4 SS# _____

Witness: _____ Date: _____



INQUIRY TO PAST EMPLOYER

Company: Atlas Trucking Co., LLC
 Address: 20601 Trolley Industrial Drive
 E-mail: bliburdi@atlastrucking.com

Fax #: 313-429-2108
 Phone #: 313-429-2101

Applicant's Name: _____ Social Security #: _____

You are hereby authorized to give to Atlas Trucking Co., LLC all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Atlas Trucking Co., LLC to comply with the requirements of 49 CFR, 382.413 & 391.23. I hereby consent to Atlas Trucking Co, LLC obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CF 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment record. I hereby authorize and direct my prior employers to release such information to Atlas Trucking Co., LLC in personal interviews, telephone interviews, letter or any other method that insures confidentiality. I hereby authorize Atlas Trucking Co., LLC to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Application's Signature: _____ Date: _____

-----**ATLAS USE BELOW DRIVERS DO NOT FILL OUT**-----

Name of Company: _____ Phone #: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: From _____ To _____ Position Held: _____

Driver: Yes _____ No _____ Part-time _____ Full-time _____

Company Driver _____ Owner Operator _____ Driver for Owner Operator _____

Equipment: Van _____ Tank _____ Flatbed _____ Tractor _____ Straight Truck _____ Other _____

List areas in which applicant drove regularly: _____

Logs: Did applicant violate hours of service regulations? Yes _____ No _____

Accidents: Total Number: _____ Preventable _____ Non-preventable _____

D.O.T. Reportable Accidents: _____

Tickets: Yes _____ No _____ Describe _____

What license did applicant have? Class _____ State of issue _____

Why did applicant leave your employ?

Is applicant eligible for rehire? Yes _____ No _____ If no, why? _____

Was applicant's license ever suspended or revoked? Yes _____ No _____

| In accordance with part 382.405, 382.413 and 40.25 | Yes | No |
|--|-------|-------|
| Has this person ever tested positive for a controlled substance in the past three years? | _____ | _____ |
| Has this person ever had an alcohol test concentration of 0.04 or greater in the past three years? | _____ | _____ |
| Has this person ever refused a required test for drugs or alcohol in the past three years? | _____ | _____ |
| Has this person violated any other DOT agency drug and alcohol testing regulations? | _____ | _____ |

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

| 1 st Attempt | 2 nd Attempt | 3 rd Attempt | 4 th Attempt |
|-------------------------|-------------------------|-------------------------|-------------------------|
| Date _____ | Date _____ | Date _____ | Date _____ |
| Time _____ | Time _____ | Time _____ | Time _____ |
| Method _____ | Method _____ | Method _____ | Method _____ |
| Contact _____ | Contact _____ | Contact _____ | Contact _____ |

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 Atlas Trucking Company, LLC. (“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 Atlas Trucking Company, LLC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

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

LAST UPDATED 2/11/2016



Drivers Expectation Survey

Name _____ Phone _____ Date _____

1. Why are you leaving the company you currently work for?

2. How many miles per week do you expect to get? _____

3. What would you like your gross pay to be every week? _____

4. How often do you need to get home? _____

5. Have you ever used electronic logs? _____

6. Do you know what your CSA scores are? _____

7. What is the biggest complaint you have had with the trucking companies you've previously worked for?

www.atlastrucking.com

(313) 291-0390