

COMTRAK LOGISTICS

P.O. BOX 750897
MEMPHIS, TN 38175-0897
(901) 541-8000
FAX (901) 541-8040

Cheryl Bowie, Loss Prevention Director
E-Mail: Safety@comtrakinc.com
Website: www.comtraklogistics.com

Driver Recruitment - 1-800-846-0024
Betsi Reagh
Sheila Weary

Prospective Owner/Operator

COMTRAK, INC. QUALIFIES THE FINEST DRIVERS AND OWNER-OPERATORS IN THE BUSINESS!

Your application will be thoroughly "Checked Out" prior to you being contacted for completion of a pre-qualification packet should we need your services. **It must be filled out completely and accurately.** You must be sure you have complete addresses and phone numbers listed for each employer (**we will not look up this information for you**).

Attached is a message from the President of Comtrak which gives you important information describing your services with Comtrak, Inc.

DETACH AND FORWARD TO LOSS PREVENTION

Driver Name: _____ Date: _____		
Address: _____		
City, State, Zip: _____		Referred by: _____
Phone: _____		
_____	_____	_____
Owner/Operator	Driver for Owner/Operator	Name of Owner

COMTRAK, INC.

P.O. BOX 750897
MEMPHIS, TN 38175-0897
(901) 541-8000
FAX (901) 541-8030
E-mail: Safety@comtrakinc.com
Website: www.comtraklogistics.com

Dear Prospective Family Member,

I want to congratulate you on your desire to become a part of the Comtrak family. While our company has had tremendous growth since we began in 1983, we have never lost the culture that makes us successful each and every day. Our customers, our employees, and our contractors are treated with the respect and courtesy that enables us to call all of them a real "family member." We are real proud of that reputation.

As you fill out the enclosed application, please take your time and be as accurate as possible. It is important to have good, reliable, and factual information about you so we can be fair in assessing your credentials and qualifications. Comtrak is proud of its past and we will insure a successful future by continuing to hire and contract with only the finest drivers in the business.

Once again, congratulations. I hope I have the opportunity to shake your hand as a new addition to the Comtrak family and its most promising future.

Sincerely,



Michael J. Bruns
President



THE INDUSTRY LEADER SINCE 1983.

DRIVER QUALIFICATIONS

1. Must be 23 years of age.
2. Must have 1 year van age 25>, 1 1/2 years van age 24, 2 years van age 23.
3. Pre-qualification physical and drug test by Comtrak authorized physician – paid for by the company, the cost will be deducted if employed less than 90 days.
4. No more than one moving violation in the past twelve months.
5. No more than three moving violations in the past three years.
6. No **AVOIDABLE** accidents in the past twelve months.
7. No **AVOIDABLE** major vehicular accident in the past three years.
8. No **DUI** or **RECKLESS DRIVING** convictions.
9. No speeding violations 15 or more over the limit, no erratic lane changes, no running red lights or following too close violations within the last three years.
10. Must have class A Commercial Drivers License.

A Motor Vehicle Report (MVR) will be requested from D.A.C. Services on each applicant's driving history for the past three years as part of processing pre-qualifying packet should we need your services.

Terminal Profiles

	<u>Highway</u>	<u>Intermodal</u>	<u>Local</u>
Average Miles Per Week Per Quarter	2500 plus	2200 plus	Excellent City Pay Package
Average Length Per Trip	750	300	
No Touch Freight	99%	99%	99%
Coverage Area Radius From Terminal	700	250	<60

APPLICATION FOR QUALIFICATION

Company Name: <u>COMTRAK LOGISTICS</u>	<u>COMTRAK, INC.</u>
Street Address: <u>5660 UNIVERSAL DRIVE</u>	<u>P. O. BOX 750897</u>
City, State, Zip Code: <u>MEMPHIS, TN 38118</u>	<u>MEMPHIS, TN 38175-0897</u>

Signature of Applicant _____ Date _____

Name _____ Phone () _____
 First Middle Last Maiden

*Current Address _____
 Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position Applying for: LOCAL ROADTRAK RAILTRAK Part Time Full Time

Who referred you? _____ Rate of pay expected? _____

Have your services been leased to this company before? _____ Dates: (M/Y) From _____ To _____ Where? _____

Rate of Pay _____ Reason for lease cancellation _____

Have you worked before for an owner/operator who was leased to Comtrak? _____ Who? _____

Where? _____ Reason for leaving _____

Have you ever been leased to this company or worked for an owner/operator leased to this company under another name? _____

