

Thank you for your interest in becoming a part of the Seland Auto Transport team. Seland Auto Transport provides our customers with "on time" and "damage free" vehicles in a safe and professional manner.

We require a few additional documents to be provided along with this completed application:

- Copy of driving record for all CDL's held in the last 3 years. All reports must not be older than *30 days*
- Copy of current Medical Long Form & Medical Certificate
- Clear and readable copies of your Driver's License & Social Security Card
- **Clear copy of your TWIC card**

All forms MUST be completed for your application to be processed.

For previous employers all addresses, phone numbers (no cell phones please), and reasons for leaving need to be written down.

If you would like to fax your application please fax it to (206)768-7770. The original must eventually be received.

For your application to be processed promptly please call our driver recruiter Randy McCready to go over these attached forms. Office (206)767-5960 ext.322

Regards,

Randy McCready
Driver Supervisor/Recruiter

*Note: If you are applying as an owner operator additional information will be needed after application is approved.



EDUCATION

School	Name & Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender national origin, disabilities or other protected status. Please provide a 10 year history.

Employer From To

Address City
State/Zip

Phone () Cell Phone ()

Job Title Wages Starting Final

Supervisor

Reason for Leaving May we contact? Yes No

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer From To

Address City
State/Zip

Phone () Cell Phone ()

Job Title Wages Starting Final

Supervisor

Reason for Leaving May we contact? Yes No

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer [redacted] From [redacted] To [redacted]
 Address [redacted] City [redacted]
 [redacted] State/Zip [redacted]
 Phone ([redacted]) [redacted] Cell Phone ([redacted]) [redacted]
 Job Title [redacted] Wages Starting [redacted] Final [redacted]
 Supervisor [redacted]
 Reason for Leaving [redacted] May we contact? Yes No
 Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer [redacted] From [redacted] To [redacted]
 Address [redacted] City [redacted]
 [redacted] State/Zip [redacted]
 Phone ([redacted]) [redacted] Cell Phone ([redacted]) [redacted]
 Job Title [redacted] Wages Starting [redacted] Final [redacted]
 Supervisor [redacted]
 Reason for Leaving [redacted] May we contact? Yes No
 Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer [redacted] From [redacted] To [redacted]
 Address [redacted] City [redacted]
 [redacted] State/Zip [redacted]
 Phone ([redacted]) [redacted] Cell Phone ([redacted]) [redacted]
 Job Title [redacted] Wages Starting [redacted] Final [redacted]
 Supervisor [redacted]
 Reason for Leaving [redacted] May we contact? Yes No
 Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company name on application.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.*

*Age Date of Birth
Physical Exam Expiration Date

*The Age Discrimination of Employment Act 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

DRIVING EXPERIENCE

Class of Equipment	From (Month/Year)	To (Month/Year)	Approx. No. of Miles
Auto Transport	<input type="text"/>	<input type="text"/>	<input type="text"/>
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor and Semi-trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor-two trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor-three trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>

List states operated in, for the last five years:

List special courses/training completed (DDC, HazMat 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- 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. 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

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 or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether names 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 and investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree 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, information in it are true and complete to the best of my knowledge.

Applicant Signature Date

Comments: Including explanation of any gaps in employment.

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

	Name	Phone Number	Address
1	<div style="background-color: #cccccc; width: 200px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 300px; height: 15px;"></div>
2	<div style="background-color: #cccccc; width: 200px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 300px; height: 15px;"></div>
3	<div style="background-color: #cccccc; width: 200px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 100px; height: 15px;"></div>	<div style="background-color: #cccccc; width: 300px; height: 15px;"></div>

Note: Application will be rejected if applicant includes extraneous information not requested on applications.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete; to the best of my knowledge

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

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 regulations of the employer.

Applicant Signature Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*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 Seland Auto Transport ("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 Selland Auto Transport ("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.

Name Date

Signature

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

HEALTH QUESTIONNAIRE

Please answer the following questions.

Do you have any health problems in the following areas:

1 Back problems (herniated or ruptured discs, surgeries, and injuries and/or degenerative conditions?) *(If yes, please answer questions 1a-1e)* Yes No

- a. When did it happen?
- b. How did it happen?
- c. Was it Fixed?
- d. How do you feel now?
- e. What information can you provide that shows you have healed and are OK?

2 Head, neck arm, shoulder, surgeries, injuries, and/or degenerative injuries, and/or degenerative conditions? *(If yes, please answer questions 2a-2e)* Yes No

- a. When did it happen?
- b. How did it happen?
- c. Was it Fixed?
- d. How do you feel now?
- e. What information can you provide that shows you have healed and are OK?

