

**ALL TIME LOGISTICS, INC  
4700 IRVING BLVD, SUITE 200B  
DALLAS, TX 75247**

**DRIVER APPLICATION**

NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section 391.23 of the FMCSRs.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST MIDDLE LAST

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP YEARS AT ADDRESS

If at the current address for less than 3 years, list below residences for the past 3 years. Attach a separate sheet if necessary.

STREET CITY STATE ZIP YEARS AT ADDRESS

STREET CITY STATE ZIP YEARS AT ADDRESS

Position applying for: \_\_\_\_\_ Rate of pay expecting: \_\_\_\_\_

Who referred you? \_\_\_\_\_ When are you available to start work? \_\_\_\_\_

Names of any relatives employed by this company: \_\_\_\_\_

**EDUCATION – TRAINING - AWARDS**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: \_\_\_\_\_  
NAME ADDRESS

List special courses or training that will help you as a driver: \_\_\_\_\_

List driving awards held and from which company: \_\_\_\_\_

**GENERAL**

Have you ever been denied a bond? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been convicted of a crime other than traffic violations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### HISTORY OF EMPLOYMENT

FILL OUT COMPLETELY AND ANSWER ALL QUESTIONS. DOT REGULATIONS REQUIRE THAT COMMERCIAL MOTOR VEHICLE OPERATORS APPLYING FOR WORK MUST PROVIDE AT LEAST TEN (10) YEARS PRIOR WORK HISTORY. DO NOT LEAVE GAPS BETWEEN EMPLOYMENT DATES. IF UNEMPLOYED, SO STATE AND GIVE DATES. IF SELF EMPLOYED, GIVE PERSON(S) THAT CAN VERIFY.

START WITH YOUR LAST OR CURRENT POSITION, INCLUDING MILITARY EXPERIENCE, AND WORK BACK. (ATTACH A SEPARATE SHEET IF NECESSARY)

COMPANY \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ PAY \_\_\_\_\_  
 WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? \_\_\_\_ YES \_\_\_\_ NO  
 WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED  
 SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO  
 REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
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**REQUEST/CONSENT FORM FOR INFORMATION FROM PREVIOUS EMPLOYERS**

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT NAME

APPLICANT SIGNATURE

I, the above signed, hereby authorize you to release information as to my previous employment with your company. This is required by section 391.23 of the Federal Motor Carriers Safety Regulations, to:

**ALL TIME LOGISTICS, INC., 4700 IRVING BLVD, STE 200B, DALLAS, TX 75247  
FAX# 972-863-0383 PHONE# 972-872-8455 ext. 105**

**I FURTHER AUTHORIZE YOU TO RELEASE ALL INFORMATION ON MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING/TRAINING RECORDS AS REQUIRED BY SSECTION 382.405(f) and (h) OF THE FMCSR, WHICH STATES,**

- (f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the drivers' request.
- (H) An employer shall release information regarding drivers' records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

SECTION 382.413(b) STATES: An employer shall obtain, pursuant to a drivers' consent, information on the drivers' alcohol tests with a concentration result of .04 or greater, positive controlled substances test results, and refusals to be tested, other violations, within the preceding three years, which are maintained by the drivers' previous employers. In addition, information on the return to work process in case of a violation.

**TO PREVIOUS EMPLOYER: THE ABOVE-NAMED PERSON HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER SUBJECT TO THE RULES AND REGULATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO COMPLETE THIS WORK VERIFICATION AND ALCOHOL & CONTROLLED SUBSTANCES TESTING/TRAINING CHECK. TO EXPEDITE AND INSURE COMPLIANCE WITHIN 30 DAYS OF EMPLOYEMNT PLEASE RETURN TO THE ABOVE FAX NUMBER.**

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ AS A \_\_\_\_\_ AT WAGE OR SALARY OF \$ \_\_\_\_\_ PER \_\_\_\_\_