If so, under what name? _____

Names of any relatives leased or employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: Name _____ Address _____

Have you ever tested positive or refused to test on any alcohol & drug test administered by an employer? _____

Have you ever been convicted of a crime? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

What is the most money you have ever taken dishonestly? _____ 0-\$10 _____ \$10-\$100 _____ \$100-\$1000 _____ Over \$1000

DRIVER EXPERIENCE & QUALIFICATION	
Answer the questions in this section only if applying for driver position	
Date of Birth _____	The U.S. Department of Transportation requires that driver applicants state their date of birth § 391.21 (b) (2)
(month/day/year)	
Social Security No. _____ - _____ - _____	

DRIVER EXPERIENCE & QUALIFICATION (cont'd)

Answer the questions in this section only if applying for driver position

Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- A. Have you ever been charged with a DUI, DWI, or DWIA? Yes ___ No ___
 B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
 C. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
 D. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
 If you answer "yes" to A, B, C, D, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver. _____

List safe driving awards held and who awards were presented by? _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21 (b) (10), (11).

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ month/year To: _____ month/year Salary: _____

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ month/year To: _____ month/year Salary: _____

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ month/year To: _____ month/year Salary: _____

Reason for leaving: _____

EMPLOYMENT RECORD (cont.)

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

EMPLOYER			DATES		Positions Held
Name			From		
Address			Mo.	Yr.	
City	State	Zip	To		Reason for Leaving
Phone Number			Mo.	Yr.	

*Includes vehicles having a GVWR 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 requiring placarding.

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Address _____

APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this Application for Qualification. It is agreed and understood that the company or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release company and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my pre-qualification.

I also understand that misrepresentation or omission of information or facts may result in my rejection or my services discontinued.

I agree to abide by all the rules and policies of Comtrak, Inc.

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.

_____ Date

_____ Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Pre-Qualified Yes No

Date of Birth _____ (month/day/year)

Date of Service _____

Terminal _____

Classification _____

(If not pre-qualified, summary report of reasons should be placed in file.)

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

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Physical Exam*						
3. Past Employment						
4. Road Test						
5. Policy and Traffic Record						

* driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer _____ Reason for Transfer _____

TERMINATION OF SERVICE

Date: _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Exit Report Placed in File _____ Supervisor _____

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY MOTOR CARRIER

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which become effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID No. _____

I further certify that the above commercial vehicle license is the only one held - or that I have surrendered the following licenses to the state indicated.

State _____ Type/Class _____ ID No. _____

State _____ Type/Class _____ ID No. _____

Driver's Signature _____

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

(b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.

(c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

APPLICANT'S NAME (type or print)

(SIGN HERE)

APPLICANT'S SIGNATURE

MONTH

DAY

YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH

DAY

YEAR

DRIVER RELEASE

As consideration for your employing or contracting me, I agree that at any time in the future, should I ask any prospective employer or company to contact you concerning my employment or contract, character, work habits, performance, and experience, I authorize you to release information to such prospective employers or companies as long as I have signed a request that they obtain such information from you, including the failure or refusal to take any drug test. I hereby consent to your providing that information to prospective employers or companies. I release Comtrak Logistics, Inc. or any employee of Comtrak Logistics, Inc. from any and all liability for any damages that may result from the furnishing of such information as outlined herein.

Date: _____

Print Name: _____

Signature: _____

Comtrak Logistics

Phone: 901-541-8002

Fax: 901-541-8040

DRIVER RELEASE FOR PREVIOUS EMPLOYERS' BACKGROUND INFORMATION AND ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS

DRIVER NAME (print): _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize all my previous and/or current employers to furnish Comtrak Logistics all the information requested on the Comtrak Request for Background Information document (page 1 of 2). This includes all information relating to every accident on my records and all information concerning my employment and pre-employment Alcohol and Controlled Substance Testing records in accordance with 49 CFR Part 391.23, 383.35 and 49 CFR Part 40 of the FMCSR. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

In addition, I understand my rights to review the information according to 391.23 with a written request, to have errors corrected by previous employers and to have a rebuttal statement attached to the alleged erroneous information.

APPLICANT'S SIGNATURE: _____

DATE: _____



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

COMTRAK, INC.

P.O. BOX 750897
 MEMPHIS, TN 38175-0897
 (901) 541-8000
 FAX (901) 541-8040

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (____) _____ - _____	
USIS Customer #: _____	Sub-account: _____

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 USIS for the purpose of USIS transmitting such records to the USIS 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 USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, 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; (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: _____

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: _____