

MINIMUM DRIVER QUALIFICATION INFORMATION

Company _____
Address _____
City _____ State _____ Zip Code _____

Instructions to Driver

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for **NON CDL DRIVER**
Name _____
(First) (Middle) (Last)
Phone Number (____) _____ Emergency Phone Number (____) _____
Age* _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

(3)

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- Has any license, permit or privilege ever been suspended or revoked? YES NO
- Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES NO
- Have you ever asserted a personal injury claim or workers compensation claim? YES NO
If so, please describe each injury and/or incident, which gave rise to each such claim and state the final disposition of each claim. If any doctor, court or administrative agency has assigned you an impairment or disability rating, state each rating and identify the court or administrative assigning same.
- Have you ever been arrested or otherwise charged with any traffic offense (including moving violations and DUIs), misdemeanor or felony? If so, identify each and every arrest and/or charge and state the final disposition of each such charge? YES NO
- Have you ever tested positive for a controlled substance? YES NO

If you answered yes to any, please give details on next page under remarks.

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier on his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agreed to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks _____

The applicant named below is being considered for employment as a DRIVER with our company.

The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant below, please provide the information requested.

Best Regards,

Name of Applicant: _____

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company or institution to furnish (Company) with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including (company), from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

SIGNATURE OF APPLICANT

RECORD OF EMPLOYMENT

Date(s) of Employment: _____

Position(s) Held: _____

Type of Vehicle Driven: pick-up truck _____ cargo van _____ box/straight truck _____

Accidents: YES or NO -- if yes -- description/date: _____

Reason Employment Ended: _____

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire the applicant? ___ Yes ___ No

Signature

Title

Date

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ADR Account No. LX 342

**ADR – American Driving Records and all agencies acting on behalf of
American Driving Records, Inc.**

Disclosure and Release Form

In connection with my application for employment (including contract for services) with Land Air Express Inc, I understand that motor vehicle reports, which may contain public and private record information, may be requested from ADR. These reports may include but are not limited to the following types of information: name, address, social security number, date of birth, driver license or I.D. number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me employment.

I authorize, without reservation, any party or agency contacted by ADR to furnish the above-mentioned information.

I understand that:

- ADR obtains all driver and vehicle information directly from the various state Department of Vehicles (or a corresponding agency) and does not maintain it's own database of driver and vehicle information.
- ADR acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle record.
- If there is something inaccurate on my driver or vehicle report, I must contact the DMV directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle records at any time during my employment (or contract) period.

State Licensed In: _____

Print Name: _____

Driver's License No. _____

Date of Birth _____

SSH _____

Applicant's Signature: _____

Date: _____

VIOLATION REVIEW FORM

Driver's Name: _____

PLEASE PRINT

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE OF	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

DATE

DRIVER'S SIGNATURE

DATE REVIEWED

SAFETY DEPT'S SIGNATURE

PLEASE PROVIDE PHOTOCOPIES OF THE FOLLOWING DRIVER'S CARDS

DRIVER'S LICENSE (FRONT AND BACK)

SOCIAL SECURITY CARD

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MUST PROVIDE CURRENT I-9

**LAND AIR EXPRESS, INC.
NON CDL QUALIFIED DRIVER
DRUG/ALCOHOL TESTING POLICY**

LAND AIR EXPRESS, INC. is committed to being a drug-free and safe workplace. Our drivers must be physically and mentally fit to perform their duties in a safe and efficient manner. Therefore, no qualified non CDL driver shall work or report to work while under the influence of alcohol, illegal drugs, or any substance that would affect his/her ability to perform the job in a safe and efficient manner.

The company will conduct drug testing on all non CDL driver applicants. The company will also conduct monthly, random drug and alcohol testing on all non CDL qualified drivers. Post-accident testing will fall under said driver's employee policy if applicable.

