

Top Logistics LLC
7306 South Lake Houston Parkway
Houston , TX 77049

HIRING DATE: _____

TERMINATION DATE: _____

UNIT NUMBER: _____

APPLICATION DATE: _____

TERMINAL: _

DRIVER INFORMATION

NAME: _____ SSN: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

DOB: _____ CDL #: _____ CDL STATE: _____

DOT PHYSICAL EXPIRES: _____

TELEPHONE #: HOME: _____ CELL: _____

YEARS OF DRIVING EXPERIENCE: _____

OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

DOB: _____ CDL #: _____ CDL STATE: _____

TELEPHONE #: HOME: _____ CELL: _____

VEHICLE INFORMATION

VEHICLE YEAR: _____ MAKE: _____

SERIAL NUMBER: _____

LICENSE PLATE: _____ STATE OF REGISTRATION: _____

REGISTRATION DATE: _____ VEHICLE TARE WEIGHT: _____

GROSS VEH. WEIGHT: _____ TIRE SIZE: _____



6000 Western Place Suite 480
Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of **TOP LOGISTICS, LLC.** The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit **TOP LOGISTICS, LLC.** to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as **TOP LOGISTICS, LLC.** and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of Fleetscreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to **TOP LOGISTICS, LLC.** as part of its investigation of my employment application.

FULL NAME _____ A.K.A _____

ADDRESS _____ CITY/ST. _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST. _____ ZIP _____

*DOB _____ SSN _____

DRIVERS LICENSE No. _____ STATE ISSUED _____

Applicant Signature: _____ Date: _____

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client: **TOP LOGISTICS, LLC. Via CFDS.** Manager: _____ Date: ____/____/____

Please check all that apply

STATE CRIM COUNTY CRIM NATIONAL CRIM SSN MVR CDL: **YES**
EMPLOYMENT _____ EDUCATION _____

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 Top Logistics, 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 Top Logistics, 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.

LAST UPDATED 12/22/2015

TOP LOGISTICS LLC

7306 South Lake Houston Parkway
Houston, Tx, 77049

APPLICATION FOR EMPLOYMENT

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE/ZIPCODE)

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

HOME PHONE #: _____ CELL PHONE #: _____

ADDRESS FOR
LAST 3 YEARS: _____
(STREET) (CITY) (STATE/ZIP CODE)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER EXPERIENCE AND QUALIFICATIONS:

LICENSE INFO: _____
(STATE) (NUMBER) (TYPE) (EXPIRATION)

EQUIPMENT EXPERIENCE:

TYPE OF EQUIPMENT	DATES:	# OF MILES	EQUIPMENT TYPE (VAN,FLAT ETC)
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STRAIGHT TRUCK: _____

TRACTOR/TRAILER: _____

TRACTOR – 2 TRAILERS; _____

OTHER: _____

DRIVING RECORD:

DATES	NATURE OF ACCIDENT	INJURIES/FATALITIES
-------	--------------------	---------------------

LAST ACCIDENT: _____

NEXT PREVIOUS: _____

NEXT PREVIOUS: _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, or permit to operate a motor vehicle? Yes No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT requires that employment for at least 3 years and/or commercial experience for the past 10 years be shown. All blanks must be filled out completely for background investigation and FMCSA questions answered.

1. EMPLOYER NAME: _____ PHONE #: _____
 ADDRESS: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 CONTACT PERSON: _____ SALARY: _____

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

2. EMPLOYER NAME: _____ PHONE #: _____
 ADDRESS: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 REASON FOR LEAVING: _____
 CONTACT PERSON: _____ SALARY: _____

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

3. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

4. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

5. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

6. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

7. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

8. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

9. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

10. EMPLOYER NAME: _____ PHONE #: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
CONTACT PERSON: _____ SALARY: _____
Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO
Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

11. EMPLOYER NAME: _____ PHONE #: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

CONTACT PERSON: _____ SALARY: _____

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been convicted of a crime over a Class B Misdemeanor? YES NO

(If you answered YES to the above question, give a brief explanation on each charge below.)

TO BE READ AND SIGNED BY APPLICANT

I certify 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 give my permission for TOP LOGISTICS LLC to do a complete background investigation on me, which will include, but not be limited to Previous Employer MVR and Criminal History.

Applicant's Signature

Date

Request for Information From Previous Employer

Top Logistics, LLC
7306 S. Lake Houston Parkway
Houston, TX 77049
Phone: (281) 436 0183 Fax: (281) 436 0183

Applicant: Please Leave Following Section Blank

Attention: Previous Employer (_____)

Fax: _____ Phone: _____

From: Top Logistics, LLC

Applicant: Complete below section ONLY.

I hereby authorize you to release information pertaining to my contract/employment to **CARRIER NAME** for purposes of investigation as required per the below regulations. You are hereby released from any liability, which may result from furnishing such information.

X _____
Applicant Signature:

X _____
Date:

X _____
Applicant Printed Name:

X _____
Social Security Number:

Part 391

QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS

§ 391.23: Investigation and inquiries.

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.

Applicant: Please Leave This Page Blank
REQUEST FOR EMPLOYMENT VERIFICATION ** Fax (281) 436-0183

The below named individual has applied for a position at CARRIER NAME We appreciate your time in completing, in confidence, the information requested below. Thank you.

Please see attached sheet for signature authorizing release of requested information.