DID APPLICANT DRIVE A MOTOR VEHICLE FOR YOU? \_\_\_ STRAIGHT TRUCK \_\_\_ TRACTOR \_\_\_ BUS \_\_\_

OTHER (PLEASE SPECIFY) \_\_\_\_\_

WAS APPLICANT A SAFE AND EFFIECNT DRIVER? \_\_\_\_\_

ANY DOT RECORDABLE ACCIDENTS WHILE EMPLOYED? \_\_\_\_\_

IF SO, GIVE DETAILS. FATALITY \_\_\_ INJURY \_\_\_ OTHER DETAILS AND/OR OTHER ACCIDENTS \_\_\_\_\_

REASON FOR LEAVING YOUR EMPLOY? (CHECK ONE) DISCHARGED \_\_\_ LAID OFF \_\_\_ RESIGNED \_\_\_

HAS THIS PERSON TESTED POSITIVE FOR A CONTROLLED SUTSTANCE IN THE LAST 3 YEARS? YES \_\_\_ NO \_\_\_

HAS THIS PERSON HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OR GREATER IN THE LAST 3 YEARS? YES \_\_\_ NO \_\_\_

HAS THIS PERSON REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST 3 YEARS? YES \_\_\_ NO \_\_\_

ANY OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING REGULATIONS? YES \_\_\_ NO \_\_\_

**IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE THE SAP'S NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_

SIGNATURE AND TITLE OF PERSON RELEASING INFORMATION

DATE

1<sup>ST</sup> REQUEST \_\_\_\_\_ 2<sup>ND</sup> REQUEST \_\_\_\_\_ 3<sup>RD</sup> REQUEST \_\_\_\_\_

**DECLARATION OF EMPLOYMENT STATUS**

Under the Federal Motor Safety Regulations (Section 391.23) employers are required to verify the employment background of all prospective drivers for the preceding three (3) years. You have advised us that you were unemployed, self-employed, working for family members, working for a company in the last 3 years that has since gone out of business, working outside the country, being a stay-at-home parent, or anything similar, during the time period shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

Dates \_\_\_\_\_ to \_\_\_\_\_  
Mo/yr. Mo/yr.

I confirm that during this period, the questions I have checked below are true:  
(Please explain below any questions marked yes)

- Yes  No  Were you employed in any capacity on a part-time basis?
- Yes  No  Were you self-employed?
- Yes  No  Did you collect unemployment during this period (If yes, please provide unemployment benefits)
- Yes  No  Were you convicted of a crime or felony?
- Yes  No  Were you involved in a motor vehicle accident of any type?
- Yes  No  Did you work for any motor carriers, or operate a commercial motor vehicle?

During this period, I was engaged as follows:

\_\_\_\_\_  
\_\_\_\_\_

References:

Name: _____	Name: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Length of time known: _____	Length of time known: _____

The two (2) persons listed above, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request this information and authorize them to release information to you.

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

Applicant's signature

Print name

SS Number

Date

**APPENDIX "A" TO DRIVER'S APPLICATION**

DRIVER'S NAME \_\_\_\_\_ SSN \_\_\_\_\_ DRIVER'S

LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

CDL CLASS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVING EXPERIENCE:

TYPE OF EQUIPMENT

YEARS OF DRIVING THIS TYPE

FLATBED \_\_\_\_\_

BUSES \_\_\_\_\_

STRAIGHT TRUCKS \_\_\_\_\_

TRACTORS \_\_\_\_\_

SEMITRAILERS \_\_\_\_\_

DOUBLES (PUPS) \_\_\_\_\_

OTHER: \_\_\_\_\_

**ACCIDENTS:**

Below is a list of all accidents that I have had in the previous 3 years preceding the date of this application?

DATE OF ACCIDENT	NATURE OF ACCIDENT	INJURIES
FATALITIES		

**TRAFFIC VIOLATIONS:**

Below is a listing of all traffic violations of motor vehicle laws or ordinances of which I was convicted or forfeited bond or collateral during the 3 years preceding the date of this application (excluding parking violations)?