No qualified non CDL driver shall consume, display, or have in his/her possession, including the workplace or in company vehicles, alcoholic beverages or illegal drugs at any time during the workday, including during lunch, breaks, and on-call hours. To do so could jeopardize the safety of other personnel, company equipment, and the company's relations with the public, and is a prime cause for disciplinary action, up to and including discharge.

When qualified non CDL drivers are required to take any kind of prescription or nonprescription medication that may potentially affect their job performance, they are required to report this to their immediate supervisor, who will determine if it is necessary to temporarily place them on another assignment or take other appropriate action.

To protect the best interests of other personnel and the public, the company will take whatever measures are necessary to determine if alcohol or illegal drugs are located on or are being used on company property. Measures that may be used will include but not be limited to searches of people and of personal property located on company premises, which may be conducted by law enforcement authorities or by management, as well as drug and /or alcohol tests to be conducted when there is reasonable suspicion of substance abuse.

When urinalysis and/or blood tests are requested or necessary, samples will be taken under the supervision of an appropriate health-care professional. The above-mentioned searches and drug tests will not be conducted if an individual refuses to submit; however, refusal to submit will result in immediate removal from service and may result in termination.

Qualified non CDL drivers experiencing problems with alcohol or other drugs are urged to voluntarily seek assistance to resolve such problems before they become serious enough to require management referral or disciplinary action. If you have questions regarding this policy or issues related to drug or alcohol use at work, you can raise your concerns with your immediate supervisor or the SAFETY DEPARTMENT without fear of reprisal.

Under the Drug Free Workplace Act, if you perform work for a government contract or grant, you must notify LAND AIR EXPRESS, INC. if you have a criminal conviction for drug-related activity that happened at work. You must make the report within five (5) days of the conviction.

--Acknowledgement of Receipt of Policy--

This policy has been prepared to provide you with a general understanding of our non CDL qualified driver policy. All qualified non CDL drivers are responsible for becoming familiar with this policy. If you have any questions regarding the material in this policy, please contact your supervisor or safety department for clarification. We reserve the right to make changes to this policy at any time. When changes are necessary, we will provide you with amended pages.

Qualified Driver Name
(Please Print) _____

Qualified Driver
Signature _____ Date: _____

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SEATBELT USAGE POLICY

We value the lives and safety of our drivers. Seatbelts are proven to greatly reduce the risk of dying or being seriously injured in a motor vehicle crash. Because of our commitment to driver safety our company has adopted the following policy regarding employee seatbelt usage.

All drivers and authorized passengers are required to use a seatbelt when traveling in any vehicle while in course of conducting company business.

Failure to abide by this stated policy will be considered a violation of our company policy and will subject the person who is in violation to disciplinary action, which could include suspension and possible termination of employment.

DRIVER'S SIGNATURE _____

DATE _____



RE: CELL PHONE USEAGE WHILE OPERATING A MOTOR VEHICLE

LAND AIR EXPRESS, INC. HAS PROHIBITED THE USEAGE OF CELL PHONES WHILE OPERATING A MOTOR VEHICLE.

DRIVER'S SIGNATURE _____

DATE _____



**LAND AIR EXPRESS, INC.
UNAUTHORIZED PASSENGER POLICY**

No driver shall transport any person or permit any person to be transported in a company vehicle unless you have obtained written permission from the safety department of Land Air Express, Inc., Bowling Green, KY.

Such violation will result in permanent disqualification.

Charissa Evans
Safety Department

DRIVER SIGNATURE _____

DATE _____



**LAND AIR EXPRESS, INC
ELECTRONIC DEVICE POLICY**

The following electronic devices are prohibited from the cab of any Land Air Express, Inc. insured vehicle:

- Radar detector
- DVD player
- Video player
- Recording devices
- Laptop
- Computer
- Ipads
- and other device that could cause a distraction.

Such violation will result in an issuance of a serious violation, including possible disqualification. This violation will remain on your record for 6 months.

Charissa Evans
Safety Department

DRIVER SIGNATURE _____

DATE _____