



Quality Express Carrier, LLC

Driver's Application

Name _____
 City, State And Zip Code _____
 Address _____ How Long? _____
 Date Of Birth _____ Social Security No. _____ Date _____
 Telephone Number _____ Email Address _____

Previous Three Years Residency

 (STREET) (CITY) (STATE& ZIP CODE) #Years _____

 (STREET) (CITY) (STATE& ZIP CODE) #Years _____

 (STREET) (CITY) (STATE& ZIP CODE) #Years _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION 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				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSDET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

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

Date

Applicant's Signature

Quality Express Carrier, LLC
Driver's Application

This certifies that this application was completed by _____ the Independent contractor seeking to lease equipment and or contracting with Quality Express Carrier, LLC and that all entries and information is true and correct and completed to the best of his or her knowledge. I hereby request and authorize Quality Express Carrier, LLC and their agents and or contractors that receive this application, that at any time, may conduct an investigation of my background for the purpose of contracting which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may increase or decrease the potential opportunity for a lease agreement, contract with Quality Express Carrier, LLC gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold Quality Express Carrier, LLC and its agents and associated parties harmless of all liabilities for the use of this application. As part of our consideration of your application, the DOT requires companies to investigate your employment background. As part of this investigation, they may obtain consumer reports about you from various consumer reporting agencies including USIS(DAC) and PSP Reports. Any decision they make not to hire you based on information contained in your consumer report will be their decision alone. DAC does not make any decisions in regards to hiring with these companies and will not know the specific reasons why they may decide not to hire you. In the event you are not hired based on information contained in your consumer report, the companies themselves will tell you. We will also advise you of your right to obtain a free copy of the consumer report from DAC and your right to dispute the accuracy or completeness of your report. Your consent for these companies to obtain the report from DAC is required. Although you have a right to withhold your consent, companies will not consider your application if you withhold your consent.

I _____ have read and agreed to authorize the release of any information requested above including but not limited to a consumer credit and or DAC report for the purposes of equipment lease and or contracting with Quality Express Carrier, LLC.

Independent Contractor

Date _____

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE

DRIVER'S SIGNATURE

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE

Quality Express Carrier, LLC

Drug & Alcohol Policy And Procedure

In 1988, Congress enacted the Drug Free Workplace Act to require federal contractors to establish and maintain a work environment that is free from the effects of drug use and abuse. Federal Regulations 49 CFR Part 40 (§382) present the general terms of this program and its guidelines We agree with that goal and believe that Quality Express Carrier, LLC has responsibility to its employees, contractors and those who use or come in contact with its products/services, to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy of Quality Express Carrier, LLC and a condition of employment or lease operator agreement that an employee or contractor be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

Quality Express Carrier, LLC

Provides an Employee Assistance Program (EAP) or our Contract Driver Assistant Program (CDAP) through SapList.Com for employees and contract drivers to deal with substance abuse and other personal problems that can affect work performance. Our commitment is to help individuals on our team remain productive members of our team. In certain circumstances, the company may insist upon a mandatory referral to our EAP or CDAP as a condition of continued employment or driving as a lease operator. No employee or contract driver will be disciplined or discriminated against simply for seeking help.

Employee & Contractor Responsibility

The employee or contractor is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through the company or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in "trouble", NOT AFTER. If a professional assessment is made that you have a problem with Drugs or Alcohol, your continued employment may be conditioned upon:

- Entering into and completing a treatment program approved by the company.
- Signing and living up to a last chance performance agreement.
- Undergoing a Follow-up Testing Program at companies' discretion.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee or contractor is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods), in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee or contractor who violates any one of them will be subject to disciplinary action, up to and including termination.

1. **Alcohol** An employee or contractor may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.
2. An employee or contractor will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. **Drugs** An Employee or Contractor may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal-drug violates this rule. This rule also pertains to Prescription drugs being taken without doctors authorization.
4. **Drug Paraphernalia and Alcohol Containers** An Employee or Contractor may not possess any Drug Paraphernalia or Alcohol Containers.
5. **Prescriptions / Over-the-counter Medications** It is the employees responsibility to check the potential effects of prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.
6. **Adulterants** Any substance that is used for the purpose of Manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing.

All safety sensitive employees or contractors are required to pass a DOT pre-employment urine drug test before being hired.

Random Testing Program.

The Random-testing program is implemented by a third party and/or a computerized Selection Process throughout the year. The Third Party Administrator (TPA) combines the drivers from our company with drivers from other companies. The TPA selects 4 times per year and notifies the DER, Designated Employee Representative. The DER

can notify the Driver within the selection period. When the driver is notified, they must test ASAP. The Federal Motor Carrier Safety Administration does not allow testing delays due to convenience or movement of freight. (FMCSA).

Mandatory Post Accident Testing.

Post accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in 49 CFR Part 40. *See Chart*

Type of accident involved	Citation issued to the CMV driver? (Class A or B)	Test must be Performed.
i. Human Fatality	Yes No	Yes Yes
ii. Bodily injury with immediate medical treatment away from scene..	Yes No	Yes No
iii. Disabling damage to any motor vehicle requiring tow away	Yes No	Yes No

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained in accordance to 49 CFR 382.603 of the Federal Register to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
 - The Odor or Smell of Alcohol or Drugs on the employees breath or clothes or in an area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
 - Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee’s or contractor's possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom.) ;
 - Unexplained or Significant deterioration in job performance.
 - Unexplained significant changes in behavior (e.g., abusive behavior, repeated
 - disregard of safety rules or procedures, insubordination, etc.);
 - Evidence that the employee or contractor may have tampered with a previous drug test.
 - Criminal citations, arrests or convictions involving drugs and alcohol.
 - Unexplained absenteeism or tardiness
 - Employee or Contractor admissions regarding drug or alcohol use;
 - Any involvement in any work-related accident or near misses.
- Any type of Paraphernalia discover on your person or Company Property

Fit for Duty

The company could require a fit for duty exam by a certified Medical Practitioner; this exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical card Certificate.

Duty to Cooperate

An employee or contractor who fails to cooperate in the administration of this policy generally will be terminated. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of the Company's choosing whenever any test results in a finding of a dilute sample.
- Testing dilute on any requested retest after an initial dilute result: and
- Failure to accept the referral, to enter into and complete an approved treatment program, or to sign or adhere to the commitments in the Last Chance Performance Agreement.

EMPLOYEE & CONTRACTOR ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, _____ acknowledge receiving a copy of the Company's Drug and Alcohol Policy. Date _____
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment or lease agreement. I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read this entire policy and each of the above statements Yes No

Signature & Date _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		2 Business name/disregarded entity name, if different from above	
		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
		5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		6 City, state, and ZIP code	
		7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
				-					-				
or													
Employer identification number													
				-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.