DATE	OFFENSE	LOCATION
------	---------	----------

HAVE YOU EVER HAD A DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? \_\_\_\_\_ (IF YES, EXPLAIN FACTS BELOW)

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.

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

This company does not discriminate on the basis of race, color, religion, creed, national origin, sex, or ancestry, or on the basis of age. No questions on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

**APPLICANT MUST READ AND INITIAL** I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 investigative 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 driver qualification file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by the rules and policies of this employer.

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.

**NOTE TO APPLICANT:** You have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must submit to us, within 30 days, a written request for this information. We will have this available for you, at our place of business, within 5 days, from your request or within 5 days of having received the information from the previous employer. The previous employer will have 15 days to respond to your request for a correction of erroneous information. If you choose to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to us (prospective employer) and they are to append a copy of the rebuttal to the permanent safety and performance history.

**INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD (MVR)**

STATE REQUESTING FROM: \_\_\_\_\_  
STATE LICENSE IS FROM

ADDRESS: \_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

DRIVER'S NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

DRIVER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S DATE OF BIRTH: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The above-named driver has made application to our company as a driver. (S)He has indicated that the above license was issued by your state. According to Section 391.23(a) and (1) and (b) of the Federal Motor Carriers Safety Regulations we are requesting that you send us information of this person(s) driving history and any violations of your state laws that you have record of for this person, for the previous 3 years. Should you have no record of this person, please notify us as well.

In the even that this form does not satisfy your state's requirements, please send us the applicable forms. Thank you in advance.

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Title

**AUTHORIZATION OF APPLICANT DRIVER:**

You are hereby authorized to release information on my Driver's record to the Motor Carrier named below. I also release you and your state from any and all liability which may result from furnish such information.

\_\_\_\_\_  
DRIVER APPLICANT SIGNATURE

**MOTOR CARRIER NAME:** ALL TIME LOGISTICS, INC  
**MOTOR CARRIER ADDRESS:** 4700 IRVING BLVD, SUITE 200B  
DALLAS, TX 75247

**MOTOR VEHICLE DRIVER'S CERTIFICATION**

Each motor carrier shall, at least once every 12 months, require each driver it employees to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he has forfeited bond or collateral during the preceding 12 months.

Each driver shall furnish the list required in accordance with the above paragraph. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he shall so certify.

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.

\_\_\_\_\_ NONE (Place checkmark or X if you have no violations as stated above.

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

NAME OF DRIVER: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**ANNUAL REVIEW OF DRIVING RECORD (OFFICE USE)**

INSTRUCTIONS: Review the driving record of the employee or contractor in accordance with Section 391.25 and as outlined below. Each Motor Carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to driver a motor vehicle pursuant to Section 391.15.

Reviewing this driver's record, I have considered any evidence that the driver has violated applicable provisions of the Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles and gave weight to violations, such as speeding, reckless driving and operating while under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard for the safety of the public.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



**PRE-EMPLOYMENT URINALYSIS FORM**

All Time Logistics, Inc enforces the Federal Motor Carrier Safety Regulations, Section 391.103 and revisions thereof concerning Pre-employment Substance Abuse Testing.

**382.301 Pre-Employment Testing Requirements**

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.

I agree to the urine sample collection and controlled substance testing, as a condition of my employment. I understand a positive test for controlled substances will medically disqualify me from consideration as a driver for this company. I have read and understand the above conditions for the Pre-Employment Urinalysis and hereby freely give my consent.

**PART 40.25 (5)(J) Pre-Employment testing with other employers**

I, as a perspective driver for this company, also state that I have \_\_\_\_\_ or have not \_\_\_\_\_ tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

**DRIVER HOURS OF SERVICE DATA SHEET  
REQUIRED FOR NEW HIRES AND TEMPORARY DRIVERS**

DRIVER NAME: \_\_\_\_\_ SSN \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ CLASS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

RULE 395.8(j)(2): "Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers."

