



Items needed to process

Application

1. Application
2. Driver's license
3. Physical
4. Trucks annual inspection
5. Truck title or application for title whichever is applicable
6. 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 the applicant
7. Email address
8. Copy of their non- trucking liability insurance for the multiple Unit division copy of their trucks insurance or non-trucking, if not covered under their regular insurance for the pickup single pull division.
9. Pre-employment drug screen. This is a patient pay can be done at a facility of their choice. If they are a CDL driver they must get a CDL Pre-employment drug test. Non-CDL drivers may take a rapid drug test. The drug test should be taken with plenty of time for the results to be back before the time of orientation (generally 48-72 hours prior).

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

1. All drivers must purchase a toll transponder, this can be in EZ Pass, Best Pass, or Pre-pass plus. This transponder needs to be able to take care of the non-maned toll booths. All drivers will have a transponder before they can be dispatched!
2. All drivers running in our multiple unit division such as Marines, Double Deck, Haul and Tow as well as our Gooseneck and lowboy divisions must run an ELD. There will be two-hundred-dollar deposit for the ELD unit and a \$20 a month charge.
3. For our single pull and motorized divisions, there will be a one-time \$150.00 charge for supplies and a \$1000.00 deposit. The multiple unit division will have a \$1000 deposit.
4. Mapletree requires all drivers to log their return trips.
5. **Door signs must be on the vehicle at all times while under dispatch or load!**
6. Driver agree to maintain their equipment in accordance with all FMCSA rules.

Driver

Signature _____ Date _____

MAPLETREE DRIVER'S APPLICATION

Company MAPLETREE TRANSPORTATION

Address 423 N MAIN, BLDG 250

City MIDDLEBURY State IN Zip 46540

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

State Zip Code Phone How Long

Previous Address _____
Street City State & Zip Code How Long

Street City State & Zip Code How Long

Email Address: (REQ) _____

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 _____

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,UPSET,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 THS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THEN THOES 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

	GOOD	FAIR	POOR	WRITTEN WRECORD ON FILE
1.APPLICATION				
2.INTERVIEW				
3.PAST EMPLOYMENT				
4.WRITTEN EXAM				
5.ROAD TEST				
6.CRIMINAL TRAFFIC CONVICTIONS				

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ 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 _____

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 1 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:

- 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)

_____ 423 N. Main St. #250 _____
(Address)

_____ General Mgr _____
(Title)

_____ Middlebury, IN. 46540 _____
(City) (State)

(Signature)

**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 ___Maplere Transportation, 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 Mapletree Transportation, 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.

**DRUG AND ALCOHOL CLEARINGHOUSE
ALCOHOL AND DRUG STATEMENT
-APPLICANT FORM-**

FMCSA requires motor carrier employers to:

*Full Query of the system for information on driver applications

*Search the database annually for current employees.

*An employer's report of actual knowledge, as defined at §382.107,
including:

On duty alcohol use pursuant to §382.205;

Pre-duty alcohol use pursuant to §382.207;

Alcohol use following an accident pursuant to §382.209; and

Controlled substance use pursuant to §382.213;

Additional information can be found in the FMCSA Handbook-

Title 49: Subtitle B; Chapter III; Subchapter B; Part 382

COMPANY NAME: _____ **Mapletree Transportation, INC.** _____

STREET: _____ **423 N. Main St. Bldg. 250** _____

CITY/STATE/ZIP: _____ **Middlebury, IN. 46540** _____

I, _____, hereby provide consent to Mapletree Transportation, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse, to determine if drug or alcohol violation information exists in the database. This consent shall be in effect from the date listed below to such a time my lease/contract or employment ends. This consent has no limits on the number of queries Mapletree can run.

Name of Applicant: _____

Last 4 of SS #: _____ *****-**-** _____

Signature: _____

Date: _____

