

Daybreak Express, Inc.

500 Avenue P
Newark, New Jersey 07105
Ph: 973-589-5931 Fax: 888-354-8838

APPLICATION FOR EMPLOYMENT/CONTRACT

PERSONAL INFORMATION

(Answer ALL questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified persons 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) Desired: ☐ Company Driver ☐ Owner/Operator Type Work: ☐ Local ☐ NE Regional ☐ OTR

Name _____ Social Security No ____-____-____

List your addresses of residency for the past 3 years.

Current Address _____
Street City State ZIP

Phone _____ How long have you lived at this address? _____

Previous Addresses: _____ How Long? _____

Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Date of Birth ____/____/____ Can you provide proof of age? ☐ Yes ☐ No
(Required for truck Drivers)

Have you worked for this company before? ☐ Yes ☐ No

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

Reason for leaving _____

Are you now employed? ☐ Yes ☐ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

E-Mail Address: _____

JOB DESCRIPTION INFORMATION

CAN YOU DO THE FOLLOWING?

- Yes ____ No ____ Can you read, write, and speak the English language?
- Yes ____ No ____ Climb in and out of a conventional and cabover tractor?
- Yes ____ No ____ Climb in and out of a trailer?
- Yes ____ No ____ Get under unit to perform duties such as checking brakes and visual inspection of equipment?
- Yes ____ No ____ Raise and lower the hood of a conventional tractor?
- Yes ____ No ____ Raise and lower trailer dollies when under load?
- Yes ____ No ____ Apply enough pressure to release fifth wheel pin?
- Yes ____ No ____ Apply enough force to open and close trailer doors?
- Yes ____ No ____ Apply enough force to trailer tandem lever to release locking pins when sliding tandems?
- Yes ____ No ____ Repeatedly lift and carry cargo weighing up to 75 pounds per item?
- Yes ____ No ____ Sit stationary in a driver's seat for long periods?
- Yes ____ No ____ Be on duty the maximum hours allowed by D.O.T. hours of service regulations?

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the above job description)? ☐ Yes ☐ No

If yes, please explain: _____

SIGNATURE: _____ DATE: _____

EMPLOYMENT HISTORY

All persons seeking driving positions with this company must provide a complete history of their employment (and unemployment) during the past ten years. Start with the most recent employer and work backwards. Leave **NO GAPS** and show all periods of unemployment. Provide additional sheets as necessary.

LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES	
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO YR	To MO YR
Address						Position Held	Phone
City	State	Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other						Reason for Leaving	

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES	
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO YR	To MO YR
Address						Position Held	Phone
City	State	Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other						Reason for Leaving	

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES	
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO YR	To MO YR
Address						Position Held	Phone
City	State	Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other						Reason for Leaving	

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES	
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO YR	To MO YR
Address						Position Held	Phone
City	State	Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other						Reason for Leaving	

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES	
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO YR	To MO YR
Address						Position Held	Phone
City	State	Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other						Reason for Leaving	

*FMCSR – Federal Motor Carrier Safety Regulations

ACCIDENT RECORD FOR PAST 3 YEARS

(List ALL, whether Preventable or Non-Preventable)

IF NONE, CHECK THIS BOX: ☐

(ATTACHED SHEET IF MORE SPACE IS NEEDED)

DATES		NATURE OF ACCIDENT	FATALITIES	INJURIES
Accident	/ /			
Accident	/ /			
Accident	/ /			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS).

IF NONE, CHECK THIS BOX: ☐

(ATTACHED SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

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)

DRIVER LICENSE INFORMATION

(List ALL licenses held in past 5 years)

STATE	LICENSE #	CDL CLASS	ENDORSEMENTS	EXPIRATION 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 _____
- C. Have you tested positive for any controlled substance on a pre-employment test within the past 3 years for an employer who did not hire you? Yes _____ No _____
- D. Have you ever been convicted of a felony? Yes _____ No _____

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS.