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

I certify that the work hours stated above are true and correct, to the best of my knowledge and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_ time day month year

**CERTIFICATION OF COMPLIANCE**

SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF VIOLATIONS  
FMCSR 383.21 AND 383.31

**SINGLE LICENSE RULE**

"No person who operates a commercial motor vehicle shall at any time have more than one driver's license." This rule applies to all driver who operate a motor vehicle and is subject to the CDL requirements.

**NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS**

"Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a state or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a state or local law relating to motor vehicle traffic control (other than a parking violation) in a state or jurisdiction other than the one which issued his/her license, shall notify an official designated by the state or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted."

**DRIVER CERTIFICATION**

I CERTIFY THAT I HAVE READ THE RULES PERTAINING TO SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS. I FURTHER CERTIFY THAT I ONLY HAVE ONE DRIVERS LICENSE ISSUED TO ME AND THAT I WILL NOTIFY THE PAPPROPRIATE PERSON(S) IF I AM CONVICTED OF ANY LAW RELATING TO MOTOR VEHICLE TRAFFIC CONTROL, OTHER THAN A PARKING VIOLATION.  
THE BELOW LISTED LICENSE IS THE ONLY ONE ISSUED TO ME:

Driver's license: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WORK QUESTIONNAIRE**

THIS QUESTIONNAIRE IS INTENDED TO NOTIFY DRIVER OF THE REQUIREMENTS OF 395.2(8)(9) AS IT PERTAINS TO **ON DUTY TIME**.

ON-DUTY TIME means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. On-duty time shall include:

- (8) Performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier; and
- (9) Performing any compensated work for any non-motor carrier entity.

Eating and small breaks can be noted as Off Duty Time.

I HEREBY CERTIFY THE I AM FFAMILIAR WITH FMCSR 395.2 AND SPECIFICALLY WITH THE REQUIREMENTS OF PARAGRAPHS (8) AND (9). I ALSO REALIZE THAT I AM REQUIRED TO AND WILL REPORT ANY TIME WORKED FOR OTHER PARTIES TO MY EMPLOYER TO ENSURE PROPER COMPLIANCE WITH THE HOURS OF SERVICE REQUIREMENTS AS STATED IN PART 395 OF THE FMCSR.

**D.O.T. DRUG AND ALCOHOL POLICY**

I certify that I have been provided with a copy of the D.O.T. Drug and Alcohol Policy and that I have read and understand that policy. I also understand that by accepting employment or contracting with All Time Logistics, Inc I have and do consent to submit to screening for alcohol and/or drugs as set forth in this policy or under current D.O.T. regulations. I also understand and agree to comply with all of All Time Logistics, Inc company policies, as well as those policies or regulations promulgated by the Federal Highway Administration, the D.O.T. or any other federal, state or local statutes, laws or rules governing the use or abuse of drugs or alcohol. I also understand that my failure to honor the terms of this agreement is grounds for the termination of my employment or contract or All Time Logistics, Inc refusal to accept my application for employment or contract with All Time Logistics, Inc

Signature \_\_\_\_\_

Date \_\_\_\_\_

All Time Logistics, Inc  
4700 Irving Blvd, Suite 200  
Dallas, TX 75247



**TOLL NOTICE**

This notice is to inform you that beginning 12/08/2016, drivers are NOT authorized to use toll lanes, including the Express ways, in TEXAS unless and until approved by Mr. Mattu.

Please use the following guidelines:

- 1. Don't take toll roads in Texas.
- 2. Avoid taking tolls in any state if possible
- 3. Always utilize the non-toll roads unless there is no way out

Please note that failure to follow this will result in toll deduction directly from your paycheck.

We appreciate your cooperation in this matter.

Printed name

Signature

**TRAILER NOTICE**

All the drivers of All Time Logistics, Inc must use the trailers which displays the All Time Logistics, Inc logo on the trailer and the trailer number must start with K9xx.

