

Motor Carrier: BEHNKE
Address: 180 South Union St.
City: Battle Creek **State:** MI **Zip:** 49014

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR 391.21 In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Position(s) Applied For: _____

Name: _____ Social Security Number: _____
 Last First M.I.

Address: _____
 Street Apt#,Lot#,Etc.

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

CDL Number: _____ State of Issuance: _____

E-Mail: _____

Address for Street: _____ City: _____ State & Zip _____
 Past Three(3) How Long?: _____
 Years:

Street: _____ City: _____ State & Zip _____
 How Long?: _____

Do you have the legal right to work in the United States?

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

YES NO

Have you ever been convicted of a felony?

Note: A conviction will not necessarily disqualify you from employment. If "Yes", Complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor.

YES NO

Are you over 18 years of age?

YES NO

Date of Birth: _____ Can you provide proof of age: YES NO
 Required for truck drivers

IMPORTANT.....IN CASE OF EMERGENCY , NOTIFY

NAME:	Telephone Number:	Relationship:
NAME:	Telephone Number:	Relationship:

EDUCATION DATA:

School	Print name of school, City, State & Phone Number for School	Number of Years Completed	Degree	Major Course of study

SKILLS: List any Job-related skills, qualifications, education or information that support your application.

In order to permit a check of your work and educational records, should we be aware of any changes of name or assumed name that you previously used? YES NO

If "Yes", identify name(s) and relevant dates: _____

Have you worked for this company before? YES NO

Where? _____ Dates: From _____ To _____

Position: _____ Rate of Pay _____

Reason for leaving: _____

Have you ever filed an application here before? YES NO

If "Yes", Give date: _____

Are you now employed? YES NO

If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been dismissed or forced to resign from any employment? YES NO

If "Yes" please explain: _____

May we contact your present employer? YES NO

May we contact your previous employer(s)? YES NO

Please identify any exceptions and reasons for not contacting prior employers: _____

Are you a Veteran of the U.S. Military Services? YES NO
 If "Yes", what branch of service? _____
 Beginning date and ending date of active service:
 From: Year/Month _____ To: Year / Month _____
 Date of discharge from Military Service: Year / Month _____

Do you have transportation to and from work? YES NO

Will you work overtime if asked? YES NO

Are there any hours, shifts or days you will not work? YES NO
 If "Yes", explain: _____

Are you on layoff? YES NO

Are you subject to recall? YES NO

Is there any reason you might be unable to perform the functions of the job which you have applied (as described in the attached job description)? YES NO
 If "Yes", explain if you wish: _____

PERSONAL REFERENCES:

List three persons not related to you whom you have known at least one year:

Name:	Address & Telephone Number:	Occupation:
1		
2		
3		

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent.)

Employer:	From:	To:
Name:	Month/Year	Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

Employer: Name:	From: Month/Year	To: Month/Year
Address:	Position Held:	
	Salary / Wage:	
Contact Person & Phone Number:	Reason for Leaving:	
Were you subject to the FMCSR while employed?		YES NO
Was your job designated as a safety sensitive fuction in any DOT regulated mode subject to the drug and alcohol testing requirements of 40CFR part 40?		YES NO

*Includes vehicles having a GVWR of 26,001 lbs. or more: vehicles designed to transport fifteen(15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in Interstate commerce to transport passengers or property when the vehicle: (1) Weighs or has a GVWR of 10,001 lbs. or more: (2) is designed or used to transport nine (9) or more passengers: or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Must Be Completed By Truck Driver Applicants

Accident record for the past three (3) years or more. (Attach sheet if more space is needed.)

	Date	Details	Fatalities	Injuries
Last Accident				
Previous Accident				
Previous Accident				
Previous Accident				
Previous Accident				

Traffic Convictions and Forfeitures for the past Three (3) years. (Other than parking violations.)

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

Driver Licenses	State	License #	Type	Expiration Date

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

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

If the answer to either A or B is yes, attach statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van,Tank,Flat,Etc)	Dates		Approx. NO. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor - Two Trailer				
Other				

List states operated in for the last five (5) years. _____

Show special courses or training that will help you as a driver. _____

Which safe operating awards do you hold and from whom? _____

Show any trucking, Transportation or other experience that may help in your work for this company. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (Other than those already shown). _____

Notice To Applicant

This employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in law or Employer policies, conformity to work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

To Be Read and Signed By All Applicant

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and other, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application

In consideration of my employment, I agree to conform to the rules and regulation of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personal manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

Date: [REDACTED] **Applicant's Signature** [REDACTED]

This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.

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.

1a An inquiry into the driver's driving record during the preceding three (3) years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three (3) years;

2a An investigation of the driver's employment record during the preceding three (3) years.

2b 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 Drivers Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51

2c 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.

2d Prospective motor carrier 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 accident the previous employer may wish to provide.

2e 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 employer to resend 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's Signature:

Date:

Driver's Named (Printed)

Behnke Warehouse

Mac R. Behnke Rentals, LTD. (d / b / a / Behnke Logistics & Behnke Dedicated LLC)

180 S Union St. Battle Creek, MI. 49014

Please return information to: Mac R. Behnke 180 S Union St. Battle Creek, MI. 49014
Fax: (269) 966-5714 Telephone: (269) 962-0034

DRUG AND ALCOHOL

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer

Employee Printed or Typed Name: _____

Employee SSN: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B. This release is in accordance with DOT Regulation 49 CFR, Part 40, section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests.
3. Refusals to be tested.
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation.
6. Documentation, if any, of completion of the return to duty process following a rule violation.

