

Driver Qualification (DQ) File Checklist

Driver Name: _____

Hire Date: ____/____/____ DQ File Complete Date: ____/____/____

Address: _____

Phone: (____) ____-_____

Requirement	Date Complete
Driver Specific Employment Application	____/____/____
Employment History	____/____/____
Current Address Verified	____/____/____
Current Phone Number Verified	____/____/____
Employment Application Signed	____/____/____
Copy of CDL w/ Endorsements	____/____/____
Fair Credit Reporting Act Disclosure Form	____/____/____
Certificate of Compliance	____/____/____
Certificate of Violations	____/____/____
Statement of On Duty Hours	____/____/____
Previous Employer Inquiry	____/____/____
Request for Driving Record Check	____/____/____
Signed I-9 / W-2	____/____/____
Annual Certificate of Violations (COV)	____/____/____
Request for Pre-Employment Drug Testing	____/____/____
Valid Physical Exam - Pre-Employment	____/____/____
HAZMAT Certifications	____/____/____
Green Card	____/____/____
Signed Receipt of Drivers Handbook	____/____/____
* For Drivers	
Performance Test	____/____/____
Written Test	____/____/____
Received HOS Driver Visor Card	____/____/____

COMMERCIAL DRIVER APPLICATION

Company Thind Transport LLC

Address 20119 108th Ave SE Kent, WA 98031

APPLICANT INFORMATION

Date _____ **Position Applying for:** Contract Driver Contractor's Driver

Name _____

Phone _____ **Emergency Phone** _____

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

Physical Exam Expiration Date _____

Current & Previous Three Years Address:

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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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

***If needed, please attach an additional sheet!**

CDL Drivers Employment Application (Cont.)

Accident Record For Past 3 Years or More (Attach Sheets As Necessary)

Accident Date	Details	Fatalities	Injuries

Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

License Number	State	Type / Endorsements	Expiration Date

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

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

C. Have you ever been convicted of a felony? Yes No

If any of the above answers are Yes, Please Explain:

Driving Experience

Class of Equipment	Type of Equip Van, Tank, etc.	Date From	Date To	Approx. Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailer				
Other _____				

CDL Drivers Employment Application (Cont.)

List States Operated In For Past 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?

List courses and training other than shown elsewhere in this application:

List any other special equipment or technical materials you can work with:

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 laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other employment.

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.

Applicant's Statement

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 others, 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 or facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by 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.

CDL Drivers Employment Application (Cont.)

Applicant's Statement (Cont.)

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and 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 Employee.

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

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 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.

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

Applicant Acceptance:

Print Name

Applicants Signature

Date

This application will remain active for 30 days. Any applicant wishing to be considered for employment beyond this time should reapply.

Note: 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 condition protected by applicant's federal or state statuses, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS MOTOR CARRIER INSTRUCTIONS:

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or, can transport more than 15 people, or transports hazardous materials that require placards.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

POSSESS ONLY ONE LICENSE: you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your licensed). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No.

State

Exp. Date

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Applicant's Signature

Date

Print Name

Drivers Statement of On-Duty Hours

(To be completed upon hire)

Instructions:

Motor Carriers using a driver for the first time shall obtain from the driver an assigned 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 Name (print)

Social Security Number

Driver's License:

State

Number

Class

Endorsements

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Totals
Date								
On Duty								
Driving								

I hereby certify that the information given above is current to the best of my knowledge and belief, and that I was last relieved from work at:

A.M. / P.M. on

Day

Month

Year

Driver's Signature

/ / **Date**

Permission to Request State Driver MVR

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future, periodic reviews.

By completing and signing this form I give permission to company name and its insurance agent to obtain and review a copy of my driver license (MVR) record both now and in the future.