3 List all medicines and/or drugs that you have used in the last 6 months and/or are using today

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Driver Signature

Date

COMPANY COPY

EQUIPMENT EXPERIENCE

Please fill in your current history of experience with the following equipment

TRUCKS

Freightliner	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>
Volvo	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>
Peterbilt	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>
Sterling	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>
International	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>
Other	<input type="text"/>	Years	<input type="text"/>	Transmission	<input type="text"/>

TRAILER

Cottrell	<input type="text"/>	Years	<input type="text"/>	Model	<input type="text"/>
Boydston	<input type="text"/>	Years	<input type="text"/>	Model	<input type="text"/>
Delevan	<input type="text"/>	Years	<input type="text"/>	Model	<input type="text"/>
Other	<input type="text"/>	Years	<input type="text"/>	Model	<input type="text"/>

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 - pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements

- a** A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance testing as a pre-qualification condition.
- b** A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c** Prior to collection of urine sample under 391.107 of this subpart, a driver- applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above condition for the Pre-Employment Urinalysis Notification.

Driver
Signature

Date

COMPANY COPY

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 - pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements

- a** A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance testing as a pre-qualification condition.
- b** A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c** Prior to collection of urine sample under 391.107 of this subpart, a driver- applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above condition for the Pre-Employment Urinalysis Notification.

DRIVER'S COPY

REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY

DRIVER TO COMPLETE THIS SECTION *ONLY*

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

I [REDACTED], hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant's Signature	SSN	D.O.B.	Today's Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PREVIOUS EMPLOYER INFORMATION

Previous Employer	[REDACTED]	Telephone Number	[REDACTED]
Contact Person	[REDACTED]	City, State, Zip	[REDACTED]
Mailing Address	[REDACTED]	Fax Number	[REDACTED]

SECTION I - PAST EMPLOYER TO COMPLETE DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here

If applicant did not hold a driving position or was not subject to testing, check here

- 1 Any alcohol test with a result of 0.04 or higher alcohol information? Yes No
- 2 Any verified positive drug test? Yes No
- 3 Any refusals to be tested (including verified adulterated or substituted drug test results)? Yes No
- 4 Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? Yes No
- 5 If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or refusal to test (including a verified adulterated/substituted drug test result)? Yes No
- 6 If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests? If they remained in your employ.* Yes No

*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Selland Auto Transport.
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Signature

Date

In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208), I hereby certify the following:

- 1 The consumer (applicant) has authorized in writing the procurement of this report;
- 2 The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3 The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
- 4 The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
- 5 Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title Sections 300002(a)).

Requester
Signature

Date

To [Redacted]

DEAR SIR/MADAM:

[Redacted] The following named person has made application with our company for the position of **Driver** [Redacted]
In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three
years.

[Redacted] The following named person is employed with our company in the position of [Redacted]
In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver [Redacted]

Employment Dates from (M/Y) [Redacted] to (M/Y) [Redacted]

Address

Number & Street [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

Former Address

Number & Street [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

D.O.B. [Redacted] SSN (Requested by) [Redacted] License No. [Redacted]

Name of Company **Selland Auto Transport**

Number & Street **615 South 96th Street** City **Seattle** State **WA** Zip Code **98108**

Name [Redacted] Title [Redacted]

Signature [Redacted]

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, [redacted], am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature [redacted] Date [redacted]

WA License # or print full name and date [redacted]

EMPLOYER ATTESTATION

- 1 That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- 2 That USIS COMMERCIAL SERVICES, INC. is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- 3 That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire, and commercial motor vehicles as defined in Chapter 46.25 RCW.
- 4 That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

Selland Auto Transport
615 S. 96th St. Seattle, WA 98108

Name [redacted] Title [redacted]
Signature [redacted] Date [redacted]

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.250) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process, (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name (print) ID No.

The prospective employee is required by Sec. 40.250) to respond to the following questions

- 1 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety - sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

- 2 If you answered yes, can you provide /obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature Date

Witnessed By Signature Date

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor earner must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights;

- 1 The right to review information provided by previous employers.
- 2 The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- 3 The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29,2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver’s request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver’s Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver Name	<input type="text"/>	Date	<input type="text"/>
Driver Signature	<input type="text"/>	Date	<input type="text"/>

BACKGROUND CHECK AUTHORIZATION AND RELEASE

Seland Auto transport Inc. may seek and obtain information about you from an investigative reporting agency for employment purposes. You may be the subject of investigative reports which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made within a reasonable time after receipt of this notice, to request to request disclosure of the nature and scope of any investigative report. The nature and scope of the investigative reports that will be obtained with your regard to your application for employment will be in the following areas:

- Arrest and criminal convictions

These reports may be conducted by an accredited and reputable reporting agency or by another entity or person, and we may conduct some research ourselves. The scope of this notice and authorization is all-encompassing, however, allowing Seland Auto Transport Inc. to obtain from any outside organization all manner of investigative reports to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to consent to and request disclosure of the nature and scope of any such investigative report(s).