1. Dates of employment: _____ to _____
2. Position: _____
3. Reason for leaving: _____ Resigned _____ Terminated _____ Laid Off
4. Was the employee/contractor:
 - a. Subject to FMCSA Regulations? _____
 - b. In a position designated as safety sensitive per 49 CFR Part 40? _____
5. Type of equipment operated: _____ **Straight Truck** _____ **Tractor/Trailer**
 _____ Bus _____ Dry Van _____ Container _____ Flatbed
 _____ Tanker _____ Heavy Haul _____ (Other: Please Specify)
6. Number of accidents in last 3years : _____ Preventable _____ Non-preventable
 Dates/Descriptions of accidents: _____
7. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? Yes No
8. Has this individual had a controlled substance test with a positive result in the past three years? Yes No
9. Has this individual refused a controlled substance test and/or alcohol test within the past three years? Yes No
10. Did this individual violate any other provisions of the DOT drug and alcohol testing regulations while at this company? Yes No
11. Have you received information from any previous employer that this individual violated any DOT drug and alcohol regulation? Yes No
12. Eligible for rehire: Review Yes No

Additional Comments: _____

Company Name: _____ Phone: _____

Address: _____ FAX: _____

Preparer's Name: _____ Position: _____

Signature: _____ Date: _____

1st Request: _____ 2nd Request: _____ 3rd Request: _____ FMCSA/TX DOT complaint: _____

TOP LOGISTICS LLC
7306 South Lake Houston Parkway
Houston, TX, 77049

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)

.....

(Social Security Number)

**MOTOR VEHICLE DRIVERS
CERTIFICATION OF COMPLIANCE
WITH DRIVERS 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 placarding.

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

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:

1. **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.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require 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: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license will be the only one possess:

Driver's License No: _____ State: _____ Expiration: _____

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

Driver's Name (Printed): _____

Driver's Signature: _____

Date: _____

APPLICANT DRIVER'S CERTIFICATION OF VIOLATIONS

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs 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/she has forfeited bond or collateral during the preceding 12 months.

(b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

(c) The form of the driver's list or certification shall be prescribed by the motor carrier. The following form may be used to comply with this section:

Driver's Certification

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.

If NONE, initial this box:

Date	Offense	Location	Type of motor vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

I will report any change in the above certification before the end of the business day following the day of any such change.

Driver's signature

Driver's Printed Name

Date of certification

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug or alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)5 and (e)).

Prospective Employee Name: _____
Print

ID No: (CDL #) _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test Administered by an employer to which you applied for, but did not obtain, safety- Sensitive transportation work covered by DOT agency drug and alcohol testing rules During the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you have successfully completed The DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

TOP LOGISTICS LLC - DRUG AND ALCOHOL POLICY

Top Logistics LLC (the Company) intends to help provide a safe and drug-free work environment for our clients and our Qualified Drivers and maintain full compliance with Federal Regulations (CFR 49 Part 40). With this goal in mind, Top Logistics LLC has established the following **NO NONSENSE** policy for existing and future drivers qualified to operate a CMV under the authority of Top Logistics LLC.

The Company explicitly prohibits:

- The use or possession, solicitation, sale of narcotics and other illegal drugs is prohibited during your employment with Top Logistics LLC and on customer premises.
- Prescription medication without legal consent from your health care provider is considered unauthorized use and is prohibited during your employment with Top Logistics LLC.
- Being under the influence of legal or illegal drugs while performing an assignment for Top Logistics or on customer premises will NOT BE TOLERATED and will be subject to a disciplinary action up to termination of your contract with Top Logistics LLC.
- The use of Alcohol or any other substance on company premises will not be tolerated and can lead to termination of your contract with Top Logistics LLC.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Qualified drivers may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- **FOR-CAUSE TESTING:** The Company may ask a qualified driver to submit to a drug and/or alcohol test at any time it feels that the qualified driver may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on the qualified driver's person or in the qualified driver's vicinity, unusual conduct on the qualified driver's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any qualified driver involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any qualified driver who potentially contributed to the accident or injury event in any way.

If a qualified driver is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if a qualified driver refuses a request to submit to testing under this policy, the qualified driver may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the qualified driver will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

Should you have any questions, Please contact the Safety manager Ninah Fiallos at (281)436-0378

Signature of Qualified Driver / Date

Printed Name

Witness /Date

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before August 12, 2013.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S NAME (PLEASE PRINT)

DATE

DRIVER'S SIGNATURE

SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

9/13

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.



Cellular Telephone Use Policy

Drivers operating under **Top Logistics LLC** authority are prohibited from using cellular telephones except in the hands-free mode using a blue tooth device. This includes holding the device to dial or operate the cellular phone, text or e-mail messaging. The use of these devices must be 100% hands-free. Cellular telephones and text or e-mail messaging devices may only be used when the vehicle is safely parked in a suitable and lawful location.

All **Top Logistics, LLC** employees AND owner/operators are responsible for complying with applicable state and local laws, ordinances and regulations regarding the use of radios and other wireless or electronic devices while operating a vehicle. Please ensure that at all times the use of any such device, whether employee-owned or company-provided, does not create a safety hazard. All **Top Logistics LLC** employees/owner/operators must be in compliance with this policy effective **September 9, 2016**.

Acknowledgment of Receipt of Cell Phone Policy

I, _____ have read and understand **Top Logistics LLC** cellular telephone use Policy and agree to abide by this policy when operating an employee-owned or company provided vehicle.

Driver Signature

Date

Direct Deposit of Payroll Authorization

Please Fill Out & Return
To Payroll Department

To: **TOP LOGISTICS LLC**

I authorize you to deposit my net pay automatically to my account specified below each pay day by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to return said funds by any such method and I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

Attach a voided check to this Authorization (where applicable).

Please print.

Financial Institution

Employee Name

Branch Address

Signature

City State Zip Code

Date

Type of Acct.; please check one checking Savings Money Market

Transit Route Number

Account Number