X Employee Signature: _____ **Date:** _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in section I), for DOT regulated testing

- | | | |
|---|-----|----|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES | NO |
| 2. Did the employee have verified positive drug tests? | YES | NO |
| 3. Did the employee refuse to be tested? | YES | NO |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES | NO |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES | NO |
| 6. If you answered "yes" to any of the above items, did the employee complete the return to duty process? | YES | NO |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return to duty documentation (e.g., SAP report(s), Follow up testing records).

II-B

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

**MAC R BEHNKE RENTALS LTD (dba BEHNKE LOGISTICS & BEHNKE DEDICATED LLC)
BEHNKE WAREHOUSE INC.**

180 S Union St. Battle Creek, MI. 49014 Telephone: (269) 962-0034

Please return information to: Mac R Behnke
Fax: 269-966-5714

PAST RECORD RELEASE

Having made application for employment with the above-referenced company, I hereby authorize investigation of my past employment record to ascertain any and all information and hereby release my present and past employers and all persons whomsoever from any damage resulting from furnishing said information.

X Print Name: (First, MI, Last) _____

X Signature: _____ **Date:** _____

Company Name: _____

Attn: _____ Fax: _____

Please list employment dates: From _____ To _____
Month Year Month Year

Please list types of equipment operated: _____

Accidents

None _____ Preventable _____ Non-Preventable _____

Date	Prev / Non-Prev	Description	Damage Amount

Eligible for Rehire: Yes _____ No _____ Upon Review _____

Reason for Separation:
Quit _____ With Notice _____ Discharged _____ lack of Work _____

Comments: _____

Name of Person Providing Information _____
Title: _____
Phone: _____
Date: _____

**MAC R BEHNKE RENTALS LTD (dba BEHNKE LOGISTICS & BEHNKE DEDICATED LLC)
BEHNKE WAREHOUSE INC.**

180 S Union St.

Battle Creek, MI. 49014

Telephone: (269) 962-0034

Fax: 269-966-5714

**Request / Consent for information from Previous Employer(s) / Carriers for Alcohol and Controlled
Substances Testing Records (with changes in Parts 390 and 391 of the FNCSA)**

X
Date

X
Social Security Number

X
Print Name(First, MI, Last)

X
Signature

I, the above-mentioned signer, hereby authorize the release of all known information pertaining to my alcohol and Controlled substances testing / training records to **Mac R Behnke Rentals LTD / Behnke Warehouse Inc.**

DOT DRUG AND ALCOHOL RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the above-referenced company. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results; (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation.

The information that I have authorized for review involves tests required by DOT. If any carrier (company/school) furnishes information concerning items (i) through (vi) above, I also authorized\ the release and furnished dates of my negative drug and / or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

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 *Mac R Behnke Rentals (Behnke Dedicated)* ("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 *Mac R Behnke Rentals (Behnke Dedicated)* ("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 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 FMCSA 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.

Date: _____

Signature: _____

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). Accounts 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 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

ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD

Driver Name	License#	ST:
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ANNUAL CERTIFICATE OF VIOLATIONS

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.

Please check one:

<input type="checkbox"/>	Violations are listed below.
<input type="checkbox"/>	I have had no violations.

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

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

Date of Certification:

Drivers Signature:

Reviewed By:	Title:
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ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all Information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer:	Date:
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DRIVER'S DATA SHEET

As required under the FMCSR a motor carrier is required to have a written statement from the driver of his / her driving and on duty time for the preceding seven days. This requirement includes all new-hire drivers and intermittent Drivers.

Drivers Name:	Social Sec. No.:
---------------	------------------

Drivers Address:	City, State Zip:
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Drivers Signature:	Date:
--------------------	-------

Day	Date	Total Hours
1		
2		
3		
4		
5		
6		
7		

At what time were you released from work?

**Certification of Compliance
With Driver License Requirements**

DRIVER REQUIREMENTS: As required under the FMCSR Part 383 and 391 every driver who operates a CMV must Comply with certain regulations. They are as follows:

1) POSSESES ONLY ONE LICENSE:

You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2) NOTIFICATION OF LICENSE SUSPENSION, OR CANCELLATION:

a) A driver is required under the FMCSR Section 392.42 and 383.33 to notify his / her employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

b) Section 383.31 of the FNCSR requires the driver who violates a state or local traffic law (other than parking), must report it within 30 days to:

- 1) Your employing motor carrier, and
- 2) The state that issued your license (if the violation occurs in a state other than the one which issued you license).

The notification to both the employer and state must be in writing.

I only possess one license as listed below.

Driver's License No.:	State:	Exp. Date:
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DRIVER CERTIFICATION:

I certify that I have read and understand the above requirements.

Driver's Name: _____

Driver's Signature: _____ Date: _____

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 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 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.

Additionally, it should be noted that falsification or omission of information is grounds for failure to hire or for termination.

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.

Only complete applications will be considered. If an applicant submits additional information not asked for on this application, it may cause rejustion of such application.

Applicant Signature

A large yellow rectangular box redacting the applicant's signature.

CONFIDENTIAL
Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr (Street) City/State/Zip

Previous Address From: _____
(Mo/Yr (Street) City/State/Zip

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Behnke Warehouse, Inc or Mac R Behnke Rentals LTD and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit report, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I futher authorize any individual, company, firm,corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Behnke Warehouse, Inc or Mac R Behnke Rentals LTD or its agents. I futher authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Behnke Warehouse, Inc or Mac R Behnke Rentals LTD and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