Please print:

First Name

MI

Last Name

Address

City

State

Zip

/ /
Date of Birth Driver

License Number

State

Signature

Date

Form to be returned to:

Motor Carrier: Thind Transport LLC

Authorized Contact:

Print

Agent

Title

Signature

Date

Phone: (253-277-8705)

Fax: (253-981-9150)

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Thind Transport LLC	
Agent company name (if applicable)	
NW TRUCKING SERVICES	
Company/Agent company address	
19201 108TH AVE SE STE 102 RENTON, WA 98055	
Authorized representative name	Title
KRISTOPHER FARRELL	AGENT
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification	
<i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
Date and place signed	X
Authorized representative signature	

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment		
<input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name		
Thind Transport LLC		
Employer agent company name if acting on behalf of the company for employment purposes		
NW TRUCKING SERVICES		
Authorization		
<i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
X	Signature	Date

Annual Certificate of Violations (COV)

Review of Driving Record

Driver Name: _____

License No.: _____ State: _____

Annual Certificate of Violations

I certify that the following is a 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.

Violations are listed below.

I have had no violations.

Date of Conviction	Offense	Location	Motor Vehicle Type

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: ____/____/____

Driver Signature: _____

Date: ____/____/____

Reviewed by: _____
Print

Title: _____

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 driver in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer: _____

Date: ____/____/____

(END OF POLICY)

CERTIFICATE OF RECEIPT, EMPLOYEE DRUG AND ALCOHOL ABUSE

Each driver is required to sign a statement certifying that he or she has received a copy of these materials described in this section. The Company is required to maintain the original of the signed certificate for each driver.

I have read, understand, and am in receipt of a copy of Third Transport LLC Drug and Alcohol Abuse Policy and Special Attachment to Policy for Employees Required to Possess a Commercial Drivers License.

Employee's Printed Name

Employee's Signature

Date

Company Representative

Date

CELL PHONE USE POLICY

Third Transport LLC does NOT condone any cell phone usage while operating a vehicle of any kind, commercial drivers are exceptionally more important as they offer a much greater risk on the roadways. Your full attention is paramount in the safe operation of your vehicle. Like the Washington State law, we will abide by its ruling and enforce guidelines of our own. All drivers will not be restricted from using cell phones, but will be required to utilize hands free devices. Anyone found to be in violation of this law will be subject to fines, suspension or termination.

On Tuesday, July 1, 2008 the state of Washington will be under a new law – **all cell phones will be banned while driving**. Citizens of these states must use hands-free devices in order to be a law abiding citizen, whether using Bluetooth headsets, Bluetooth Speakers, or a Bluetooth Car Kit, if you want to use your cell phone while driving, you MUST be hands free.

The best advice available whether you are in a hands free state or not: **USE BLUETOOTH!!**

18 and older: If you must talk on a cell phone while driving, you absolutely have to use a hands free device beginning July 1, 2008. If you break the law, the cost of the ticket starts at \$124.00. Additional fees may also be applied.

Younger than 18: It is pretty simple for you... Cell phones are completely banned. You may not use a cell phone while driving and you may not text or use tablets. This is a strict law and if you are under 18 and using a cell phone while driving, you will be fined.

Other Notes Regarding Hands-Free Cell Phone Law

Emergencies: If you are in an emergency, pull the vehicle over to a safe stopping point to call police, healthcare providers, fire departments, or other emergency agencies.

Points: No points against drivers will be assessed.

Passengers: Are allowed to use any type of cell phone while in the car.

Push-To-Talk Devices: These devices also need to be used hands free.

ALWAYS USE YOUR HANDS FREE

Driver Signature

Date

Company Representative Signature

Previous Employer Inquiry

Applicant Name:	SSN:
Hereby authorizes that:	
Previous Employer:	
Address:	Phone: (____) ____ - ____
City/State/Zip:	Fax: (____) ____ - ____
May release and forward information requested by this document to:	
Company:	Third Transport LLC
Applicant Signature:	Date: ____/____/____

1. Employment Verification

The above referenced applicant has completed an application for employment with Company listed above for a CDL position. The applicant states that he/she was employed as a _____ by your company from _____ to _____.

