

Driver ID: _____

Form Type: **DQF**

Independent Contractor APPLICATION

Drivers application to lease equipment as an Owner Operator, or to drive for an Owner Operator who has equipment leased to 1 Nation Logistics, LLC.. This application must be completed in its entirety.

(Answer all questions-please print)

1 Nation Logistics, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN, OR ANY OTHER LEGALLY PROTECTED STATUS.

The continued success of 1 Nation Logistics, LLC. depends upon the full and effective utilization of qualified persons, regardless of race, color, religion, age, sex, national origin, disability or veteran status.

Date of application _____

Position(s) Applied For (Check One): ☐ Owner Operator ☐ Driver for an Owner Operator

First Name _____ Middle Initial _____ Last Name _____

Social Security No. _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Previous Address _____ How Long ? _____ yrs
Street City State Zip

Previous Address _____ How Long ? _____ yrs
Street City State Zip

Previous Address _____ How Long ? _____ yrs
Street City State Zip

Do you have the legal right to work in the United States? ☐ YES ☐ NO

Date of Birth ____/____/____ Can you provide proof of age? ☐ YES ☐ NO
(Required for Truck Drivers)

Have you provided services to this company, or a related company in the past? ☐ YES ☐ NO

If so, Where? _____ Dates: From _____ To _____

Services Provided? _____

Reason for leaving _____

Are you now employed by or under contract to a Motor Carrier? ☐ YES ☐ NO

If not, how long since leaving last employment or contract was terminated? _____

Rate of compensation expected _____ Who referred you? _____

How did you hear about our company? _____

*****NOTICE: We DO NOT allow trucks 1999 or older to sign on!*****

Do you have your own tractor? ☐ YES ☐ NO Make: _____ Model _____ Year _____

Do you have your own trailer? ☐ YES ☐ NO Make: _____ Model _____ Year _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during **the preceding 3 years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an **additional 7 years'** information on those employers for whom the applicant operated such vehicle. **For a total of 10 years history.**

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER (For Driving Jobs – Provide Carrier Information – **** NOT FLEET OWNER ****)	DATE	
NAME	FROM MO. YR.	TO MO. YR
ADDRESS	POSITION HELD	
CITY PHONE	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSATIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER (For Driving Jobs – Provide Carrier Information – **** NOT FLEET OWNER ****)	DATE	
NAME	FROM MO. YR.	TO MO. YR
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Accident / Traffic Convictions

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

<u>DATES</u>	<u>NATURE OF ACCIDENT</u> (HEAD-ON, REAR END, UPSET, ETC.)	<u>FATALITIES</u>	<u>INJURIES</u>
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

Check Box ☐ if you have had NO Accidents

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Check Box ☐ if you have had NO Traffic Convictions

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS

DRIVER	STATE	LICENSE NO.	TYPE	Issue Date	EXP DATE
LICENSES					

CLASS OF EQUIPMENT	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO	<u>TOTAL MILES</u>
STRAIGHT TRUCK			
TRACTOR AND SEMI TRAILER			
TRACTOR –TWO TRAILERS			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM _____

EXPERIENCE AND QUALIFICATIONS-Continued

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

☐

Check here if **No experience**

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

☐

Check here if **No training**

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

☐

Check here if **NONE**

Are you willing to take a DOT physical and Drug test at your own expense when required? ___ YES ___ NO

Do you have an active CDL License? (If YES, supply photocopy) ___ YES ___ NO

CRIMINAL

Have you ever been convicted of any felonies/misdemeanors? ___ YES ___ NO

Please list each criminal offense Below

Date of Offense ____/____/____

Offense_____

Date of Offense ____/____/____

Offense_____

Date of Offense ____/____/____

Offense_____

(Conviction is not an automatic disqualification to employment - all circumstances will be considered.)

ATTACHED EXTRA PAGE IF NEEDED

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

B. Has any license permit or privilege ever been suspended or revoked? Yes ___ No ___

C. Do you have any pending or unpaid citations or traffic tickets? Yes ___ No ___

If you answered YES to any question, please provide details below

Driver ID: _____
Form Type: **DQF**

To be read and signed by applicant

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 authorize 1 Nation Logistics, LLC., to make such investigations and inquiries of my personal, motor vehicle history report, 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 a conditional 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, also, that I am required to abide by all rules and regulation of the company.