COMMERCIAL DRIVING EXPERIENCE

IF NONE, CHECK THIS BOX: ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO OF MILES (PER YEAR)
Straight Truck			
Tractor and semi-trailer			
Tractor - two trailers			
Other			

LIST ALL STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

OTHER EXPERIENCE AND QUALIFICATIONS

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

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):

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 understand that you must, and 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 a decision regarding my qualification to operate for your company. (Inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of qualification, 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.

Further, I acknowledge that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.

Applicant's Signature

Date

Daybreak Express, Inc.

500 Avenue P

Newark, New Jersey 07105

Ph: 973-589-5931 Fax: 888-354-8838

SUPPLEMENTAL QUESTIONNAIRE

The following questionnaire will become part of your official qualification package for Daybreak Express, Inc.

YES

NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen or otherwise authorized to work in the United States? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you physically capable of performing the work necessary for this position? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of either Driving Under the Influence (DUI for either drugs or alcohol) or Driving While Intoxicated (DWI) within the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of Reckless Driving within the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you <u>ever</u> been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a misdemeanor for which you were incarcerated within the past 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you tested positive for controlled substances at any time within the past 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an employer-conducted breath alcohol test which revealed a Blood Alcohol Content (BAC) at or above 0.04 BAC during the past 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever refused to take a requested alcohol or substance abuse test within the past 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you tested positive for any controlled substance on a pre-employment test within the past 3 years for an employer who did not hire you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been terminated from an employer for having falsified an employment application? |

I certify that the above answers are true and correct and that any false information submitted will result in immediate disqualification as a driver for Daybreak Express, Inc.

Print Name: _____ Date: _____

Signature: _____

REQUEST FOR PREVIOUS EMPLOYER INFORMATION

(Reply required by Federal Law (49 CFR 391.23))

I hereby authorize you to release the following information to Daybreak Express, Inc., Newark, New Jersey 07105, Ph: 973-589-5931, Fax: 888-354-8838, for the purpose of investigation as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. You are released from any and all liability, which may result from furnishing such information. I acknowledge that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Date _____

✓ Applicant's Signature _____

Former Employer: _____

City: _____

ST: _____

Name of Applicant: _____

DOB: _____

SSN: _____

Emp. Dates ____/____/____ to ____/____/____ Full Time ____ Part Time ____ Position _____

Did he/she driver motor vehicle for you? ☐ Yes ☐ No

CDL Required? ☐ Yes ☐ No

Equipment Driven (check each type that applies): ☐ Straight Truck ☐ Tractor/Semi-trailer ☐ Bus ☐ Flatbed ☐ Dry Van ☐

Tanker ☐ Container ☐ Other _____

Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Other _____

Was his/her general conduct satisfactory? ☐ Yes ☐ No _____

Would you rehire this person? ☐ Yes ☐ No Reason: _____

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? (The 3 year period starts with accidents, which occurred on or after 04/29/2003) ☐ YES ☐ NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town, State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Released

Does your company track accidents other than DOT Recordable (390.15)?

☐ YES ☐ NO

If YES provide information on each such incident involving the driver applicant identified herein as appropriate.

Drug & Alcohol Information

If this driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Controlled Substance prohibitions under subpart B of 49 CFR §382 or 49 CFR §40? ☐ YES ☐ NO ☐ N.A.

2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR 382.605? ☐ YES ☐ NO ☐ N.A.

