

PRE-EMPLOYMENT BACKGROUND INVESTIGATION RELEASE

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA, 1011 Camino Del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382. These reports will include information as to my character, work habits, performance and experience of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

Please Print Clearly

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Current Address

City

State

Zip Code

Driver's License Number

State

____/____/____
Date of Birth*

Social Security Number

*Date of Birth is being requested in order to obtain accurate retrieval of records.

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

Applicant Signature

Print Name

Date

NOTICE TO DRIVERS AND DRIVER'S CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK NOTICE TO DRIVERS

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulation, Title 49 of the Code of Federal Regulations, as amended in a Final Rule issued on October 23, 1987 (53 Fed, Reg, 41717), carriers and drivers are to include as "on-duty time" the time a driver spends: "performing any compensated work for any non-motor carrier entity."

DRIVER'S CERTIFICATION OF NONMOTORE CARRIER COMPENSATED WORK:

I hereby certify that I have read the foregoing "Notice to Drivers" and understand that any time I spend performing any compensated work for a non-motor carrier entity must be included as "on-duty time" under the federal hours of service regulation.

I further certify that: (Check appropriated box)

- Currently I am NOT performing any compensated work for any motor carrier entity: In the event I do perform work for any non-motor carrier entity for which I have been or will be compensated, that I will immediately notify Elite HR Logistics, Inc. that such work has been or will be preformed and will provide details on the nature of that work.
- I AM performing work for a motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to _____.

(Applicant Signature)

(Print Name)

(Date)



WORK EXPERIENCE

List all current and previous employment for a minimum of ten (10) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are you currently employed? Yes No If "Yes", may we contact your current employer? Yes No

1.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
2.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
3.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
4.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
5.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
6.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				



DRIVER SKILL EVALUATION SHEET

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

Are you familiar with the Federal Motor Carrier (FMC) Safety Regulations? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Do you know how to maintain a driver's log? Yes No

Do you have doubles experience? Yes No How much? _____

Do you have harbor experience? Yes No How much? _____

Will you unload your own truck? Yes No What Size trailers have you pulled? _____

Have you ever operated a hostler? Yes No Have you ever been road tested? Yes No

Do you have your own Map Books or GPS? Yes No What counties? _____

Can you operate a refrigerated unit (reefer)? Yes No Have you ever hauled perishables? Yes No

Have you done any line driving or long haul? Yes No How much? _____

Have you worked as a team driver? Yes No How much? _____

Long Haul Drivers: Did you have multiple stops or drops? Yes No How much? _____

Local Drivers: How many stops or drops a day did you have? _____

What endorsements do you possess? _____ If Haz-Mat, are you familiar with placards? Yes No

SKILL	EXPERIENCE	SKILL	EXPERIENCE
<input type="checkbox"/> Bus Driver		<input type="checkbox"/> Doubles	
<input type="checkbox"/> Chauffeur		<input type="checkbox"/> Flatbed	
<input type="checkbox"/> Hostler		<input type="checkbox"/> Hazardous Materials	
<input type="checkbox"/> Bobtail - Class B		<input type="checkbox"/> Map Books/GPS	
<input type="checkbox"/> Dump Truck-Class A		<input type="checkbox"/> Perishables	
<input type="checkbox"/> Semi – Class A		<input type="checkbox"/> Refrigerated Unit	
<input type="checkbox"/> Tanker – Class A		<input type="checkbox"/> DMV (Clean)	
<input type="checkbox"/> Van Driver		<input type="checkbox"/> DMV (Minor Violation)	
<input type="checkbox"/> Chaining/Strapping		<input type="checkbox"/> DMV (Major Violation)	
<input type="checkbox"/> Tie Down Ropes		<input type="checkbox"/> DMV (Needed)	

(Applicant Signature)

(Print Name)

(Date)



**FACTS ABOUT SEXUAL HARASSMENT
(THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION)**

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- *The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.*
- *The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.*
- *The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.*
- *Unlawful sexual harassment may occur without economic injury to or discharge of the victim.*
- *The harasser's conduct must be unwelcome.*

It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

By signing this document, Elite HR Logistics has provided you with information regarding harassment in the work place.

