

Quality Services, LLC

COMPANY DRIVER APPLICATION

To: All Applicants You must answer all questions-please print legibly. If any question does not apply to you, answer with "No" or "Not applicable" (NA). In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

Date: _____/_____/_____ I am making an applications for driver position LOCAL REGIONAL

Which QS Terminal are you applying for:

Chicago/McCook Columbus, OH Cleveland, OH Jacksonville, FL Atlanta, GA

St Louis, MO. Stockton, CA Ontario, CA Other: _____

Name: _____ Social Security # _____

Address: _____
Street City State/ Zip Code

Email address: _____

Phone: _____ Cell Phone: _____

If you were at above address less than three years, list your previous address:

Address: _____
Street City State/ Zip Code

Date of Birth _____/_____/_____ Can you provide proof of age? Yes No
(Required by FMCSRs)

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status?
 Yes No

Have you worked for Quality Services or Hub Group before? Yes No
If Yes, When/Where _____

Are you employed now? Yes No If No, when did you last work? _____/_____/_____

Have you ever been fired or asked to resign by an employer? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No (Answering this question in an affirmative answer does not necessarily preclude a hiring decision) If yes to the above, explain below. Add a second sheet if necessary.

How did you find out about QS? Friend _____ Relative _____

Newspaper _____ Internet Web Site Recruiter _____

Expected Salary Type: Percentage Mileage Hourly Amount: _____

EMPLOYMENT HISTORY - List Previous Employers For Last 10 Years

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;
 (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b) (10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(Attach another sheet if more space is needed)*

Current or most previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/ HR Contact	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/HR Contact	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/HR Contact	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/HR Contact	Reason For Leaving

CONTINUE ON NEXT SHEET IF NECESSARY

EMPLOYMENT HISTORY - CONTINUED List Previous Employers For Last 10 Years

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;
 (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b) (10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(Attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: End Date:
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/ HR Contact	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: End Date:
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
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Business Name	Employment Dates Start Date: End Date:
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/HR Contact	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: End Date:
Address	Position
City State Zip	Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Ending Pay
Name Of Supervisor/HR Contact	Reason For Leaving

D.O.T. EMPLOYEE ALCOHOL & DRUG TESTING STATEMENT

Failure to properly disclose information may result in Termination of Employment

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. In the past three years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? Yes No
5. If the answer is yes to the above questions, provide details, attach second sheet if necessary.
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)
7. Have you ever been convicted of a drug and/or alcohol offense related to operating a motor vehicle or have charges pending?
 Yes No If Yes explain
8. Have you ever been convicted of the possession, use, sale, distribution, or transportation of any controlled substances or have charges pending? Yes No If Yes explain

SIGNATURE

DATE

DRIVERS LICENSE HISTORY

Failure to properly disclose information may result in Termination of Employment

DRIVER'S LICENSE #s PAST 10 YEARS	STATE	TYPE/ENDORSEMENTS	EXPIRATION

- Have you ever been denied a license, permit, and/or privilege to operate a motor vehicle? No Yes If Yes explain
- Have you ever had any driver's license, permit, or privilege been suspended or revoked? No Yes If Yes explain
- Have you ever been disqualified from driving subject to 49CFR Section 391 of the Federal Motor Carrier Regulations?
 No Yes If Yes explain

COMMERCIAL DRIVING EXPERIENCE

Type of Equipment	Dates	Have you driven in:	Yrs	Total Miles
Straight Truck		Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Mountains <input type="checkbox"/>		
Tractor- Dry Van		Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Mountains <input type="checkbox"/>		
Tractor- Intermodal		Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Mountains <input type="checkbox"/>		
Tractor- Tanker		Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Mountains <input type="checkbox"/>		

- What geographic areas did you operated in for the last five years:
- What courses or training have you taken for a Commercial Driver position:
- Have you received any safety or safe driving awards and from whom:

Applicant: Before submitting your application, please thoroughly review it to ensure that all sections are completed and that you have provided accurate information. Please read and sign the statement below in order for your application to be considered.