X _____
Date

X _____
Applicant's Signature

This section below to be filled in by responsible officer or company representative

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS

SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM _____ TO: _____ DATE _____ REASON FOR TRANSFER _____	FROM _____ TO: _____ DATE _____ REASON FOR TRANSFER _____
---	---

FROM _____ TO: _____ DATE _____ REASON FOR TRANSFER _____	FROM _____ TO: _____ DATE _____ REASON FOR TRANSFER _____
---	---

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

Driver ID: _____
Form Type: DQF

TO BE READ AND SIGNED BY APPLICANT

BY SIGNING THIS APPLICATION, I AGREE TO THE FOLLOWING CONDITIONS:

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.

If chosen to lease on with 1 Nation Logistics, LLC. as an owner operator or driver for an owner operator, I agree to establish myself as an independent contractor and will place 1 Nation Logistics, LLC. placards upon my truck. I recognize and agree I am responsible for periodic inspections of my vehicle as per company requirements and federal law. I am responsible for the upkeep and maintenance of my vehicle, including tires. I am responsible for fuel, cost of physical damage insurance on my tractor if any, the filing and payment of all highway taxes, the cost of state license plates, and all other truck expense. I agree that I am responsible for the timely preparation of maintenance reports. Furthermore, as an independent contractor I am responsible to file and pay my own payroll taxes of any nature and the cost of workman's compensation insurance as required now or in the future. I agree to abide by all the terms and conditions of 1 Nation Logistics, LLC. equipment lease and addendum to same.

I certify 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 authorize 1 Nation Logistics, LLC. to make such investigations and inquiries of my personal employment, medical history and other related matters prior to their decision to use my services, or later at their discretion. I understand any false or misleading information supplied by me may result in cancellation of any lease agreements entered into with 1 Nation Logistics, LLC.

Prior to driving in 1 Nation Logistics, LLC.'s service as an owner operator or as a driver for an owner operator, I agree I must pass a required DOT physical and drug and alcohol test and furnish a copy of same to 1 Nation Logistics, LLC. Safety Department. My express permission is hereby given for 1 Nation Logistics, LLC. to require me to submit successfully to their tests and exams, and to their judgement as to whether or not I am qualified and needed to drive a truck in their service.

I recognize and agree I will not be an employee of 1 Nation Logistics, LLC. and they are not my employer by my signing a lease with them or driving for an owner operator who is leased to 1 Nation Logistics, LLC.

I authorize 1 Nation Logistics, LLC., to make such investigations and inquiries of my personal, motor vehicle history report, employment, financial or medical history and other related matters as may be necessary in arriving at decision about this Application. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release motor carriers, 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 my application is accepted, I understand that false or misleading information given in my application or interview(s) may result in termination of dispatch and vehicle lease. I understand, also, that I am required to abide by all rules and regulation of the company, the FMCSRs, and all applicable laws.

X _____
Date

X _____
Applicant's Signature

Driver ID: _____

Form Type: **DQF**

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to 1 Nation Logistics, LLC., for the purposes of investigation as required by Section 391.23 of the Federal Motor carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

DRIVER – Fill Out fields marked with an X

X

Applicants name (print)

X

Applicants Signature

Previous Employer Name

Employer Address _____ City _____ State _____ Zip _____

The individual listed below has made application to this company for a position as a semi-tractor trailer driver and states that he/she was employed by you as a _____ Driver _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Please return this reply in the envelope provided or via fax. Thank you in advance for your courtesy.