(Applicant Signature)

(Print Name)

(Date)

PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL INQUIRIES

Applicants Name: _____

By signing below I attest that I:

- I HAVE NOT TESTED POSITIVE, or refused to test, on any previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*
- I TESTED POSITIVE, or refused to test, on a previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*

(Applicant Signature)

(Print Name)

(Date)



APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

By signing below, I authorize Elite HR Logistics and assigned agents to thoroughly investigate my background, criminal record history, references, employment history, drug and alcohol information, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure. Lastly, I hereby grant Elite HR Logistics my permission to release my medical and background investigation information to any interested employer without notice.

I acknowledge that any employment offered by the employer has no specified term and may be terminated by the employer or the employee at will with or without cause. I further acknowledge that this at will statement is not alterable except by a written agreement signed by the company president and myself.

In compliance with Federal regulations, the Company requires each applicant upon hire to submit verification of identity and employment authorization to work in the United States. Original, authentic documentation is mandatory. If hired, I can submit original authentic documents that will verify my identity and demonstrate my employment authorization to work in the United States of America. I understand that the use of fraudulent documentation or documents that were lawfully issued to another person may result in a fine or imprisonment of up to five (5) years, or both. Use of altered cards or fraudulent cards is grounds for termination.

Our company is an Equal Employment Opportunity Employer, which prohibits discrimination against any employee or applicant for employment because of race, color, religion, sexual orientation, age, handicap or status as a disabled veteran or veteran of the Vietnam War.

I certify that this application was completed by me and that all entries on it and information documented by the applicant are true and complete to the best of my knowledge. I have not knowingly withheld any information that may adversely affect my chances for employment. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure the employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.

I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS UPON WHICH THIS OFFER OF EMPLOYMENT IS MADE.

(Applicant Signature)

(Print Name)

(Date)



DRUG TESTING ASSOCIATES

EMPLOYEE CONSENT FOR SUBMISSION B.A.T AND/OR URINALYSIS COLLECTION, TESTING, AND RELEASE OF INFORMATION FORM.

ELITE HR LOGISTICS, INC has requested that I provide urine and/or breathe sample and consent to the testing of said urine and/or breathe for the presence of drugs and/or alcohol.

As a condition of employment, I _____ agree to provide urine and/or breath specimen(s) and agree that it may be tested for drugs and/or alcohol.

1. I authorize California Drug Testing associates (Collection Facility) and Quest (Laboratory) to determine the presence and/or level of said drugs in the body fluid(s) specimen(s) provided by me.
2. I further give my consent to ELITE HR LOGISTICS, INC to release to its designated agent(s) the results of any laboratory tests performed by Quest (Laboratory) to determine the presence and/or level of said drugs in the body fluid(s) specimen(s) provided by me.
3. I realize that if drugs and/or alcohol are found to be present in my body fluid(s) or breath, such findings will result in action up to and including termination.
4. I realize that if I refuse to provide a body fluid specimen(s) or breath analysis and/or refuse to consent to it's testing for drugs and/or alcohol, my continued employment will be subject to action up to and including termination.
5. I agree to hold harmless the collection facility, the laboratory, all physicians, employees and agents who work or perform services for the above organizations from any actions that may arise out of such test results being divulged to ELITE HR LOGISTICS, INC or it's designated agent(s).

(Applicant Signature)

(SSN)

(Date)

(Recruiter Signature)

(Date)

EMPLOYEE SUBSTANCE ABUSE POLICY

The policy of the Company is to maintain a drug and alcohol free work environment that is safe and productive for our employees and others having business with our Company. To meet these objectives, the following policy has been adopted.

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs while on Company or Client premises or while performing services for our Company or Client is strictly prohibited. The Company also prohibits reporting to work or performing services while impaired by the use of alcohol or consuming alcohol while on duty.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

- | | |
|------------------------|---|
| Pre-Employment: | As may be required/requested by our Company or clients. |
| For Cause: | Upon reasonable cause to believe that a substance abuse problem exists, testing may be conducted. |
| Random: | Unannounced random selection of employees may be performed. |
| Post Accident: | Any employee involved in an accident/injury while performing services for our Company or client that results in property damage or bodily injury requiring medical treatment will be required to submit to a substance abuse screening. |

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State laws.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)



MOTOR VEHICLE DRIVER'S CERTIFICATION VIOLATION AND REVIEW RECORD

(Driver Name)

(Location)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations and accidents (other than parking violations) for which I have been involved in, during the past twelve (12) months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I hereby authorize my employer to contact any State Agency to acquire a Motor Vehicle Record, and that said record be made part of my Driver's Qualification File.

(Applicant Signature)

(Print Name)

(Date)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27 has been reviewed for the past twelve (12) months.

