

# Welcome to Grewal Trans, Inc.

**Following is a list of expectations for your driving position with our company:**

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1. Must comply with all D.O.T. regulations.
2. A company envelope must be completed for each round trip. Your envelope must be completed correctly and must include BOL's and receipts. All paperwork must match – fuel times, scales, tolls, BOL's, etc. Envelopes may be dropped off at the yard or the office. **IF PAPERWORK IS NOT TURNED IN, WE CANNOT PROCESS YOUR PAYROLL FOR THAT TRIP.** Must comply with ELDs.
3. You are expected to keep back-up paper logs in case the ELDs are not functioning properly.
4. Do not rely on GPS for directions. Call ahead to shipper or receiver for truck route directions or use your maps.
5. You are expected to leave on time for your trips.
6. Do not take side roads to avoid scale houses.
7. There will be no dedicated lanes for our drivers. You are expected to do any run when asked.
8. If you have on-duty and/or driving hours available, you are expected to be available to work.
9. You will be responsible for notifying us about any maintenance or repair issues right away. You will be expected to take care of pre-trip, annual and quarterly inspections for the equipment you are assigned to.
10. Passengers are not allowed in your truck at any time.
11. You are asked to give 2 weeks written notice if you need to resign. If not, your final check will be held for a period of 2 weeks.

## **ACCESSORIAL CHARGES:**

1. \$50 extra for clean inspections
2. \$50 for 2<sup>nd</sup> picks or drops
3. \$75 for layovers
4. After 3 hours, \$20 per hour for detention

I agree and will comply to the expectations as listed above.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# **Grewal Trans, Inc. Driver Bonus Program**

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**Starting October 1, 2016, quarterly bonuses will also be awarded. All drivers are eligible for a quarterly bonus of \$300 if the following requirements are met:**

Proficient work performance, on-time pickups and deliveries  
Timely submissions of BOLs  
Clean vehicle inspections  
Complete required Maintenance in timely manner  
All required documents for vehicles are updated and maintained  
    IFTA Permit  
    Truck and Trailer Registration  
    Oregon Permit  
    Insurance  
    Annual and 90 day Inspections for Truck and Trailer  
Zero accidents/tickets  
Prompt and detailed communication with dispatch  
No customer complaints  
Fuel

Being a safe and professional truck driver deserves recognition and compensation. This new bonus program is to make sure our drivers are fairly compensated for making safety and professionalism their priority.

**Each category must be satisfied to be eligible for the \$300 bonus:**

**On-Time Pickups and Deliveries:** All loads must be picked up and delivered on time. After you are loaded, call dispatch prior to departing to avoid any problems. If you are running late for any reason, let dispatch know immediately.

**Submission of BOLs:** After every completed trip, BOLs must be turned in to the office or drop box in the yard. Your trip envelope must be completed accurately and must include all BOLs and receipts.

**Clean Vehicle Inspections:** Pre-trip and post-trip inspections must be performed. If repairs are needed, notify dispatch immediately. If you are placed out-of-service for any reason, you are automatically disqualified from the bonus for the quarter. When you are pulled into a scale house or pulled over for a road side inspection, you must pass the vehicle inspection with zero violations.

**Complete Required Maintenance:** Dispatch will notify you when your vehicle needs service. You must provide your current location and so the maintenance can be scheduled around your load. Oil changes are required every 18,000 – 20,000 miles.

**Commercial Vehicle Documents:** All required documents (listed on page 1) must be kept current for each truck. Annual and 90 day inspections for trucks and trailers must be current. If you are cited for not having the required documents up to date, you will be disqualified from the quarterly bonus.

**Zero Accidents:** Any D.O.T. reportable accident will automatically disqualify you from the quarterly bonus program.

# Grewal Trans, Inc. Driver Bonus Program

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**Communicate with Dispatch:** Check in with dispatch regularly and notify dispatch immediately if something unexpected occurs.

**Customers:** Always maintain professionalism no matter where you are.

**Fuel:** Drivers will be required to get maximum miles per gallon and minimize idling if conditions allow you to be comfortable. Poor fuel mileage or over-idling may result in disqualification for the bonus.

**Dispatch Policy:**

Dispatch is open during normal business hours. If there's something urgent, call 916-849-8030 immediately.

When assigned a load from dispatch, immediately verify that the text was received. A check call is required before leaving the shipper. When emptied, call dispatch to update your status.

