



1. Application filled out completely and listing the proper division you are applying for (Single Pull, Haul-and-Tow, Lowboy, Marine, Double-Deck)
2. Copy of Driver's license
3. DOT physical (with at least 90 days remaining before expiration)
4. Annual Truck Inspection
5. Truck Registration if you have your own plate (single pull pickups must be 26000 GCVWR)
6. Truck Title or Application For Title (only if we are plating truck)
7. If truck not in applicants name, we need the power of attorney if they are running under their own plate or lease between the owner of the truck and applicant if we are plating the truck
8. Email address
9. Copy of non-trucking liability insurance for the multiple haul divisions. For single pull pickup trucks you are not required to have non-trucking liability.
10. Pre-employment drug screen. This is a patient pay drug screen. It can be done at a facility of your choice. If you are a CDL-A, or CDL-B driver, you must get a DOT pre-employment drug test. Non- CDL-A or CDL-B drivers may take a rapid drug screen. The drug screen should be taken with plenty of time for the results to be back at the time of orientation.

Items drivers are required to agree to before they can attend orientation.

1. All drivers must purchase a toll transponder, this can be an EZpass or Pre-Pass Plus. This transponder needs to be able to take care of the non-manned tolls. All drivers will have a transponder before they can be dispatched.
2. All drivers running in our multiple-haul divisions (Haul and tow, Lowboy, Marine, Double-Deck) must run under an ELD (Electronic Logging Device). There is a 200 dollar retainer for the device and \$30.00 a month for the service.
3. For our Single-Pull, and Motorized divisions there will be a one-time \$150.00 lease-on fee for administrative supplies. Mapletree's bond is \$1000.00 for all divisions, this and the 150.00 lease on fee are taken out in 10% increments.
4. Mapletree requires all drivers to log their return trips.
5. Door signs must be on the vehicle at all times while under dispatch.
6. Drivers must agree to maintain their equipment in accordance with all FMCSA rules.

Driver signature _____ Date _____

DRIVER'S APPLICATION FOR EMPLOYMENT

MAPLETREE TRANSPORTATION, INC.
423 N. MAIN ST. BLDG 250
P.O. BOX 30
MIDDLEBURY, IN. 46540
574-825-6308

Answer all questions -- please print

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security No _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Previous Address _____
State Zip Code Phone How Long

Street City State & Zip Code How Long

Street City State & Zip Code How Long

Street City State & Zip Code How Long

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason For Leaving _____

Are you Employed? _____ If Not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your contracting for us

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

VEHICLE

MAKE

MODEL

SERIAL NO.

SHOP INSPECTED DUE

REMARKS _____

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a contracting decision. I hereby release employers, businesses, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event I am under contract, I understand that false or misleading information given in my application or interview(s) may result in termination of the contract.. I understand, also, that I am required to abide by all rules and regulations of the Contractor, if a contract is offered.

Date

Applicant's Signature

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce **MUST** provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle *in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for who the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheets if necessary.)

EMPLOYER			DATE			
Name			FROM MO	YR	TO MO	YR.
Address			POSITION HELD			
City	State	Zip	SALARY/WAGE			
Contact Person		Phone Number		REASON FOR LEAVING		

EMPLOYER			DATE			
Name			FROM MO	YR	TO MO	YR.
Address			POSITION HELD			
City	State	Zip	SALARY/WAGE			
Contact Person		Phone Number		REASON FOR LEAVING		

EMPLOYER			DATE			
Name			FROM MO	YR	TO MO	YR.
Address			POSITION HELD			
City	State	Zip	SALARY/WAGE			
Contact Person		Phone Number		REASON FOR LEAVING		

EMPLOYER			DATE			
Name			FROM MO	YR	TO MO	YR.
Address			POSITION HELD			
City	State	Zip	SALARY/WAGE			
Contact Person		Phone Number		REASON FOR LEAVING		