APPLICANT'S STATEMENT

In connection with my application, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, insurance companies, governmental agencies, and other reports.

These reports will include information as to my character, work habits, performance, safety, education, compensation, drug and alcohol testing, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Quality Services LLC. I agree to release and hold harmless Quality Services LLC from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, motor vehicle, drug and alcohol testing, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made. I understand also that by accepting to abide by all rules or regulations set forth by the company does not constitute in any way an employment contract with Quality Services, LLC.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my drug and alcohol and safety performance histories as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Applicant's Signature

Date



Request for Employment History Verification

To:
Address
City/St/Zip
Phone
FAX

Return To: QUALITY SERVICES, LLC
Address
City/St/Zip
Phone
FAX

_____ has applied for a driving
 Print Driver's Name SSN
 position with Quality Services, LLC and states that he/she was employed as a _____ from
 ____/____/____ to ____/____/____. Pursuant to 49CFR391.23 I hereby authorize you to release all information to
 Quality Services, LLC for the purpose of verifying work history, including dates, medical records, safety information, and
 references. You may release all drug test results, alcohol test results, and any refusal to test information, SAP referrals,
 evaluation and treatment information, and any return to duty and follow up testing information. All Medical information is
 limited to the three years prior to the date below.

 Driver's Signature Date

1. Are the employment dates accurate as stated? Yes No If No When _____

2. Did the applicant drive a Commercial Motor Vehicle subject to FMCSA regulations for you? Yes No
 St. Truck Tractor Trailer Dry Van Intermodal Flat Bed Tanker Doubles

3. Did the applicant have any accidents in the last 3 years? Yes No If Yes List below:

Date	City/State of Accident	#Injuries	#Fatalities	HAZMAT	Type of Accident
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Were any of these accidents D.O.T. Recordable? Yes No If Yes, check: 1. 2. 3.

5. Were any of these accidents preventable? Yes No If Yes, check: 1. 2. 3.

6. How did this applicant leave your employ? Discharged for _____
 Resigned Still Employed

7. Is this applicant eligible for re-hire by you? Yes No Against Policy Upon Review

8. Did this applicant have refusal to test for drugs (including confirmed adulterated or substituted) or alcohol in
 the past 3 years? Yes No

9. Did this applicant fail any drug or alcohol test in the past 3 years? Yes No

10. Did the applicant commit any other violation/s of D.O.T. drug & alcohol regulations? Yes No

11. If the answer to #s 8, 9, or 10 are Yes, please provide details and documentation of successful completion of the
 DOT return to duty process including the SAP address, & phone number.

12. Did the driver fail to complete a rehabilitation program as prescribed by an SAP? Yes No

13. If the driver successfully completed a rehab program, were there any testing violations after its completion?
 Yes No

14. Have you received any information of a violation of DOT drug & alcohol regulations from previous employer/s
 of the driver applicant? Yes No If yes, whom _____

Print name of person responding Signature of person responding Date Phone

Pursuant to 49CFR391.23(g) as a listed previous employer by the above named applicant you must respond to the drug & alcohol & safety performance
 history of the applicant. Failure to do so will result in written notification to the office Federal Motor Carrier Safety Administration.

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In connection with my application for employment (including contract for services) with Quality Services, LLC

I hereby fully release and discharge you and USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization will remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from USIS, 4500 S. 129th E. Ave. Suite 200, Tulsa, OK 741 34-5885. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to receive from _____ upon your written request within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested.

<p>For purposes of gathering this information, I agree to supply the following information:</p> <p>Date of Birth _____</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>

Print Name

Social Security No.

Applicant's Signature

Date

Fax Applications to:

Atlanta, GA – (770) 968-1630

Chicago, IL – (708) 387-9324

Cleveland, OH – (216) 227-1935

Columbus, OH – (614) 456-3384

Jacksonville, FL – (209) 943-6971

Ontario, CA – (909) 390-8394

St. Louis, MO – (314) 382-3653

Stockton, CA – (209) 943-6975