3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, you must provide the following additional information:

A. Were driver alcohol test results 0.04 or higher? ☐ YES ☐ NO ☐ N.A.

B. Did the driver have a verified positive drug test? ☐ YES ☐ NO ☐ N.A.

C. Did the driver refuse to test (includes verified adulterated or substituted specimen)? ☐ YES ☐ NO ☐ N.A.

PERSON PROVIDING INFORMATION: _____

Title: _____

PHONE: (____) - ____ - ____

Under 49 CFR 391.23, failure to provide the above information should be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12

REQUEST FOR PREVIOUS EMPLOYER INFORMATION

(Reply required by Federal Law (49 CFR 391.23))

I hereby authorize you to release the following information to Daybreak Express, Inc., Newark, New Jersey 07105, Ph: 973-589-5931, Fax: 888-354-8838, for the purpose of investigation as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. You are released from any and all liability, which may result from furnishing such information. I acknowledge that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Date _____

✓ Applicant's Signature _____

Former Employer: _____

City: _____

ST: _____

Name of Applicant: _____

DOB: _____

SSN: _____

Emp. Dates ____/____/____ to ____/____/____ Full Time ____ Part Time ____ Position _____

Did he/she driver motor vehicle for you? ☐ Yes ☐ No

CDL Required? ☐ Yes ☐ No

Equipment Driven (check each type that applies): ☐ Straight Truck ☐ Tractor/Semi-trailer ☐ Bus ☐ Flatbed ☐ Dry Van ☐

Tanker ☐ Container ☐ Other _____

Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Other _____

Was his/her general conduct satisfactory? ☐ Yes ☐ No _____

Would you rehire this person? ☐ Yes ☐ No Reason: _____

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? (The 3 year period starts with accidents, which occurred on or after 04/29/2003) ☐ YES ☐ NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town, State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Released

Does your company track accidents other than DOT Recordable (390.15)? ☐ YES ☐ NO

If YES provide information on each such incident involving the driver applicant identified herein as appropriate.

Drug & Alcohol Information

If this driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Controlled Substance prohibitions under subpart B of 49 CFR §382 or 49 CFR §40? ☐ YES ☐ NO ☐ N.A.

2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49.CFR 382.605? ☐ YES ☐ NO ☐ N.A.

3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, you must provide the following additional information:

A. Were driver alcohol test results 0.04 or higher? ☐ YES ☐ NO ☐ N.A.

B. Did the driver have a verified positive drug test? ☐ YES ☐ NO ☐ N.A.

C. Did the driver refuse to test (includes verified adulterated or substituted specimen)? ☐ YES ☐ NO ☐ N.A.

PERSON PROVIDING INFORMATION: _____

PHONE: (_____) - ____ - ____

Title: _____

Under 49 CFR 391.23, failure to provide the above information should be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12

REQUEST FOR PREVIOUS EMPLOYER INFORMATION

(Reply required by Federal Law (49 CFR 391.23))

I hereby authorize you to release the following information to Daybreak Express, Inc., Newark, New Jersey 07105, Ph: 973-589- 5931, Fax: 888-354-8838, for the purpose of investigation as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. You are released from any and all liability, which may result from furnishing such information. I acknowledge that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Date _____

✓ Applicant's Signature _____

Former Employer: _____

City: _____

ST: _____

Name of Applicant: _____

DOB: _____

SSN: _____

Emp. Dates ____/____/____ to ____/____/____ Full Time ____ Part Time ____ Position _____

Did he/she driver motor vehicle for you? ☐ Yes ☐ No

CDL Required? ☐ Yes ☐ No

Equipment Driven (check each type that applies): ☐ Straight Truck ☐ Tractor/Semi-trailer ☐ Bus ☐ Flatbed ☐ Dry Van ☐

Tanker ☐ Container ☐ Other _____

Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Other _____

Was his/her general conduct satisfactory? ☐ Yes ☐ No _____

Would you rehire this person? ☐ Yes ☐ No Reason: _____

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? (The 3 year period starts with accidents, which occurred on or after 04/29/2003) ☐ YES ☐ NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town, State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Released

Does your company track accidents other than DOT Recordable (390.15)?

☐ YES ☐ NO

If YES provide information on each such incident involving the driver applicant identified herein as appropriate.

Drug & Alcohol Information

If this driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Controlled Substance prohibitions under subpart B of 49 CFR §382 or 49 CFR §40? ☐ YES ☐ NO ☐ N.A.

2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR 382.605? ☐ YES ☐ NO ☐ N.A.