2. Commercial Motor Vehicle Accident Information

Please list all accidents involving applicant that occurred during the past 3 years. To be completed by former employer.

Date: ____/____/____	Vehicle Type: _____	Location: _____
Cited: Yes <input type="checkbox"/> No <input type="checkbox"/>	Injuries: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fatalities: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous Materials Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Quantity: _____	
Unreported Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preventable: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date: ____/____/____	Vehicle Type: _____	Location: _____
Cited: Yes <input type="checkbox"/> No <input type="checkbox"/>	Injuries: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fatalities: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous Materials Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Quantity: _____	
Unreported Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preventable: Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Driver Contact Information (please include information from previous employers.)

The FMCSA requires the previous employer to provide specific contact information in case the driver/applicant wishes to request a correction or rebut any information you provide. Please provide the following information so that the driver/applicant may submit a correction or rebuttal if needed.

Contact Person: _____ Phone: (____) ____ - ____

Address: _____

Why did this employee leave your company? _____

Would you rehire this person? Yes No Explain: _____

Please provide response to this request within 30 days. Thank you.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number ____ - ____ - _____	Employee's E-mail Address	Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States
 2. A noncitizen national of the United States (See instructions)
 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

QR Code - Section 1
Do Not Write In This Space

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A OR List B AND List C Identity and Employment Authorization Identity Employment Authorization				
Document Title	Document Title	Document Title		
Issuing Authority	Issuing Authority	Issuing Authority		
Document Number	Document Number	Document Number		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		
Document Title	Additional Information			
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Agent	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name) 19201 108th Ave SE Ste 102		City or Town Renton		State WA ZIP Code 98055

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

**Print or type.
See Specific Instructions on page 3.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-		-	
--	--	--	---	--	---	--

or

Employer identification number

--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Fair Credit Reporting Act Disclosure Statement

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.

Applicant's Signature

Date

Print Name

S.S.N.

FMCSA Drug and Alcohol Clearinghouse Limited Consent

I hereby provide consent to Third Transport LLC ("Company") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I consent that the Company has permission to pull multiple queries for the duration of my employment. Not limited to pre-employment and annual queries.

I understand that if the limited query conducted indicates that drug or alcohol violation information about me exist in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

First Name

Last Name

____ / ____ / ____
Date of Birth

____ / ____ / ____
License Number

____ / ____ / ____
State

____ / ____ / ____
Signature

____ / ____ / ____
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 Third Transport LLC (“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 Third Transport LLC (“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

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

DRIVERS ROAD TEST EXAMINATION

Driver's Name _____ Phone _____

Driver's Address _____

City _____ State _____ Zip _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance (out of 1-5)

_____ The pre trip inspection. (As required by Sec. 392.7)

_____ Couple and uncoupling of combination units, if the equipment he or she may drive includes combination units

_____ Placing the equipment in operation

_____ Use of vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

_____ Braking and slowing the vehicle by means other than braking

_____ Backing up and parking the vehicle

_____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 20 _____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

CERTIFICATION OF ROAD TEST

Instructions the Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above name driver was given a road test under my supervision on _____ 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.

Carrier Name

Carrier Address, City, State, Zip

Name of Examiner

Signature of Examiner

CDL Drivers Employment Application (Cont.)

Process Record - For Internal Use Only

Date of review: ____/____/____

Applicant Hired: _____

Applicant Rejected: _____

If rejected, list reasons: _____

Date Employed: ____/____/____

Department: _____ Classification: _____

This section to be filled in by Responsible Officer or Company Representative:

Process	Superior	Good	Fair	Below Average	Poor	Written Record On File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

Signature of Interviewing Officer

Date

Termination of Employment

Termination Date: ____/____/____

Department Released From: _____

Reason:

Dismissed: ____ Voluntary Quit: ____ Other: _____

____ Termination Report placed in Employee File ____ Copy given to Administration

Signature of Direct Supervisor

Date