I acknowledge receipt of the Driver Bonus Program.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# COMMERCIAL DRIVER APPLICATION

Company Grewal Trans, Inc.  
Address P.O. Box 145  
City Elk Grove State CA Zip 95159

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: Contractor      Driver      Contractor's Driver

NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

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

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_ email: \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## EDUCATION HISTORY:

Please circle the highest grade completed:

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

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

## EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr      Mo/Yr      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

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

Mo/Yr      Mo/Yr      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (      ) \_\_\_\_\_

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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (      ) \_\_\_\_\_

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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (      ) \_\_\_\_\_

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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (      ) \_\_\_\_\_

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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (      ) \_\_\_\_\_

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  
*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

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

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years):**

State	License	Type	Endorsements	Expiration Date

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

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

## Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **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 obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person 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 in no way obligates the motor carrier to employ or hire the applicant.*

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

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks: (For office use only)**

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## **PROBATION PERIOD**

### **Grewal Trans, Inc.**

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The first 6 months of your employment will be under a probationary period. During this probationary period, both the company and you will determine whether you can perform the requirements of the job you have been assigned to. Near the end of this probation, we will assess your performance and decide whether further employment is warranted.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# **DRIVER RELEASE FORM / CHECK REQUEST**

## **Grewal Trans, Inc.**

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In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Name – Printed

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Driver's License Number / STATE

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Years of Commercial Experience

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Date of Birth

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# **DRUG & ALCOHOL PRE-EMPLOYMENT STATEMENT**

## **Grewal Trans, Inc.**

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CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation or successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e)

Driver Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

As an applicant applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) 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 to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes  No

My signature below certifies that the information provided is true and correct.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## **GREWAL TRANS, INC**

### **NOTICE TO DRIVERS**

I acknowledge that I have received a copy of **GREWAL TRANS, INC's** CFR 49 Part 382 Alcohol and Drug Testing Policy. I have read the policy in its entirety and understands its requirements.

1. Introduction.
2. Who is covered by alcohol and drug rules.
3. Safety-sensitive functions.
4. What are alcohol and drug prohibitions.
5. What tests are required and when I will be tested.
6. What happens if I refuse to test.
7. How is alcohol and drug testing done.
8. Consequences of violating the alcohol and drug prohibitions.
9. Where can I go for help.
10. Effects of alcohol and drugs on body.
11. California Superior Consortium Administrator.

Date \_\_\_\_\_

Driver Name (Please Print) \_\_\_\_\_

Driver Signature \_\_\_\_\_

(Company must keep on file for each employee)

**PLEASE COMPLETE & RETURN TO US ASAP  
VIA FAX 916-670-1067**

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**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 SS or ID Number: \_\_\_\_\_

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*, to the employer listed in *Section I-A*. 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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: Grewal Trans, Inc.

Address: P.O. Box 145  
EIK Grove CA 95759

Phone #: 916-849-8020 Fax #: 916-670-1067

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

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

**II-A. In the two 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? N/A \_\_\_\_ 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 record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

# **CELL PHONE POLICY**

## **Grewal Trans, Inc.**

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Distractions significantly affect the focus needed to safely operate a motor vehicle. As professional drivers we need to ensure that we are focused on safely operating our vehicles and maintaining full concentration to our driving task. By limiting the use of cell phones (including texting and hands-free devices) to times when we are NOT operating a motor vehicle, we will reduce our exposure to accidents and/or injury. In addition, the FMCSA has recently issued strict new rules regarding Cell Phone use by Commercial Motor Vehicle Drivers including the possibility of substantial fines.

It is not a requirement for a driver to have a cell phone while operating a Grewal Trans owned/leased vehicle.

Drivers are NOT allowed to hold, dial or reach for a hand-held cell phone.

Cell phone use is only allowed in conjunction with a hands-free device and only in the following limited circumstance:

Should a driver receive an incoming call while operating a Grewal Trans owned /leased vehicle, if he/she does not reach for or hold the actual mobile telephone in his/her hand while driving, and the driver is able to touch the button needed to operate the push-to-talk feature from a normal seated position with the safety belt fastened, then he/she may briefly acknowledge the incoming call and inform the caller that he/she will call back when stopped and out of traffic, or once he/she has reached an authorized layover location and the vehicle is safely and legally parked.

Texting while operating a company owned /leased vehicle is NEVER allowed.

The use of texting in this policy may include phone texting, PDA use, satellite communication or any other existing texting communication device.

*Violations of this policy may result in disciplinary actions, up to and including termination.*

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**SEVEN-DAY PRIOR LOG FORM**  
**(Data sheet for new, casual, or temporary drivers)**

NAME: \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8(j)(2)] require the motor carrier to obtain from you a signed statement giving the local time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning to work for the motor carrier. In the spaces below, Show the number of hours worked (on duty) in each of the last 7 days.

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

*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:*

On \_\_\_\_\_  
Time \_\_\_\_\_ day month year  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
Company representative

Date: \_\_\_\_\_

## CERTIFICATE OF DRIVER'S ROAD TEST

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver  
was given a road test under my supervision on  
\_\_\_\_\_, 20\_\_\_\_\_, consisting of  
approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver  
possesses sufficient driving skill to operate safely the  
type of commercial motor vehicle listed above.

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(Signature of Examiner)

*CEO*

(Title)

Grewal Trans, Inc. P.O. Box 145 Elk Grove CA 95759

(Organization and Address of Examiner)

# YARD REMOTE CONTROL RECEIPT

## Grewal Trans, Inc.

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This remote control agreement and receipt is made by and between GREWAL TRANS, INC. (Owner) and \_\_\_\_\_ (Driver)

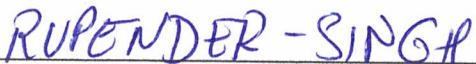
### Remote Control Terms:

Driver agrees that in the event a remote control is lost, stolen or damaged, a **\$100 fee** will be charged for a replacement. Should Driver return control(s) damaged, upon employment separation, the Driver understands that a charge of **\$100** will be deducted from their final paycheck.