3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, you must provide the following additional information:

A. Were driver alcohol test results 0.04 or higher? ☐ YES ☐ NO ☐ N.A.

B. Did the driver have a verified positive drug test? ☐ YES ☐ NO ☐ N.A.

C. Did the driver refuse to test (includes verified adulterated or substituted specimen)? ☐ YES ☐ NO ☐ N.A.

PERSON PROVIDING INFORMATION: _____

Title: _____

PHONE: (_____) - ____ - _____

Under 49 CFR 391.23, failure to provide the above information should be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12

From: DAYBREAK EXPRESS, INC., 500 AVENUE P, NEWARK, NJ 07105

To: _____

(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide to the prospective employer.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION. I ACKNOWLEDGE THAT I HAVE THE RIGHT TO DUE PROCESS AS IDENTIFIED IN 49 CFR 391.23 TO CORRECT INFORMATION SUBMITTED UNDER THIS AUTHORIZATION.

Applicant's Name (Signature)

Date

Applicant's Name (Please Print)

Under 49 CFR 391.23, failure to provide the information requested may be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12.



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: DAYBREAK EXPRESS
Company Contact Name: DANIEL RIVERA
Fax #: (888) 354-8838
HireRight Account Code: DAYBR

HIRERIGHT REQUEST #

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

817-797-3442

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ☐ ← Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

☐ ← Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

☐ ← Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER 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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

**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 _____ ("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 _____ ("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 12/22/2015

WE OFFER OUR DRIVERS:

VACATION: 1 WEEK AFTER 1ST YR.
2 WEEKS AFTER EACH ADDITIONAL YR.

SICK TIME: 6 PAID DAYS PER YEAR.

MAJOR MEDICAL: NIPPON LIFE HEALTH INSURANCE (AFTER 90 DAYS)

LIFE INSURANCE: GROUP RATES GUARDIAN LIFE INSURANCE COVERAGE

DENTAL PLAN: GUARDIAN DENTAL (AFTER 90 DAYS)

PAID ORIENTATION: \$15.00/HR

401K PROGRAM: AFTER 1 YR. OF EMPLOYMENT.

REFERRAL BONUS: \$500.00, 2 QTR. PAYMENTS OF \$250.00

STOP PAY: \$20.00/REG. \$15.00/OTR

DETENTION PAY: \$15.00/HR. AFTER INITIAL TWO HOURS.

LAYOVER PAY: \$80.00 FOR 24 HR PERIOD (DISPATCH APPROVAL REQUIRED)

SAFETY BONUS: PAID WEEKLY, HOURLY AND MILEAGE PAY.

HAZ-MAT LOADS EXTRA PAY: ADDITIONAL 2 CENTS A MILE.

HOURLY PAY FOR LOCAL WORK (OTR DRIVERS):

DIRECT DEPOSIT - WEEKLY PAY

QUALCOMM COMM.- AVAILABLE ON ALL OTR TRUCKS.

Daybreak Express, Inc.

500 Avenue P
Newark, New Jersey 07105
Ph: 973-589-5931 Fax: 888-354-8838

APPLICATION FOR EMPLOYMENT/CONTRACT

PERSONAL INFORMATION (Answer ALL questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified persons 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) Desired: ☐ Company Driver ☐ Owner/Operator Type Work: ☐ Local ☐ NE Regional ☐ OTR

Name _____ Social Security No ____-____-____

List your addresses of residency for the past 3 years:

Current Address _____
Street City State ZIP

Phone _____ How long have you lived at this address? _____

Previous Addresses: _____ How Long? _____

Street City State & Zip Code

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? ☐ Yes ☐ No

Date of Birth ____/____/____ Can you provide proof of age? ☐ Yes ☐ No
(Required for truck Drivers)

Have you worked for this company before? ☐ Yes ☐ No

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

Reason for leaving _____

Are you now employed? ☐ Yes ☐ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

E-Mail Address: _____