EMPLOYER			DATE	
Name			FROM MO YR	TO MO YR
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Contact Person	Phone Number		REASON FOR LEAVING	

EMPLOYER			DATE	
Name			FROM MO YR	TO MO YR
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Contact Person	Phone Number		REASON FOR LEAVING	

EMPLOYER			DATE	
Name			FROM MO YR	TO MO YR
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Contact Person	Phone Number		REASON FOR LEAVING	

EMPLOYER			DATE	
Name			FROM MO YR	TO MO YR
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Contact Person	Phone Number		REASON FOR LEAVING	

* Includes vehicles having a GVRW of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity placarding.
 ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE!

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSIDE, ECT)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

TRAFFIC CONVICTIONS FOR THE PAST 3 YEAR (OTHER THEN PARKING VIOLATIONS) IF NONE WRITE NONE:

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IF MORE SPACE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSE	STATE	LICENSE NO	TYPE	EXPERATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

DRIVING EXPERIENCE IF NONE WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT)	TO	FROM	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI-TRL. _____	_____	_____	_____	_____
TRACTOR 2 TRAILERS _____	_____	_____	_____	_____
MOTORCOACH _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST ANY STATES OPERATED IN FOR LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____
EXPERIENCE AND QUALIFICATIONS - OTHER _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

.....
.....

LIST COURSES AND TRAINING OTHER THEN SHOWN ELSEWHERE IN THIS APPLICATION

.....
.....

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THEN THOSE ALREADY SHOWN)

.....
.....

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.

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

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

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

..... Date Applicant's Signature

PROCESS RECORD

APPLICANT HIRED REJECTED

DATE EMPLOYED POINT EMPLOYED

DEPARTMENT CLASSIFICATION

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL TRAFFIC CONVICTIONS

GOOD	FAIR	POOR	WRITTEN WRECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER

TRANSFERS

FROM: TO:

DATE: DATE:

REASON FOR TRANSFER: REASON FOR TRANSFER:

TERMINATION OF EMPLOYMENT

DATE TERMINATED DEPARTMENT RELEASED FROM

DISMISSED VOLUNTARILY QUIT OTHER

TERMINATION REPORT PLACED IN FILE SUPERVISOR

MAPLETREE TRANSPORTATION, INC

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 Section 382.413,391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

.....
Applicant's Signature

.....
Date

.....
Print Name

.....
Social Security Number

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release information to MAPLETREE TRANSPORTATION, INC for purposes of investigation As required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and All liability, which may result from furnishing such information.

.....
(Applicant's Signature)

.....
(Date)

In accordance with the provisions of Section 604 and 607 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), I hereby certify the Following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any Federal or State equal opportunity Laws or Regulations; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible users" of state motor Vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

.....
(Signature of Requestor)

.....
(Date)

TO: HIRERIGHT

DEAR SIR/MADAM:

1) The following named person has made application with our company for the position of Commercial Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

NAME OF APPLICANT/DRIVER

ADDRESS

(Number & Street)

(City)

(State)

(Zip Code)

FORMER ADDRESS

(Number & Street)

(City)

(State)

(Zip Code)

DATE OF BIRTH

SSN

LICENSE NO.

REQUESTED BY

Mapletree Transportation
(Name of Company)

Sue Imbro

(Typed Name)

2103 W Mishawaka Rd
(Address)

Terminal Mgr

(Title)

Elkhart, IN 46517

(City)

(State)

(Signature)

**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 and 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))

Company Name: _____ Mapletree Transportation _____

Street: _____ 2103 W Mishawaka RD _____

City: _____ Elkhart, IN 46517 _____

Prospective Employee Name: _____ ID Number: _____
(print)

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 and 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've successfully completed the DOT return-to-duty requirements?

Check one: Yes _____ No _____

Prospective Employee: _____ Date: _____

Witnessed By: _____ Sue Imbro _____ Date: _____