Sincerely,

Safety & Compliance

NAME OF APPLICANT: **X** _____ SSN: **X** _____

1. Was he or she employed by or contracted to your company? ____ YES ____ NO

2. What were the dates of employment? From _____ To _____ From _____ To _____

3. What type of equipment was operated? ____ Tractor-Trailer ____ Straight Truck ____ Other

4. What type of trailer? ____ Flatbed ____ Drop Deck ____ Lowboy ____ Dry Van ____ Reefer

____ Other (Specify) _____

5. What types of products were transported? _____

6. In what States or regions did he or she operate? ____ Local ____ Regional ____ Over the Road

7. Were there any accidents? ____ Yes ____ No If yes, please give details: _____

Number of Preventable Accidents _____ Number of Non-Preventable Accidents _____

Was driver involved in any DOT reportable accidents? ____ YES ____ NO Comment _____

8. Were there any cargo claims? ____ Yes ____ No If yes, please give details _____

9. Any problems with: ____ Attendance ____ Late Deliveries ____ Attitude
____ Equipment Abuse ____ Abandoned Equipment ____ Were DOT Logs kept?
____ Customer Complaints ____ Any Log Violations?

10. Reason for leaving your Company? Quit ____ With Notice ____ Without Notice ____ Discharged ____ Lay Off

11. Is Driver eligible for rehire? ____ YES ____ NO If No, reason why? _____

12. Job performance ____ Poor ____ Fair ____ Good ____ Excellent

Additional Remarks _____

Date _____

Signature of individual providing information _____ Title _____

Driver ID: _____

Form Type: **DQF**

Request / Consent for Information from Previous Employer(s)

On Alcohol & Controlled Substances Testing

Section 1 : TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) **X** _____ **X** _____

First, M.I., Last Name

Social Security Number

here by authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances testing records to:

Prospective Employer: **1 Nation Logistics, LLC.**

Attention Amanda Fedor

Street 10803 Main St.

City, State, Zip: Mantua, Ohio 44255

Telephone: 330-899-3444 ext.8089

Fax No.: 330-274-8310

Applicants Signature **X** _____ Date **X** _____

This is in compliance with §382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from the driver.

Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413(a) (b)(c)(e)(f) further state:

- (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.
- (b) An employer shall obtain, pursuant to a driver's consent, Information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through(iii).
- (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.
- (e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).
- (f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Complete this section as it pertains to part 382. See sec. 382.413(b), Above

	YES	NO
1. Has this person ever tested positive for a controlled substance in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person violated other D.O.T. drug and alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a previous employer informed you that this individual violated D.O.T. controlled substance or alcohol regulations.	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the above questions, please give the SAP'S (Substance Abuse Professional) name. Address and phone number for further reference.

Name: _____

Street: _____

City, State, Zip: _____

Section 2 completed by (Signature) _____ Date _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed Date _____

Complete below when information is obtained.

Information received from: _____ Date _____

Recorded by: _____ Method : ☐ Fax ☐ Mail ☐ Phone ☐ Personal Interview

Driver ID: _____
Form Type: **DQF**

FMCSA PSP Inquiry

The following document is required by the FMCSA for participation in the Pre-Employment Screening Program ("PSP"). The PSP "important disclosure" form that describes the driver as a perspective employee, and the motor carrier has a prospective employer. As stated in a notice at the end of the form, the form contemplates an employment relationship using the definition of "employee" contained in 49 C.F.R. 383.5, which reads (Emphasis added):

Employee means any operator of a commercial motor vehicle, including fulltime, regularly employed drivers; casual, intermittent or occasional drivers; **lease drivers and independent, owner operator contractors** (while in the course of operating a commercial motor vehicle) who are either directly employed by or under lease to an employer.

No common law employment relationship has been created between the motor carrier and driver, and your relationship will continue to be as an independent contractor, or as an employee driver of an independent contractor, operating under the authority of the motor carrier.

X _____
Date

X _____
Signature

X _____
Name (Please Print)

Driver ID: _____
Form Type: **DQF**

**IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM
THE PSP Online Service**
UPDATED 12/22/2015

In connection with your application for employment 1 Nation Logistics, LLC., 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 1 Nation Logistics, LLC. 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.

