

# APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

FOR PAST  
THREE YEARS

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

# Drug & Alcohol Testing Verification

\_\_\_\_\_  
(Drivers Name Please Print)

\_\_\_\_\_  
(SSN)

Testing Program (name of Motor Carrier or Service Agent)

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

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

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize a representative of \_\_\_\_\_ and/or the above named drug and alcohol program to release the information requested below to:

Prospective Employer: \_\_\_\_\_

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

\_\_\_\_\_  
(Drivers Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Drivers Signature)

I certify that the above mentioned driver as defined in §390.5 of the Federal Motor Carrier Safety Regulations was/is regularly driving a vehicle operated by the above named carrier and is fully qualified under §382 and §40. The drivers current medical examiner's certificate expires \_\_\_/\_\_\_/\_\_\_.

1. Was the above driver a participant in a drug & alcohol testing program? If yes, from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.  
Yes or No
2. Did the program conform to 49 CFR Part 40? Yes or No
3. Was the driver qualified under §382 or the FMCSR? Yes or No
4. Has the driver ever refused, while under the service agent, to be tested for drugs or alcohol? Yes or No
5. Date the driver was last tested for alcohol \_\_\_/\_\_\_/\_\_\_
6. Date driver was last tested for drugs \_\_\_/\_\_\_/\_\_\_
7. Results of last drug test Negative or Positive
8. Has the driver tested positive within the last 6 months? Yes or No
9. Has the driver had an alcohol test with a result indicating an alcohol concentration 0.04 or greater within the last 6 months? Yes or No
10. Has the driver violated an section of §382 subpart B Yes or No

Name \_\_\_\_\_ Title \_\_\_\_\_

Providers Signature \_\_\_\_\_ Date \_\_\_\_\_

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
ANNUAL REVIEW OF DRIVING RECORD  
391.25**

Name (Last, First, M.I.) \_\_\_\_\_ (Soc. Sec. No.) \_\_\_\_\_

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of review \_\_\_\_\_ Motor Carrier's Name \_\_\_\_\_

Reviewed by: Signature and title \_\_\_\_\_

Date of review \_\_\_\_\_ Motor Carrier's Name \_\_\_\_\_

Reviewed by: Signature and title \_\_\_\_\_

Date of review \_\_\_\_\_ Motor Carrier's Name \_\_\_\_\_

Reviewed by: Signature and title \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type  
 See Specific instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 *How to get a TIN* on page 3.

Social security number													
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number																					
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### 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).

**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 on page 4.

<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.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)**

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



## Employee Drug and Alcohol Policy

**Terms:** Applicants for employment must undergo pre-employment drug and alcohol tests. Upon employment all employees are subject to undergo a Controlled Substance and/or Alcohol testing at any given time. These tests will be conducted by Quest Diagnostics who has been hired by **CWH Trucking LLC** to perform such tests. **CWH Trucking LLC** is not permitted to change or disregard the results of a drug/alcohol test based on the results.

**Confidentiality:** All information obtained by **CWH Trucking LLC** through Quest Diagnostics is considered confidential information and will not, at any given time, be distributed or shared with unauthorized parties.

**Miscellaneous:** "Drug test collection is conducted as part of a physical examination required by DOT agency regulations." **CWH Trucking LLC** complies with this statement. **CWH Trucking LLC** will make reasonable efforts to safeguard the privacy of the employee as to the fact that he or she has enrolled in an alcohol or drug rehabilitation program.

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Applicant Signature

Date

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Employer Signature

Date

## **The rule that must be followed during the time of employment with C.W.H Trucking LLC**

Drivers must have a working cell phone that is app ready; head set that is in used. Communication is very important pickup, drop off, or any other communication that is required by each company must be in place.

Communication must be made with the required party at the time of pick up or delivery, if a driver is running late please communicate with dispatcher.

If drivers have a breakdown or problem with any equipment please contact management or mechanic (215)490.4701 (215)253.2092. Or (610)6388228

Driver must be able to pass a drug test, the cost of the drug test is \$77 that should be paid for up front by the driver by cash or money order paid to C.W.H Trucking LLC, if the driver remain working with the company for at least 30days a full refund will be made payable to the driver.

Random drug test will be conducted by the company which will be payed for at that time by the company.

A DOT medical card is required and must be in updated status at all times. Driver must also have a current driver license.

Driver must complete a W9 at the day of hire and a W2 will be issued at the end of the year.

Driver will receive pay every Friday with a week in the back by check or direct deposit only no cash.

Driver must stay on route of dispatch to and from destination.

For all vacation time a two weeks' notice is required, for days off driver must give at least one day notice if there is a call out at least 4-6hr notice should be given unless it is an emergency.

Driver must conduct them self in a professional manner while on the job if there is any problems at the site or with a dispatcher please contact your manager and the situation will be handled as soon as possible.

All accidents or incidents must be reported to management immediately or as soon as possible.

Any unnecessary expense caused by the driver including red light, seat belt, speeding, stop signs tickets is the drivers fault and will be deducted from paycheck including any late fees.

Driver is responsible to pay for any damage to company equipment that is the fault of the driver including burst tires, miner scratch and dents that is drivers' fault a deduction will be taken for repairs.

Driver must do a pre and post trip inspection every day. Log book or time sheet must be completed in a timely manner. Any problems with the truck or equipment that needs repair or replace must be reported at the time of finding.

All items received in the truck is the responsibility of the driver and must be returned upon leaving or handing over the truck to another driver. Including pallet jack, navigation system, load straps, load bar, emergency bar or anything else received in the truck. Any missing items will be a full deduction from your current pay Check. All Log sheets, pre trip, fuel receipt and any other receipts must be turned in at the end of the week when driver is picking up their pay if the driver receive direct pay all receipts and documents must be turned in on Thursday or Friday no exception. The company insurance only covered authorizes passengers only and is not responsible for any unauthorized passengers or pets. If there is any question concern with this notice please contact management at 2154904701. Thank you for been a part of the team hope we can work together for the betterment of all. Please sign and return a copy.

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Please sign and return a copy.



### Emergency Phone Numbers

Please provide no less than five (5) emergency contact people along with their phone numbers.

Contact	Phone No.	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____