Driver having read and understands the above terms and conditions hereby enters this Agreement.



Signature (Grewal Trans, Inc. Representative)



Signature (Driver)

RUPENDER - SINGH  
Print Name (Grewal Trans, Inc. Representative)

Print Name (Driver)

\_\_\_\_\_  
Date

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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.

Date: \_\_\_\_\_

Signature

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Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

# PAIC Membership Enrollment & Owner / Operator Request for Insurance

**Sponsoring Association:** \_\_\_\_\_ Professional Association of Independent Contractors (PAIC)

I wish to apply for membership in Professional Association of Independent Contractors (herein after referred to as "PAIC"). In exchange for payment of monthly dues, I understand that I will be entitled to all of the rights and privileges available to all members. I understand that I will receive a brochure which explains the many benefits and services for which I am eligible. I further understand that some of the products and services may be made available for an additional charge. This Application is subject to acceptance by PAIC.

**Participant Sponsor:** GREWAL TRANS, INC. - 9183 SURVEY ROAD SUITE 107, ELK GROVE, CA 95624

**Applicant Name**

**Street Address**

**City**

**State**

**Zip**

**DOB**

**SS#**

**Home Phone#**

**Business Phone**

**START DATE**

**LEGAL STATUS (Please Check One):**  Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

**DO YOU HAVE ANY W-2 EMPLOYEES: YES:**  **NO:**  **IF YES, HOW MANY?:** \_\_\_\_\_

**DO YOU DRIVE A COMPANY OWNED VEHICLE? YES:**  **NO:**

**APPLICANT: (Check One)**  Class 1 - Owner/Operator  Class 2 – Scheduled Co-Driver  Class 3 – Scheduled Contract Driver of an Owner Operator  
 Class 4 – Independent Contractor (Not otherwise classified)

**Description of Class 1, 2, 3 & 4:**

**Class 1 – "Owner Operator"** means a person who meets all of the following definitions:

- is an Independent Contractor as defined by the law,
- owns or leases the motor vehicle,
- has the responsibility for determining the time, means and method of performing the work,
- has entered into a covered contract with the Participant Sponsor,
- is compensated on a Form 1099 and not a Form W-2, and
- does not own or control the Participating Sponsor.

**Class 2 – "Scheduled Co-Driver"** means a person who meets all of the definitions in Class 1 and:

- co-owns or co-leases a motor vehicle which is under a long term lease contract with the Participant Sponsor, and
- drives the motor vehicle as an Independent Contractor, as defined by the law.

**Class 3 – "Scheduled Contract Driver of an Owner/Operator"** means a person who meets all of the following definitions:

- drives a motor vehicle owned or leased by an Owner Operator,
- is an Independent Contractor as defined by the law,
- works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized,
- has the responsibility for determining the time, means and method of performing the work, and
- is compensated on a Form 1099 and not a Form W-2.

**Class 4 – "Independent Contractor (Not otherwise classified)"**

- drives a motor vehicle owned by the Participant Sponsor,
- works under a covered contract that provides for possible financial loss or gain by the Independent Contractor (Not otherwise classified) relative to the operation of the motor vehicle being utilized,
- has the responsibility for determining the time, means and method of performing the work, and
- is compensated on Form 1099 and not Form W-2.

**OCCUPATIONAL ACCIDENT INSURANCE** Please review your Evidence of Insurance for coverage details.

**BENEFICIARY DESIGNATION – ACCIDENTAL DEATH BENEFIT**

Beneficiary Name

Beneficiary Address

Relationship to Insured

Beneficiary SS#

*By signing this PAIC Membership Enrollment and Owner/Operator Request for Insurance form,*

- I hereby declare and state that:
1. I am not an employee or eligible for Workers' Compensation from the Participant Sponsor. I request coverage under the Participant Sponsor's group Occupational Accident policy; and
  2. I qualify for coverage under the Eligible Class as checked above; and
  3. I grant permission to the Participant Sponsor to deduct such payments as may be required for the insurance provided by this policy; and
  4. I understand this insurance will become effective the date this Request For Insurance has been received and approved by High Point Underwriters.
  5. I am joining the Professional Association of Independent Contractors (PAIC); and
  6. I request coverage to be bound under the Participant Sponsor's Occupational Accident policy. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state.
  7. I hereby grant a limited power-of-attorney to PAIC with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program.; and
  8. I hereby understand and agree that eligibility for this program is limited to Independent Contractors, as defined by law, and Owner Operators' who are not employees and I further agree to the terms outlined in the above items.
  9. The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above by completing and submitting a signed Change of Beneficiary Form.
  10. I understand that the insurance as applied for is based upon my written statements and answers to the above questions.
  11. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_