X _____

Date:

X _____

Signature

X _____

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. LAST UPDATED 12/22/2015

Driver ID: _____

Form Type: **DQF**

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

Revised 09/2018

In connection with your application for contractual services, an investigative consumer report and consumer reports, which may contain public record information, may be requested from Samba & Data Facts. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from Intellicorp concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to Samba or Data Facts upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that Samba & Data Facts has previously furnished within the two-year period preceding your request. Samba may be contacted by mail at 5619 DTC Parkway, Suite 1110, Greenwood Village, CO 80111 or by phone at (888) 947-2622. Data Facts, maybe contacted at PO Box4276 Cardova, TN 38088 or by phone at 800-264-4110.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Consumer Financial Protection Bureau (CFPB)?

X _____

Print Applicant/Employee Full Name

X _____

Date

X _____

Applicant/Employee Signature

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Samba & Data Facts during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Samba or Data Facts in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. ☐ (California applicants only)

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la
Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

******* This page to be given to applicant for their personal records *******

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d.</p> <p>Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Driver ID: _____
Form Type: **DQF**

1 Nation Logistics, LLC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the 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 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for qualification purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named company to obtain a consumer report on me for qualification purposes. This authorization is ongoing in the event such a report is needed in the future.

X _____
Applicant's Signature

X _____
Date

X _____
Print Name

X _____
Date

Driver ID: _____
Form Type: **DQF**

Motor Carrier Driver Policies Update FMCSA Drug & Alcohol Clearinghouse

Policy Update effective January 6, 2020 (49 C.F.R. § 382.601(b)).

If you have questions about this policy, please contact Phil Dybzinski at pdybzinski@1nationlogistics.com or 330-732-0084 x8010.

All CDL drivers who operate vehicles with a GCWR, GCW, GVWR, or GVW of 26,001 pounds or greater are subject to the FMCSA Controlled Substances and Alcohol Use and Testing regulations, including the Clearinghouse rules in 49 C.F.R. § 382 ("FMCSR Drug & Alcohol Rules").

Prohibitions. The driver is responsible for complying with the requirements set forth in this policy. At all times when the driver is available for dispatch, the driver will not use, have possession of, abuse, or have the presence of alcohol or any controlled substance in excess of regulation-established threshold levels while on duty. The driver will not use alcohol within 4 hours of performing a "safety-sensitive" function, while performing a "safety-sensitive" function, or immediately after performing a "safety-sensitive" function. The driver must submit to alcohol and controlled substances tests administered under Part 382.

Testing. Drivers will be required to complete a DOT test for alcohol and/or controlled substances, under the following circumstances:

- a) Before beginning employment as a CDL driver;
- b) Upon reasonable suspicion, by a supervisor or company official with training to detect reasonable suspicion, that a driver is under the influence of alcohol or drugs;
- c) After an accident involving a fatality, bodily injury with immediate medical treatment away from the scene and the driver received a citation, or disabling damage to any motor vehicle requiring tow away and the driver received a citation;
- d) Random testing;
- e) Return-to-duty test after failing a test; and
- f) Follow up testing ordered by a SAP.

The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures and instructions required by §382.303(d);

Refusals. A driver who refuses to submit to such tests may not perform or continue to perform safety-sensitive functions and must be evaluated by a substance abuse professional as if the driver tested positive for drugs or failed an alcohol test. Refusal to submit includes failing to provide an adequate breath or urine sample for alcohol or drug testing and any conduct that obstructs the testing process. This includes adulteration or substitution of a urine sample.

Consequences for Violations. Drivers who violate these rules will be removed immediately from safety-sensitive functions, referred to a SAP for an evaluation, and required to complete the return-to-duty process prior to performing any safety-sensitive functions. Drivers may also be disciplined, up to immediate termination of employment or any independent contractor agreement.

Low-concentration Alcohol Result. Upon notification that a driver tested 0.02% BAC or greater, but less than 0.04% BAC in initial and confirmatory tests for alcohol, the driver will be removed from safety-sensitive functions until the driver's next regularly scheduled duty period, which shall not be less than 24 hours after the test. The driver may also be disciplined for the violation of company policy.

Health Effects. The effects of alcohol and controlled substances use on an individual's health, work, and personal life may include impaired driving ability, reduced coordination and slowed reflexes, impaired vision, inability to divide attention, headaches, nausea, dehydration, inability to concentrate, erratic behavior, impaired risk analysis, anxiety, accelerated pulse, increased blood pressure, rapid respiration, unsafe decisions, loss of employment, and damaged relationships.