- 1 I understand that in connection with my application for employment an investigative report will be obtained. This report or these reports may contain information, but is not limited to, as my character, general reputation, personal characteristics or mode of living, a criminal background history, and the additional matters indicated above and as not prohibited by law.
- 2 I understand that prior to taking an adverse action based, in whole or in part, on the information contained in my investigative report, a copy of the report will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope of the investigative reports, which may involve personal interviews with sources such as neighbors, friends and associates, will be made to me. This disclosure shall be made in writing no later than 5 days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.
- 3 The information requested will be used in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore, I understand that if I am denied employment because of information contained in whole or in part in investigative reports, I have the right to be notified and given the name and address of the agency or source that provided the information.
- 4 I hereby authorize, without any reservation, any party be contacted by Seland Auto Transport Inc. or its agents, to furnish the information described in section 1.
- 5 I understand that a fax, photographic or electric copy of this consent and release shall be valid as the original.
- 6 I hereby release the agent and employers and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.
- 7 I have read and understand this form, and have been given the opportunity to consult with my independent legal advisor. By my signature below, I consent to the release of information as defined above, in conjunction with my application for employment and my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

Name Title
Signature

The following is for identification purposes only to perform the background check/ and will not be used for any other purpose:

Print Name	<input type="text"/>	Date	<input type="text"/>
Applicant Signature	<input type="text"/>	D.O.B.	<input type="text"/>
Social Security Number	<input type="text"/>	Drivers License Number State	<input type="text"/>

Current Address

Previous Addresses (Last 7 Years)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Any other names I have been known by (including maiden name)

DRIVER PAY SCALE

Driver Pay: *All payrolls are bi-weekly.*

HOURLY PAY

No hourly rate will be paid for freight deliveries unless approved by a regional manager. If hourly pay is authorized, current rate of driver pay will be paid.

Current Rate: \$24.00 an hour (Work and Benefit Pay)
 \$12.55 an hour (Stand-by)

TRAINING PAY

Drivers participating in the Driver Training Program will be paid an hourly rate of \$18.00 during their training period.

MILEAGE PAY

- Drivers with '1 year or less experience' will be paid .49 cents a mile. If a driver hired with 6 months, but less than one-year experience, once the driver has obtained 1 year of experience, the mileage rate will be increased to .54 cents a mile.
- Drivers with '1 year or more experience' will be paid .54 cents a mile.
- Drivers assigned to 'High Side Trucks' with '1 year or less experience' will be paid .54 cents a mile while loaded and .49 cents a mile while empty.
- Drivers assigned to 'High Side Trucks' with '1 year or more experience' will be paid .60 cents a mile while loaded and .54 cents per mile while empty.

UNIT PAY

1st Load... \$ 6.50 a unit
2nd Load... \$ 8.00 a unit*
3rd Load... \$10.00 a unit*

* All loads must be delivered on the same day to claim tier pay.

Reloads	Picks & Drops	Car Pulling	Signed Survey	Un-signed Survey
\$5.50	\$ 4.50(after 1 st)	\$3.00	\$1.50	\$1.00

BACKHAUL

\$10.00 per unit and cannot exceed 20% (out of route) of total miles for the outbound load and be returning to your home terminal.

*DRIVER QUALITY INCENTIVE PROGRAM

\$ 1.25 per unit (up to 2,500 units)

\$ 1.00 per unit (thereafter)

*Driver must have completed one full calendar year (Jan to Dec) of employment.

*Driver must be employed as a driver at the time the incentive pay is paid.

*Incentive Program is based from units delivered November 1st thru October 31st.

OWNER/OPERATOR SUPPLEMENTAL INFORMATION

- 1 Owner/Operators are paid 80% of revenue for freight transported, less expenses incurred in the transport of that freight (such as taxes, insurance, surveys, etc.).
- 2 A \$5,000.00 deposit is required for claims and unpaid debts in the event of truck lease contract termination. This is collected in 5 monthly installments and held in an interest-bearing account. Upon separation from the lease, the funds are held for a period of time based on state and federal law. These funds are not available for use during the term of the truck lease.
- 3 Seland Auto Transport provides Liability, Umbrella Liability, and Cargo Insurance; premiums are deducted from the monthly settlements.
- 4 Physical Damage/Bobtail Liability insurance is available also. This is a separate policy, sponsored by Seland Auto Transport. Premiums are charged monthly, and deducted from settlements. Premiums are based on the values of the truck and trailer. If your truck & trailer are financed, you will be required to have this type of insurance, but you are not required to purchase it through SAT.
- 5 Direct Deposit is available. Owner/Operator must supply a blank voided check for the account the deposits are to go to.
- 6 Seland Auto Transport has a Comdata account for Owner/Operators. Fuel cards are available for use by Owner/Operators, There is a transaction fee for non-network transactions.
- 7 If the SAT fuel card is used, there are some limited rebate programs. All rebates earned by owner/operators are reimbursed on the monthly settlements as received from the vendors.
- 8 Use of the fuel card is limited to stations in the SAT fuel network. SAT has negotiated lower prices at these locations in return for volume purchasing. Actual prices paid are lower than pump prices.
- 9 Expenses paid by SAT on behalf of Owner/Operators are charged back, including but not limited to costs of surveys, auction cars pulled, and road taxes. Other than fuel card usage, Owner/Operators are not allowed to charge anything to the company.
- 10 Payment may be delayed for deliveries if paperwork is incomplete or not submitted in time for settlement processing. Month-end cutoff is the 3rd business day of following month.