ACTION TAKEN:

(Motor Carrier's Name)

(Address)

(Reviewed-By Signature)

(Title)

(Date)

DRIVERS STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

(Driver's Name)

(Social Security Number)

(License No.)

(State)

(Endorsements)

(Restrictions)

(Class)

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: TIME _____ AM or PM ON (date) _____

(Applicant Signature)

(Print Name)

(Date)



MEDICAL EXAMINATION REPORT

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION

DRIVER'S NAME (LAST, FIRST, MIDDLE)				<input type="checkbox"/> NEW CERTIFICATION		DATE	
				<input type="checkbox"/> RECERTIFICATION			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	DRIVER LICENSE NO.	LICENSE CLASS	STATE OF ISSUE
STREET ADDRESS					STATE	ZIP	

2. HEALTH HISTORY

YES NO – Any illness or injury in the last 5 years?
 YES NO – Head/Brain injuries, disorders or illnesses
 YES NO – Seizures, epilepsy
 Medication _____
 YES NO – Eye disorders or impaired vision (except corrective lenses)
 YES NO – Ear disorders, loss of hearing or balance
 YES NO – Heart disease or heart attack; other cardiovascular condition
 Medication _____
 YES NO – Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
 YES NO – High blood pressure
 Medication _____
 YES NO – Muscular disease
 YES NO – Shortness of breath
 YES NO – Lung disease, emphysema, asthma, chronic bronchitis
 YES NO – Kidney disease, dialysis
 YES NO – Liver disease
 YES NO – Digestive problems
 YES NO – Diabetes or elevated blood sugar controlled by:
 Diet
 Pills
 Insulin
 YES NO – Nervous or psychiatric disorders, e.g., severe depression
 Medication _____
 YES NO – Loss of, or altered consciousness
 YES NO – Fainting, dizziness
 YES NO – Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
 YES NO – Stroke or paralysis
 YES NO – Missing or impaired hand, arm, foot, leg, finger, toe
 YES NO – Spinal injury or disease
 YES NO – Chronic low back pain
 YES NO – Regular, frequent alcohol use
 YES NO – Narcotic or habit forming drug use

FOR ANY **YES** ANSWER, INDICATE ONSET DATE, DIAGNOSIS, TREATING PHYSICIAN'S NAME AND ADDRESS, AND ANY CURRENT LIMITATION. LIST ALL MEDICATIONS (INCLUDING OVER THE COUNTER MEDICATIONS) USED REGULARLY OR RECENTLY

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

(Applicant Signature)

(Print Name)

(Date)



DOT/FMCSA PREVIOUS EMPLOYMENT INVESTIGATIONS AND INQUIRIES

APPLICANT NAME	SOCIAL SECURITY NUMBER - -
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I hereby authorize my previous employers to release any and all information to ELITE HR LOGISTICS, INC, concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previous employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries.

APPLICANT SIGNATURE	DATE
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PREVIOUS COMPANY NAME				<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
STREET	CITY	STATE	ZIP	
SUPERVISORS NAME		TELEPHONE #		
PERIOD OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO. YR. MO. YR.		POSITION HELD		

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

DESCRIPTION	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Cooperation with others				
Safety habits				
Driving Skills				
Attendance Record				

1. Is employment record with your Company correct? _____
 2. Driver was subject to DOT testing requirements From: _____ To: _____
 3. Why did applicant leave? _____
 4. If Company policy allowed, would you rehire? _____
 5. Did he have custody of money or valuables? _____
 6. Qualified in what equipment? _____
 7. How many total accidents? _____ How many FMCSA defined recordable accidents? _____
 8. Driver's license ever revoked or suspended? _____
- COMMENTS: _____

YES NO **DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry**

		1. Did the employee have an alcohol test with results greater than 0.04 BAC?
		2. Did the employee have a verified positive test result?
		3. Did this employee refuse to be tested?
		4. Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
		5. Did the employee report any drug and alcohol rule violations to you?
		6. If you answered yes to any of the above items, did the employee complete a SAP program and return to duty test?
		7. If answered yes to item #6 please transmit the employees SAP reports, return to duty documentation and any and all follow-up test information or records.
		8. This Company did not have a DOT drug/alcohol program during this period.

(Signature) (Printed Name) (Title) (Date)

Date Sent/Initial	2nd Request/Date Initial	3rd Request/Date Initial

DOT/FMCSA Previous Employer Investigation and inquirers on previous employee's drug and alcohol history.