Signs and symptoms of an alcohol or a controlled substances problem, include the above symptoms, absenteeism, changed behavior, sudden mood swings, inability to control anger, refusal to explain behavior, missing valuables, and unexplained injuries.

Intervention when a problem is suspected may include confrontation, referral to any employee assistance program and/or referral to management.

Driver ID: _____
Form Type: **DQF**

Clearinghouse Privacy. The following personal information shall be reported to the Clearinghouse:

- i. A verified positive, adulterated, or substituted drug test result;
- ii. An alcohol confirmation test with a concentration of 0.04 or higher;
- iii. A refusal to submit to any test required by subpart C of this part;
- iv. An employer's report of actual knowledge, as defined at §382.107:
 - a. On duty alcohol use pursuant to §382.205;
 - b. Pre-duty alcohol use pursuant to §382.207;
 - c. Alcohol use following an accident pursuant to §382.209; and
 - d. Controlled substance use pursuant to §382.213;
- v. A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
- vi. A negative return-to-duty test; and
- vii. An employer's report of completion of follow-up testing.

A consent form must be signed, or consented to electronically, before the employer can run a limited

Clearinghouse Registration and Consent. The driver is responsible to register at clearinghouse.fmcsa.dot.gov to authorize electronic consent for any employer full query of the driver's Clearinghouse Record. By registering, the driver will gain free access to the Clearinghouse Record.

The driver must sign a consent form to authorize the Motor Carrier to obtain a limited query from the Clearinghouse. If the limited query conducted by the Motor Carrier indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Motor Carrier without first obtaining electronic consent directly from the driver. If the driver refuses to provide consent to conduct a limited or full query of the Clearinghouse, the Motor Carrier must prohibit the driver from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Company Drug and Alcohol Policy. The FMCSR Drug and Alcohol Rules described here are not the only company policies on drug and alcohol use. Under authority independent of the FMCSRs, the Company drug and alcohol policies may prohibit additional conduct and provide for additional discipline procedures. Please review the employee handbook and all company policies regularly.

By signing below, I certify that I have received a copy of this Motor Carrier Driver Policies Update FMCSA Drug & Alcohol Clearinghouse.

Driver's Signature

Driver's Printed Name

Date

Driver ID: _____
Form Type: **DQF**

**Continuing Consent for Limited Queries of the
FMCSA Drug & Alcohol Clearinghouse**

1Nation Logistics ("Motor Carrier").

I hereby provide consent to Motor Carrier conducting a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse ("Clearinghouse Record"). The Clearinghouse Record may be an investigative consumer report, and it will contain information about past drug and alcohol DOT testing, refusals, actual knowledge of violations, and the return-to-duty process.

I understand that if the limited query conducted by the Motor Carrier indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Motor Carrier without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a limited or full query of the Clearinghouse, the Motor Carrier must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I understand that Motor Carrier does not have the power to correct the information provided by the Clearinghouse, but I may petition the FMCSA to correct my Clearinghouse Record (49 CFR § 382.717). I may contact the FMCSA at 855-368-4200 with questions about my Clearinghouse Record. If Motor Carrier uses any information contained in the Clearinghouse Record in a decision to not hire me or to make any other adverse employment decision, the Motor Carrier 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. You may be suspended from safety-sensitive functions pending any final adverse action. If any final adverse action is taken against you based upon your Clearinghouse Record, the Motor Carrier 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, the Motor Carrier may provide this notice via oral, written or electronic notification. You may be entitled to request a free copy of the Clearinghouse Records and may dispute with the FMCSA the accuracy or completeness of any information or report. Drivers may register and obtain a free copy of their Clearinghouse Records at <https://clearinghouse.fmcsa.dot.gov/>.

After carefully reading this form, I authorize the Motor Carrier to order my Clearinghouse Record, directly from the FMCSA or through a third-party consumer reporting agency or third-party administrator. I understand that the Motor Carrier may rely on this authorization to order additional limited queries, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law. A copy of this form, or my electronic consent, shall be valid as an original signed form.

Driver's Signature

Driver's Printed Name

Date