NOTE: Please do not use any other trailer in the yard unless pre-approved.

Printed name

Signature

**RIDER PROGRAM**

As a benefit to our driving staff, the following authorized passenger program has been implemented and will apply as follows:

Driver of said equipment must maintain an acceptable safety record as determined by company policy and as administered by the safety department. Authorized passengers as referred to in this program is any person that driver would like to have accompany him/her. Children under the age of 12 are not permitted. Children 12-17 must be the child of the driver and such evidence of relationship must be provided. Anyone over 17 must provide a valid DL or ID. Authorized passengers must execute an indemnification and hold harmless agreement before the safety department can issue an authorization. Driver always agrees to maintain passenger insurance while transporting an authorized passenger. Such coverage will be the responsibility of the driver. Driver and authorized passenger agree to ensure that all company policies and DOT regulations are always followed. Transporting of an authorized passenger is a privilege and may be revoked for cause at any time by the safety department. Furthermore, if a driver is to pick up a passenger in another state, driver must call the safety department and have an indemnification and hold harmless agreement faxed to the location he/she is at and have the passenger sign the agreement and fax back the agreement along with a copy of their valid ID before the passenger is authorized to ride in company vehicle.

**IF ANY DRIVER IS FOUND TO HAVE A PASSENGER IN ANY COMPANY VEHICLE WITHOUT PROPER NOTIFICATION AND AUTHORIZATION, HE/SHE WILL BE TERNIMATED IMMEDIATELY!!**

Thank you,  
Safety Manager

Driver's printed name

Driver's signature

Safety Representative

Date



## Escrow Policy

Here at All Time Logistics, we value our employees and like to cherish lengthy business relationships. That is why we try to keep policies as clear as possible to evade any miscommunication issues along the way. Every company driver will be **deducted \$100 dollars per check for its first 10 weeks of work totaling \$1000 US dollars**. The escrow will be used in case of job abandonment or if the truck must be recovered from a certain location. Also, escrow can be use in case of truck damage that exceeds that of normal wear and tear. **The driver is entitled to receive the escrow in no more than 2 weeks after resigning as long as driver presents two weeks of advanced notice for resigning**. If driver resigns before 2 months of employment, All Time Logistics Inc will charge all the employment expenses associated with employee. (Drug screening, and any other relocation expense).

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Employee signature

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Date



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
***(Electronic signatures will not be accepted)***

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
--------------------------	--

\_\_\_\_\_

Print Name of CDL HolderPhone Number

\_\_\_\_\_

Print full Address, City, State and Zip Code of CDL HolderSocial Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

**All Time Logistics, Inc****(972) 872-8455**

Print Motor Carrier's NamePhone Number

**4700 Irving Blvd Suite 200, Dallas, TX 75247**

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver  <b>X</b>	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.dps.texas.gov.htm>.**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	<b>4</b> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.)	
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	
	Requester's name and address (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																									
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 Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																									
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																				Employer identification number																			
Social security number																																									
Employer identification number																																									

<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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 on page 3.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**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 All Time Logistics, Inc ("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 All Time Logistics, Inc ("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*

# ALL TIME LOGISTICS, INC



I, \_\_\_\_\_, hereby provide consent to All Time Logistics, Inc 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. [Employers and employees may also wish to include the terms of the consent. For example, is the driver consenting to a single limited query or multiple limited queries? If the driver consents to multiple limited queries, will those queries be conducted over a fixed period of time or for the duration of employment? Is the number of limited queries specific or unlimited? The scope of this consent would be determined by the employer and the employee.].

I understand that if the limited query conducted by All Time Logistics, Inc indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (Company Name) without first obtaining additional specific consent from me.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

ALL TIME LOGISTICS, INC  
4700 IRVING BLVD, STE 200, PO BOX 560004  
Phone # (972) 872-8455, FAX # (972) 863-0383